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[Matrimonials](#)
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50 Millesimal Potencies

NATIONAL JOURNAL OF HOMOEOPATHY 2000 Nov / Dec VOL II NO 6.

Compiled by:

T K Kasiviswanthan

'Nux-vom / Carb-v / Ipec / Nux-v / Sul / Plat / Aur-met

Hahnemann's Organon of Medicine forms the basis of Homoeopathic system of medicine. In all he wrote 6 editions. The 5th edition was last published in his lifetime in 1833, where he advocated the centesimal potencies. Yet he continued experimenting with further potentisation, and eventually he hit upon the 50 Millesimal potencies. He elaborated their use in his 6th Edition, written in 1842 informed his publisher, but not published.

In a footnote to Aphorism 247, 6th edition, Hahnemann says that "during the last four or five years, all difficulties alluded to in the Fifth edition, are wholly solved by my new altered but perfected method. The same carefully selected medicine *may now be given daily and for months, if necessary* in this way, namely, after the lower degree of potency has been used for one or two weeks in the treatment of chronic disease, advance is made in the same way to higher degrees, beginning according to the new denomination method taught herewith, with the use of the lowest degrees." These potencies are prepared differently from the centesimal potency.

About the need to develop this new potency, Hahnemann says in his footnote 155 to Aph 270, "With so small a diluting medium as 100 to1 of the medicine, if many succussions by means of a powerful machine are forced into it, medicines are then developed which, especially in the higher degrees of dynamization act almost immediately, but with furious even dangerous, violence, especially in weakly patients without having a lasting mild reaction of the vital principle. But the method of 50ML, on the contrary, produces medicines of *highest development of power and mildest action* , which, however, if well chosen, touches all the suffering parts curatively."

At present the fifty millesimal potencies have been developed upto 0/30 potency.

Need for this Potency

In Aphorism 246 Hahnemann says, "in chronic diseases a single dose of an appropriately indicated homoeopathic remedy will give slow progressive improvement and can accomplish naturally within 40, 50, 60, 100 days. But it must be a matter of great importance to the physician as well as patient that were it possible, this period should be diminished to one-half, one-quarter and even still less so that a much more rapid cure might be obtained.

"This he says can be happily effected if the remedy is carefully chosen and if it is given in this new potency dissolved in water and given in proper small doses with the precaution *"that the degree of every dose deviates somewhat from the preceding and following in order that the vital principle which is to be altered to a similar medicinal disease be not aroused to untoward reactions and revolt as is always the case with unmodified and especially rapidly repeated doses."* He says in the next aphorism 247 that if the succeeding dose is changed slightly every time, namely potentised somewhat higher, then the vital principle may be altered without difficulty by the same medicine (the sensation of natural disease diminishing) and thus the cure brought nearer.

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In Aphorism 272, Hahnemann points out that a globule of potentised medicine placed dry on the tongue only few nerves are touched, whereas if crushed with sugar of milk and dissolved in good deal of water and stirred well before every administration will produce a far more powerful medicine for the use for several days. Every dose, no matter how minute touches many nerves. Thus Hahnemann has specifically advocated a liquid medium for dispensation of the remedy to the patient.

Advantages of using this Potency

1. Hahnemann says that this potency is more powerful but mild in action
2. In acute fevers, it may be repeated in short intervals
3. In chronic diseases this potency commencing from the lowest may be given daily and for months, if necessary, as against centesimal potencies where one has to wait carefully before repeating the same potency or higher one.
4. No fear of severe aggravation from medicine of the symptoms of the patient.
5. Dr R P Patel says that these potencies act better in certain diseases like *Ipecac* in asthma, and *Lyco* and *Nux-vom* in diabetes where indicated.
6. Where medicines of long action have to combat a malady of considerable or of very long standing, where no such apparent increase of the original disease ought to appear during treatment it does not so appear if the accurately chosen medicine was given in proper small, gradually higher doses, each somewhat modified with renewed dynamization (ie 50ML) Such increase can appear only at the end of treatment when the cure is almost or quite finished." (Aph 161).
Please note the fundamental difference between the two potencies; in centesimal potencies there is initial aggravation (as has been observed in many cases) and it may be severe if a high potency is given without proper assessment of the susceptibility of the patient. On the contrary Hahnemann asserts that by using fifty millesimal potencies the aggravation if any of the symptoms of the patient occurs only at the end or nearly of the cure. Vital force now recharged will be able to tackle this aggravation effectively.

Dr R P Patel has written a comprehensive booklet on this new potency titled "My experiments with 50 Millesimal scale potencies." He said that he experimented with this potency in a number of cases in different combinations to test its efficacy.

He standardized his procedure as under: -

Give 0/3 potency of the indicated medicine to start with till the patients improve; if the progress is at a standstill he goes higher to 0/4 and higher potencies till the stage when the patients do not have any symptoms. When the patient complains of aggravation he is asked to stop the medicine for some time and then he repeats the next potency. In some cases where the 0/30 potency is not acting, he has gone back to 0/3 or 0/6 potency of the same medicine with good results.

In most of the degenerative diseases with pathological or physiological symptoms he starts with 0/3 potency of the indicated medicine and has repeated the medicine for 6 or more months, if needed. In diabetes, *Lyco*, *Phos*, *Nat-sulph*, *Nux-vom* and *Carbo-veg* have been used in 0/3 potency repeated three times in liquid form (ie two pills dissolved in one ounce of water and ten drops poured into a glass having ½ ounce of water and given TDS) with good results. (It is at variance with what Hahnemann advocates in his Organon)

Illustrative Cases

Case 1: Dr R P Patel

A child aged 8 months started vomiting and had diarrhoea after a fall from the cradle for the past 10 days. Every hour stool with mucus and blood and hardly any faeces. The allopathic treatment proving of no avail, the child was brought to Dr RP Patel in a comatose condition. *Nux-vom* 0/6 one dose (2 pills) in one ounce of water, one teaspoon to be given every 5 minutes; after half hour the vomiting was under control but motions continued with 60-80 in number in a day, mostly bloody with mucus. The next day the child was better and *Arnica*, *Aethusa*, *Arsenic*, *Ipecac* and *Camphor* in 0/6 potencies were tried to control the diarrhoea. Though on the next day (13-11-59) the number of motions

came down to 40, the child was worse in the evening and was in coma with icy coldness of the body and blueness of the face.

Gave *Carbo-veg* in 0/6 in water 1 teaspoonful every 2 minutes and after 3 doses every 10 minutes. Child passed a grassy green stool after half an hour. On this symptom Dr Patel changed the prescription to *Ipecac* 0/6 every 15 minutes and continued up to 3 AM. The child did not have any vomiting or loose motions thereafter. The same medicine repeated every 3 hours and then to 8 hourly the next day. The medicine in the same potency was continued up to 18-11-59 and *Sac-lac* thereafter and by 21st the child had a normal stool and child was discharged with SOS of *Ipecac* of 0/6 pills in case there was vomiting or diarrhoea. Grassy green stool is a characteristic symptom of *Ipecac* and it cured the child when it was indicated, though it was not effective earlier when given.

Case 2: Dr R P Patel

A lady 86 yrs old was into a coma since past 12 years. First she complained of a pain in abdomen and then after 2 or 4 hours she fainted and then went into a coma for one day. Last time the attack was very serious. She is very irritable by nature and eats chillies in plenty. These attacks are precipitated after she takes some such hot (spicy) food; while complaining of her pain in the abdomen she has a sensation of a ball in it rolling from one side to another. She also has headache often.

Nux-vom 0/30 one dose in one ounce of water a teaspoon every 10 minutes. The medicine was selected on the basis of mental symptoms and craving for spicy things, By evening she was better and started talking. Next day felt better still and as she complained of slight gastric pain. *Nux-vom* 0/30 one dose was given; the medicine was repeated one dose at bed time for several months and other acute medicines in the same potency were given on the symptoms. *Sulphur* 0/30 was given for headache, it being complementary to *Nux-vom*. One more month she was given one dose of 0/30 of the same medicine at bed time. She was all right with occasional dose of *Nux-v*.

Case 3: Dr Sujit Chatterjee

A Keralite woman, Mrs N, consulted for her breathlessness from which she was suffering for the past 6 years. She said "I feel very lonely and do not feel like mixing with my neighbors, because they are not of my caste. They are a bit dirty and not up to the level and standard of any Keralite".

Following Rubrics Selected

Sensation of isolation

Egotism, self esteem

Delusion, being noble

Delusion, of superiority

Delusion, is a great person

Haughty

Casting off, people against her will

Delusion, diminished everything in room is, while she is tall and elevated.

Platina comes up and she was given 1M one dose. After 15 days the patient reported that her asthma was slightly better. But her skin symptoms, which were earlier suppressed by allopathic medicines surfaced. She had an extensive eczema of left leg since 35 years. Since return of eczema was a good sign. Dr Chatterjee waited for 6-7 weeks for further relief in her asthma. As there was no further improvement he repeated *Platina* 1M again and waited for one more month; but her condition was the same and her eczema was worse with lot of ulceration, blackish skin and pus.

At this stage the doctor decided to try LM potency and the patient was given LMO/3 of *Platina* once a day for 2 weeks. After 15 days she reported that her breathlessness was better and there was a lot of oozing from the eczema. She was then given the remedy in ascending potencies from LM 0/3 to LM 0/12 depending on her situation and progress. Within 4 months she was free from her asthma and eczema; she was followed up for 2 more years. The patient has been free from any complaint.

Case 4: Dr Sujit Chatterjee

Mrs L, consulted in 1992 for her multiple sclerosis. She could not even turn from one side to other while lying on the bed. She could not move on her own, or her face, nor talk. She

was very weak and absolutely bed-ridden, with swelling in her legs. When the doctor met her the first time she was weeping and she asked when she would be able to attend her office. The history revealed that her childhood was very happy and she was supporting her whole family by her job. She had five sisters and she did not want to trouble her parents for their education, marriage etc and felt herself responsible for them. Hence she used to work very hard all 7 days in a week. She was very attached to her family and her younger brother stayed with her. He married a girl whom he loved, on the very day that the patient and parents wanted to get him engaged to another girl. The patient was very upset and shocked as her brother did not tell her about his love affair earlier.

She loved classical music and traveling and she was also religious.

The Following Rubrics Were Chosen To Arrive At The Similimum

1. Weeping while meeting people:
2. Industrious: Occupation ameliorates;
3. Travel desire to
4. Ailments from disappointment.
5. Delusion, has lost the affection of friend (brother)
6. Delusion, she has neglected her duty.

In view of her deep pathology, Dr Chatterjee decided to give her the similimum *Aurum-met* in LM potency; started with LM 0/3 three times a day. After 15 days her condition was status quo; *Sac-lac* was given for 10 days, whereafter her husband reported that there was some improvement. She had a dream in which someone was beating her husband for which she protested. As she was still in contact with her sub-conscious self LM 0/3 was repeated 2 times a day for 2 days and after that her swelling of legs was better and sleep and appetite improved. She continued to improve and the medicine was given in ascending potencies whenever required up to LM 0/14 and she was able to move easily; she was happy and had good appetite. At the time of reporting the case in '97, the patient was still under treatment.

Sources

1. Organon of Medicine- Hahnemann, 6th Edition
2. My Experiments with 50ML potencies- Dr RP Patel
3. Fifty Millesimal Potencies-Hahnemann Publishing Co, Calcutta
4. Where the LM potency solved the cases- Dr Sujit Chatterjee, Homoeopathic Links, 2/97

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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The Snakes Young One.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Sep / Oct Vol IV No 5.

Suneeta Tripathi.

Cases.

 ` *Fl-ac.*

I came across this case in August 92, when I had just started my practice.

When this Sardarji aged 41 years walked into my chamber, I was quite apprehensive. The data I collected were as follows: -

Heels (both) painful. Worse walking ++. Worse morning, worse walking on +++. Better by hot fomentation +. Better by rest ++.

Thermal: Hot - Likes winter. Cannot tolerate heat.

Sleeps on floor without bedsheet or covers; Enjoys coldwater bath throughout the year.

Perspiration: Yellow stains - washable, oily, has to wash face frequently.

Craving - alcohol++, Milk ++, Non-veg++

Bowel-bladder - NAD

Sleep - Good

Dreams - None

Physical Examination:

1. Heels NAD
2. BP - 130-80 mm kg
3. RS - CVS - NAD
4. Weight - 82 kg
5. Skin Hairy ++

Past History: Acidity since 8 years.

Family History: Brother has similar complaints of heel pain.

Investigations: X-ray shows Calcaneal spur in both heels.

Occupation - Superintendent of ITI

Nature: Irritable and fights back. Does not brood if relations get spoilt, but will take efforts to straighten them out if he can.

Due to my apprehension as a novice I could not investigate further and I hastily prescribed.

Treatment and Follow-up:

 On 31-8-92 - *Calc-fluor 30 Bd* for 7 days as a specific for Calcaneal spur.

On 7-9-92 - He was not better

 Treatment : *Bry 200 QDS* for 7 days since he was worse on walking and better by rest.

On 14-9-92 - heel pain was better 50 percent but pain had extended upwards.

The response was going from below upwards contrary to Herings law of cure so I stopped the medicine and decided to investigate further.

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Further questioning revealed that the patient was always interested in mechanical things like repairing cycle etc and hence became an automobile engineer. After completing education he took up a job as an instructor in ITI and is in government service since then.

His father was hot tempered and in childhood he and his brother had taken a lot of beatings. Patient feels his nature is very similar to his fathers and says in his own words, "Snakes young one has to have some poison in him". He described an incident, when he had a fight with a local dada and he chopped off the dadas left hand with a sword in a fit of anger.

Patients sexual life started early when he was in the eighth standard. His Bhabhis encouraged him for sexual activity and he got attracted towards them. Women became his weak point and so when he started earning, he started seeking enjoyment outside also. He never forces himself onto others. The women with whom he enjoys sex are mostly his colleagues, who lure him by the way they dress and deck up. Whenever he goes out of station for his job, after finishing his job, he freaks out in search of "New Adventures". Says nothing attracts him more than females and his hunger for sex is voluptuous. He justifies his premarital and extramarital affairs by saying "like man drinks tea at home and also in hotels, I have sex at home and outside too. He is always in search of "Variety". Only his wife is boring. His wife is unaware of his extra marital affairs.

His second weak point is "Alcohol". He loves drinking and manages to get his alcoholic drinks at any cost how much ever expensive they are.

His third weak point is "Exercise". He loves playing hockey, wrestling and running. he has to do his exercises daily and exercise never tires him. He has to take his morning and evening walks in open air, failing which he feels very restless.

The only drug which came to my mind after this investigation was " *Flouric-acid*" for the following reasons.

Craving for Women, Wine, Variety, Exercise - "Increase ability to exercise without danger" - Allens Key Notes.

Kents Materia Medica Page 540 says - "it is particularly suitable for men who have continuously changed their mistresses".

The patient was hot and so without further references I started on 14-9-92 with *Flouric-acid 30 tds*.

On 21-9-92 - Left heel better 75 percent

Right heel better 15 percent

On 28-9-92 - Left heel 90 percent. Right heel 50 percent.

Since the patient had to go out of Station for a month, I advised him to continue with *Flouric-acid 30 TDS* only, along with *Flouric-acid 200 SOS* in case there is no response or less response.

There was no report from him for one year. The one fine morning in November 93 he walked into my cabin with a broad smile. I started hunting for his case paper in my old files. He stopped me and said "behenji look, I have not come for treatment, I am absolutely fine. I did not even require your second bottle (it was *Flouric-acid 200*). Now I can wear my shoes comfortably and since then I have had no problems. I have just come to thank you".

In this case I admit I was purely prejudiced and the quick reference I made were just to support the prescription. Finally to overcome my prejudice I did the following working later.

Rubrics:

1. SR Pg 692 Vol I - Lasciviousness
2. SR Pg 630 Vol I - Industrious
3. SR Pg 1055 Vol I - Violent
4. Hot
5. SR Pg 217 Vol II - Craving alcohol
6. SR Pg 258 Vol II - Craving milk
7. SR Pg 255 Vol II - Craving meat
8. SR Pg 512 Vol II - Persp Stains Yellow
9. SR Pg 507 Vol II - Persp - oily.

Taking Thermal as eliminative rubric, after working out the case, I found that apart from Flouric-acid there are other drugs which cover numerically more than *Flouric-acid* - eg *Aur*, *Lach*, *Lyc*, *Nat-mur*, *Sulph*.

But the evolutionary pattern of the patient fits *Flouric-acid* better.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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The Poor Fissured Acid.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Sep / Oct Vol IV No 5.

Sayali Prabhu.

Cases.

` *Nit-ac.*

Miss EHB, a lean, thin, tall and dark lady with black spotted face, aged 24 years came to me two years ago with -

Chief Complaints:

1. Constipation with hard stools causing tearing pain and burning in the anus for 4 years. This was worse during and after stools, while sitting and standing.
2. Bleeding per rectum.
3. Flatulence
4. Watery discharge from the nose on change in weather.
5. Sore feeling all over the body.
6. Impaired hearing.
7. Recurrent ulceration in the mouth
8. Hair fall.

Personal History:

Aversions - sweets, meat, oily things.

Desires - salt, pungent things, warm food and drinks, egg, fish.

Appetite - reduced.

Thirst - absent.

urine - NAD

Sleep - sound, with dreams of future events and unknown persons.

Perspiration - scanty.

Menstrual History - Dysmenorrhoea, Regular cycles

Thermal Position:

Likes cold and damp weather

Takes warm water bath.

Likes no covering. Hot patient.

Past History:

Jaundice at the age of 12.

Tonsillectomy done at the age of 14.

Malaria 1 year back.

Family History:

Mother has Hypertension and Anal Fissures.

Father has Diabetes Mellitus

Sister has Anal Fissures.

Mentals:

1. Introvert

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2. Brooding (3+)
3. Irritable (4+)
4. Trembling of the body when angry
5. Contradiction intolerant (2+)
6. Weeping (3+)
7. Suspicious (2+)

O-E: Multiple fissures seen on the left side of the anus.

Symptoms taken for Repertorisation:

1. KR Pg 638 - Hard stools
2. KR Pg 617 - Anal Fissures
3. Kg Pg 630 - Tearing pain of stool
4. Kg Pg 626 - Burning of stool
5. Kg Pg 619 - Bleeding of stools
6. Kg Pg 547 - Flatulence
7. Kg Pg 333 - Watery Discharge from nose
8. Kg Pg 1384 - Sore feeling all over the body
9. Kg Pg 321 - Impaired Hearing
10. Kg Pg 482 - Aversion sweets
11. Kg Pg 481 - Aversion meat
12. Kg Pg 486 - Desires salt
13. Kg Pg 57 - Irritable
14. Kg Pg 1408 - Trembling externally anger from
15. Kg Pg 92 - Weeping
16. Kg Pg 85 - Suspicious

RESULT OF REPERTORISATION:

Calc-carb - 22-9 Graph 25-9
 Kali-bi - 12-6 Kali-carb - 17-9
 Lach-16-8 Lyco-21-9
 Nat-mur-24-11 Nit-ac-32-14
 Phos - 24-11 Puls-19-7
 Sep-19-8 Sil-19-8

Result of repertorisation has clearly indicated *Nitric acid*, as it has scored maximum number of marks and has covered maximum number of symptoms.

The totality of the patient, formal Repertorisation as well as PDF has shown that the patient clearly represents the picture of *Nitric-acid*.

Hence *Nitric-acid 200* was prescribed.

Follow UP:

Date Symptoms

10-7-93 Treatment started with *Nitric-acid 200 1 TDS* for 8 days.

18-7-93 Patient has now passed soft stools for last 3 days.

Pain and bleeding also reduced markedly.

26-7-93 Same remedy was continued for 8 more days. Appetite has increased. Sore feeling disappeared. Irritability was reduced and the patient was cheerful.

3-8-93 Placebo was given for another 15 days. This time when the patient visited he had no complaints.

Nitric-acid not only cured the physical complaints (fissures) of the patient but also has acted upon her mental level, thus proving its depth of action and making the patients life comfortable.

POTENTIAL DIFFERENTIAL FIELD (PDF):

Symptom	CC	Gr	KB	KC	Lach	Lyco	Nat-m	Nit-ac	Pho
(8)	2	3	-	2	1	3	3	2	2
(10)	-	-	-	-	-	-	-	2	-
(11)	-	-	-	-	-	-	3	2	-

(12)	-	-	-	-	-	-	-	2	-
(13)	-	-	-	-	-	-	-	2	-
(14)	-	-	-	-	-	-	-	2	-
(15)	-	-	-	-	-	-	-	2	2
(16)	-	-	-	-	-	-	-	2	-

Symptom Pul Sep Sil

(8)	-	3	1
(10)	-	-	-
(11)	-	-	-
(12)	-	-	-
(13)	-	-	-
(14)	-	-	-
(15)	2	2	1
(16)	3	-	-

[Back](#)

Select Cases:

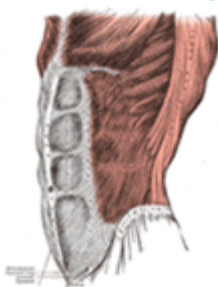
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The Idealist Do -Gooder.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Sep / Oct Vol IV No 5.

Nina Doshi.

Cases.

` Nit-ac.

His childhood was spent at the maternal grandfathers house due to poor family condition. He was brilliant but aggressive and mischievous. He always faced problems with the Monitor of the class and the Principal (against authority). He gradually became hostile towards the latter and hated him for blacklisting him from the school.

He had a strict, disciplinarian and religious mother and an idealist, and close natured father. A rebel of sorts, talkative, he often goes into fights with his father and classmates. He had the goal of studying medicine and serving the rural population but had to contend with doing B Sc after contemplating quitting studies since he could not get admission in a medical college.

Later he could not find a job for three years and became frustrated. Somehow he found a job in a textile mill which unfortunately closed down. Presently he has a transferable job. Being an idealist, there are conflicts, tensions and problems of being wrongly accused. He was influenced by a Guru during his college life. He wanted to be a revolutionary and do things for the underprivileged. He underwent lot of hardships in the early years, along with responsibility of the household affairs. Whenever someone was sarcastic, he did not react but inwardly wanted to show them by growing into someone of authority.

When promoted with a transfer, he took it up against his wishes. This compromise makes him resentful and guilty. A feeling of home-sickness overwhelms him often. Of a very helpful nature - he goes out of his way to help inspite of being made a fool. Very compassionate and meticulous. Cannot forgive insults and wants to take revenge. There is a constant fear of catching a disease and so uses Dettol to avoid getting any ailment. Setbacks in life make him nervous. He fears failures but it does not deter him to keep striving. He constantly broods over his mistakes. Future goal is politics.

Such a person, now aged 35 years, unmarried, came with the complaints of

1. Backache since 5-6 months which radiates down from the right thigh to the right knee joint. The pain is intermittent in character with a sensation of dislocation, a feeling of an electric shock, sometimes needle like or pricking. It started with a sudden jar in the back after a fall down the staircase. The pain makes concentration difficult and is aggravated while driving.
2. A congestive pain in the heels.
3. Headache. The pain moves upwards from the eyes with a sensation of imbalance along with pain in the jaws and occiput. The pain is better by pressure.
4. Flapping in the ears worse on talking. This worries him.
5. There are recurrent episodes of amoebic dysentery, started after drinking a certain river water.
6. Small, black warts on hands and neck.

Past History:

- a. Left sided Renal colic (in 1985) with haemorrhage.

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- b. Acute allergic sneezing with body ache (1984-85).
- c. Allergic Rash (in 85) took some medicines for it.
- d. Recurrent amoebic dysentery.

Family History: No major ailments

Physicals:

Craving - Spicy, Fatty foods, Fish

Aversion - Bread, Meat

Sleep - Disturbed after being wrongly accused. Fidgety during sleep. There are dreams with a feeling of depression. He however cannot remember the dreams.

Treatment and Follow-up:

18-6-92 - A dose of *Nitric acid 1M* (2) followed by *SL* for a week.

19-6-92 - He took the dose at 8:45 pm on the 19th. He slept at 11 pm and woke up wide awake at 4:30 am. He felt burning and uneasiness all over the body till around 7 am. He also had unsatisfactory stools. So he came on the 20th to know what ails him and the reason for what was happening to him.

Treatment - Reassurance given and asked to continue the medicine.

26-6-92 - Flapping of ears, worse while talking. Backache and pain in the legs with numbness and prickling pain felt more in the night. He however felt better than before. A feeling that pain will recur, but does not. Sleeps well. Anger with speaking out, which makes him feel better. Tongue is yellow coated posteriorly with a crack in front.

Treatment - *SL* to continue

15-7-92 - There is itching all over the body last 2 days. Had a bout of sneezing with coryza before that. Pain starts on overexertion. Feels cool and complacent. Stools - normal.

Treatment - *SL* for 7 days.

30-7-92 - Comes to thank me since he feels much better mentally and physically the pains have disappeared. In his own words, I feel like a changed person.

Portrait of the patient through Mind Rubrics:

1. Admonition aggravates
2. Ailments due to discords between chief and sub-ordinates.
3. Anxiety about health
4. Besides oneself - pain by little
5. Discouraged with rage
6. Dwells on past disagreeable occurrences.
7. Embittered - exasperated
8. Estranged from family
9. Hatred of persons who had offended him
10. Revengeful and hatred
11. Objective, reasonable
12. Homesickness with silent humor
13. Perseverance
14. Restlessness, uneasiness midnight after until 4 hours. (After taking the dose of *Nitric-ac 1M*)
15. Sympathetic, compassionate.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
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Chew My Lip
 NATIONAL JOURNAL OF HOMOEOPATHY 1995 Sep / Oct Vol IV No 5.
 Rangoonwala N R.
 Cases.
 ` Benz-ac

An infant aged 32 months was brought to me on 31-8-95 with complaints of

1. Coryza with difficulty in breathing.
2. Curdy vomiting, eating after; eructations.
3. Stool - alternate days, Flatulent ++ - noisy.
4. External throat red and itching present.
5. Few eruptions on lower limbs. (Mother had skin eruption during pregnancy which were suppressed).
Other symptoms observed were -
6. Chewing of lower lip
7. Perspiration of face during feeding.
8. Child always wanted to be carried and not laid down.

For a child of this age it was very peculiar to have biting of lower lip. This was looked in Kent Repertory (Pg 397) - *Benzoic acid* was the only medicine mentioned.

Boerickes Materia Medica was consulted and the following symptoms were found to be covering this case:

1. Child wants to be nursed in the arms, will not be laid down.
2. Sweats while eating.
3. Bowel movements, windy.

Treatment and follow-up:

31-8-95 *Benzoic acid 30* (II)
 8-9-95 Right shoulder, vesicular eruption
 Treatment - ct all.
 16-9-95 Decrease in vesicular eruption
 Treatment - *Placebo*.
 25-9-95 Decrease in coryza, gas and difficulty in breathing.
 Treatment - *Placebo*
 3-10-95 Better in general
 Treatment - *Placebo*.

[Back](#)

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
 P | Q | R | S | T | U | V | X | Y | Z |

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The Prolapsed Muriatic.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Sep / Oct Vol IV No 5.

Akshay Banker.

Cases.

 ` *Mur-ac.*

One morning I was called to visit a 38 years old businessman (19-9-95). On the way I was informed that he had ulcerative colitis since 3 months and it was being treated. Now he had a prolapsed rectum, severe pain in anus, and frequent stools.

On entering the room I saw him dressed neat and clean lying on bed. He saw me but showed no sign of enthusiasm; quiet, no gesture of welcoming me.

After the basic formalities, he was asked to describe his problem.

He said - he has a prolapse of the rectum while passing urine and stool and it has to be replaced manually. This prolapse is followed by severe pain at anus and lower limb, associated with equally severe debility. He fears to eat or drink as it would make him go for urine or stool. Whenever he passed stool, he would pass urine first. Also he could not pass urine while standing as stool would also pass. In order to urinate he had to give pressure which was also followed by prolapse. He also had pain at the urethra while attempting to pass urine.

His complaint started in March 1995 with H-o increased frequency of stools with mucus and blood. It was diagnosed as Ulcerative Colitis. It was relieved with modern medicine for 4 months. He lost about 20kg weight in 30 days. His chief present complaint is since this last episode which started on 1st August.

He is basically mild by nature, very reserved with an aversion or dislike to talk much even with his children or wife. He likes to remain quiet. He has no friends. He passes his time thinking - about business, and at present about his illness. He has no other thought except about his illness as to how did it start, what has produced it, why is he suffering, what will happen now? He has no confidence and will not take up new work. His business is joint with his brother but the main work is done by the brother. No desire to work and feels depressed. No addictions. Sound sleep.

Taking the following characteristic symptoms of the case:

1. Has to pass urine to pass stool.
2. Prolapsed rectum from or during urine or stool.
3. Pain at urethra while passing urine.
4. Has to wait and press to pass urine.

I could think of following medicines - *Merc.*, *Podo*, *Calc*, *Mur-ac*. Out of these, *Mur-ac* and *Podo* were prominent. When referred in materia medica, to my surprise I found an exact description of the patients condition in "*Muriatic-ac* (Phatak)" "Involuntary stools or prolapse of rectum on urinating. Atony of bladder, must wait a long time, before urine will pass, or has to press hard. Cannot urinate without also passing stool".

Then his symptoms of mind were looked into - Reserved, Quiet disposition, Mild, No self confidence, Brooding; Aversion to talk. Introvert. These confirmed the choice of Muriatic-acid.

Treatment and follow-up:

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19-9-95 - *Muriatic-acid 30 TID*

21-9-95 - His wife rang me to say patient is feeling better, the pain at anus has decreased 25 percent. Debility decreased. For the first time after 1 1-2 months, he attended his factory.

26-9-1995 - Pain at anus decreased by 60 percent. No pain in urethra and can pass urine standing with no passage of stool with it. Slight bleeding in stool once.

Treatment - *Ct all.*

2-10-95 - Prolapse better 40 percent Feels local tissues have regained vitality and elasticity. He still has to replace the part manually but is not so easy as before.

15-10-95 - Moving about. Nature improved, More communicative. Prolapse better by 60 percent. Pain in the anus better by 80 percent. He was additionally given *Calc-fl 3X* lotion to be applied locally.

15-11-95 - No other complaint. Better and has gained weight. Looks red as a plum.

Prolapse was better by 65 percent.

Treatment - *Placebo.*

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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P | Q | R | S | T | U | V | X | Y | Z |


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But I Do Not Have MTV.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Sep / Oct Vol IV No 5.

Rashmi Nagar.

Cases.

 ` *Fl-ac.*

Doctor I want to know if my penis is normal," saying so entered a young man with a beaming smile and a flock of grey hair which was striking.

Not knowing how to respond; I started with the routine of history taking the story which unfolded was disturbing and sad.

This young man of 22 years was a student of computer engineering who scored ninety percent marks in the college. Totally uninhibited while revealing the story. When he was a young boy of seven years, he got into a relationship with his maid wherein the maid introduced him to the practice of oral sex. When asked if the mother was a working woman, he said no. This used to happen when the mother went out for sometime leaving him with the maid. This did not stop because he used to enjoy it and the parents were unaware of it!

When he joined college, he found a friend with whom he started having homosexual relations - indulging in sodomy.

When the college students were given lectures on sex education, he was terrified that he might have contracted AIDS and needed medical help!

He had craving for spicy food, was ambithermal and had dreams of sex.

His hobbies were playing cricket and watching TV. When asked what programs, he replied, But I dont watch M TV! (watching M TV meant intense sexual excitement).

He also had the habit of masturbation:

On examination he had a full erection with swollen, hard, painful penis - a condition of priapism.

This was a clear case of *Flourine*. Also the physical characteristics matched - a beaming smile with a perfect set of teeth (which were most likely to get decayed later) and a patch of grey hair (would it turn to patchy baldness in future?)

If we open Kents repertory, we see Flourine in the rubrics:

1. Mind : Lasciviousness : 61
2. Genitalia : Erections: troublesome: P694

excessive: P695

painful: P695

strong: P696

He was given *Flouric-acid 1M* one dose and advised to test for VDRL and ELISA test for Aids.

Burnett says; "I am very strongly of the opinion that evil habits in the young are of physical origin and nature, and that they can be cured by medicines, if physician will take the trouble". (Pg 28 - Best of Burnett) With this aim the medicine was given but the patient did not turn up for follow up due to the reasons best known to him.

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The Aim of giving this case is:

1. It gives us the correct picture of *Flourine*.
2. It gives the idea of the society we live in: - where increasing number of mothers are working out side in nuclear families - leaving their young ones to the care of maids.
3. Importance of introducing sex education in schools.
4. Encroachment of our culture in the name of globalization with increasing number of uncensored programs on TV, the Pubs and the glitter by which the young minds can be easily swayed bringing about their degeneration and destruction.

This history should be an eye-opener.

P S: Other medicines that came up for differentiation were: Medorrhinum, Conium, Bufo and Platina - in females.

Readers are also requested to go thro ICR symposium volume 10 on Halogens by Dr. Sarla Sonawala to understand the Flourine personality perfectly.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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Not A Siren.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Sep / Oct Vol IV No 5.

Vishpala Parthasarathy.

Cases.

` Ph-ac.

Mrs J M, aged 46 years, came on 3-8-95, referred by a regular patient, who confided to me her state of "husbandlessness" (he having deserted her) and her still being attached to him and continuing to worry about him.

Then I went through her complaints; they are almost too many to enumerate - constipation, flatulence in the evening, acidity, urine in spurts due to fibrosis of uterus, oedema feet, heavy head in morning, numbness of hands, stiffness in the morning, backache in the evening, spondylitis on overexertion, general malaise, wakes ill and depressed, averse to work, itching of the eyes, increased appetite for sweets and curds, a strong PMT with backache, oedema and tenderness of mammae.

I realised the details of the physical complaints would not get me anywhere.

So I plunged into her life story - She was born in 1949 and was the eldest of two daughters and two sons. She was brought up by her grandmother in Jamnagar till she was 12 years old. She returned to Bombay at 13 years of age when she joined school in the eight standard in 1962. In 1973 she was married. He was an electrical engineer, intelligent, but unfortunately, an incurable gambler. In 1976 she gave birth to a daughter, yet her husband did not improve his gambling habits. In 1985 she gave him an ultimatum to improve in a years time but it met with no result. So in 1986 she left him. By 1989 the divorce came through. She stayed at her maternal home. Unfortunately her sister too, having had an unhappy marriage, had returned to the fold of the family and was very cut up emotionally and angry. Her mother became a neurotic and her father took charge and got both to do courses - the patient did a beautician course while her sister a nursery training. Being a builder he bought them flats at Marol though not in the same building, as they both did not get along well with each other. The patient now runs a parlour on the ground floor. The locality being Catholic and the patient a Gujarati, she did not mix well socially though her parlour is doing well.

She feels utterly lonely and depressed - a social outcast. She does not visit her married friends, as they may feel insecure about their husbands! The stigma of being a divorcee weighs heavily on her and so she socializes little. Nor does she have a healthy relationship with her daughter who is now 19. They fight a lot. This accentuates her loneliness. Her sister is a short tempered and jealous woman and so they do not go along well.

She still misses her husband and worries constantly - as to what state he is in, whether he has eaten or not? Her husband borrowed money from her, her family members, her relatives friends and anyone else he could. He asked for his inherited share after her fathers demise and later kept asking for more. Now all his sources are exhausted. All his family has disowned him and taken this in writing. So he is totally on his own and must be in a bad shape - so she worries fruitlessly.

Basically she is very irritable, sensitive, broods and weeps a lot, does not like to be alone and must at least have music or television on. Very anxious, nervous and worried if suddenly guests descend on her.

She has a poor memory. She always feels bored and exhausted, unable to work, wakes tired. Sleep is disturbed by various thoughts. Jerks in sleep as if fallen.

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I prescribed Phosphorus on the basis of her affection to her husband inspite of the problems. Fearful. It helped her to some extent as regards her anxiety depression and aversion to work. However memory alertness, confidence and urine showed no improvement.

On 13th Sept, I reviewed the case and kicked myself for missing the classical picture of Phosphoric-acid viz:

1. Prolonged grief
2. Hasty speech
3. Indifference to work even for daughter
4. Memory poor
5. Despair
6. Homesickness with weeping (misses her husband)
7. Hopeless (not making friends or socializing inspite of a beauty parlour which enables her to meet so many people daily).
8. Settled despair
9. Face very sad looking
10. Arms numb and heavy.

Treatment and Follow-up:

13-9-95 - One dose of *Phos-acid 1M* was given. By the 21st she was well but for her pains. Emotionally and mentally she was better.

29-9-95 - *SQ. Phosphoric-acid 1M* - second dose.

5-10-95 - She had some bodyache from overwork for which *Arnica 30* helped. No other complaints.

She stopped the treatment as she felt well. Her anxiety is much better and confidence is returning. The urine problem and oedema still persist. The aches and pains are better by 80 percent.

8-12-95 - At the time going to the press, we called up the patient and she said she is well except for some urine problem.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

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Two Cases Of Nitric Acid.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Sep / Oct Vol IV No 5.

Gunavante S M.

Cases.

` Nit-ac.

CASE 1:

Master Deepak K, aged 19, came with the complaint of suppuration of the gland behind the right ear since more than two years. He had been operated by a well known surgeon, but the suppuration had recurred. There was some swelling of the gland, but not much of pain. The discharge was bloody sometimes, and at other times purulent. The case was repertorised as follows:

Suppuration behind the ears (K 318)

Swelling, lymphatic gland behind ear (K 318)

Eruption, vesicles, behind ears (K 288)

Discharge bloody (K 286)

Discharge purulent (K 287)

This repertorisation brought out Nitric acid as the similimum, and so he was given this remedy in 200th potency twice a day for three days and SL for four days. He reported at the end of the week that discharge had stopped. Considering that the complaint had started over two years ago, he was given *Nit ac 200* one dose every third day with SL on other days.

As he was apparently trouble free, he did not care to report for a number of months, and came again only when the discharge started again. This time he was given *Nit ac 1M* dose every week (three doses). This time also he did not report in time, and said he had to study hard for his examinations. As he had no further complaint, he was discharged as cured of his complaint.

CASE 2:

Mrs. Priti B. aged 37 came with the complaint of cutting pain in the rectum for six to eight hours after stool. The stool was soft yet difficult to pass, and she had to strain much. She was ameliorated by hot fomentation. She had strong desire for fats, sweets and salty food. Thirst, sleep normal. No anxieties, fears or dislike of any one. She was given *Nitric acid 200 BD*, for one day, O D for three days and SL for seven days. At the end of ten days she was much better improvement started from third day. She wanted medicine because of fear that the trouble may recur. She was therefore given *Nitric acid. 1M* two doses at 7 days interval. No further treatment required.

[Back](#)

Select Cases:

 A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
 P | Q | R | S | T | U | V | X | Y | Z |

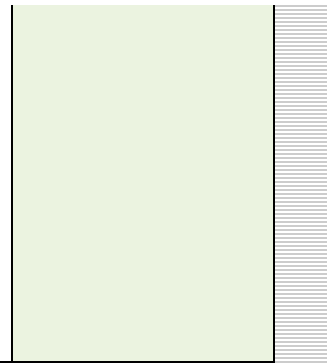
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Cases of Prolapse

NATIONAL JOURNAL OF HOMOEOPATHY 2000 Jan / Feb VOL II NO 1.

Dr Kasim Chimtanwala

'Mur-ac

Case 1: Rectal Prolapse

A tall lean man of 64 was brought to our hospital on 23-07-98 about 8 pm in a critical condition for frequent loose stools and extreme prostration. He was looking restless and anxious.

H/o eating in a hotel a day back. Stools watery, offensive and profuse every hour. Thirst normal. Had not taken anything by mouth since morning. Urine twice since 6 am scanty.

O/E Emaciation ++, eyes sunken, lips dry,

Conscious but not well oriented,

P. 78/min poor V&T, BP 76/50 mm

Pallor +, Oedema feet +,

No Clubbing/ Icterus/Cyanosis

Mouth red, aphthae +

S/S dehydration +

Prolapsed rectum 2" - reducible, non-tender, no ulcer.

		<i>Ars-alb</i> 200 fractional doses IV fluids 3 O
24-7-98 5am	Pt >>, slept 4 hrs A febrile, P-88/min, BP 100/742 loose stools by 2 am; Rectal prolapse 1"	SL fract doses IV contd
8 pm	Relapse 4 watery stools Prolapse ++, mouth sensitive P-88, BP 80/60	<i>Ars-alb</i> 0/6 hrly IV DS contd Glycerine locally
11.45 pm	G.C fair stool contd. P-88, BP 90/70	<i>Ars-alb</i> 0/12 30 min interval IV contd.
25.07.98 6 am	Pt slept for 3 hrs only Profuse loose stools invol at 5 am Prolapse ++, Aphthae ++	<i>Ars-alb</i> 0/12 Every 30 min
10 am	No stool. Pt better	
26.07.98 10 am	Pt better, slept till 5 am 2 soft stools, No prolapse mouth >, Afebrile.	Discharged SL x 3 D

His wife reported that he suffered from such attacks for the past 4-5 yrs. His appetite is also poor. Stools watery offensive < after eating any food. She added that soon after the

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marriage of my last son, about 5 yrs or so, we both were mercilessly driven away from our own house, by our sons and their wives.

Since then we are going through a very hard and stressful life. He worked in various capacities to earn a living. Now he is so exhausted that he is unable to perform even his daily routine. Wt reduced by 8 Kg within 4 yrs.

By nature he was social, active and a perfectionist and liked company, but gradually he has become reserved, silent and taciturn. He has never expressed remorse or wept on the behaviour of his sons. Nowadays, he loses confidence fast and gets easily confused.

Drugs considered were *Phosphorus*, *Nitric-acid* and *Muriatic-acid*.

30-07-98	On the basis of the mental picture A/F Silent grief, Weakness ++ Rec off loose motions + Prolapse rectum Even while urinating or with easy stools At times involuntary	<i>Acid-mur</i> 1M1 dose stat <i>SL BDPC</i> x 10 D
15-08-98	Pt feeling much better in all respects Afebrile, P 80/min, BP 112/70 mm	<i>SL</i> contd.
03-09-98	Pt reports healthy. Stools 2/d, normal Rectal Prolapse +	<i>SL</i>

Case 2 : Prolapsed Piles With Worms

An emaciated child of about 7 was brought by a Homoeopathic colleague with the k/c/o recurrent worm complaints with constipation since long . He was given CC, TMV, *Cina*, *Nux-vom* and *Sulph* in various potencies over 2 yrs but the complaints continued.

About a month back his mother suddenly noticed a pea-sized swelling at the anus, which appeared after passing stools and reduced 3-4 hrs after defecation. With passage of time it developed into an irreducible painful bunch of grapes. Burning anus after stools; occasionally slight oozing of dark offensive watery blood. The boy screamed while passing stools; hence avoided going for days.

Past History: Had some itching eruptions both legs during childhood > ointments. ? Measles at 3 yrs age, Vaccinated regularly.

Graphites 200, *Aloes* 200/1M and *Hamamelis* 200 given in repeated doses within 4 mths but no substantial relief. *Ratanhia* 1M was given for burning pains after stool with bleeding but with very short relief.

2-4-97		<i>Sulphur</i> 0/62 hrs interval Sitz bath
2 days after	Not much relief, burning after stool Prolapsed sensitive piles + bleeding	<i>Acid-mur</i> 200 Fract doses
Next day	Complaints >> Stool soft, Piles + No worms	<i>SL</i> 2 hrly
6 days after	Pt much better Stool >, Bleeding >> Piles shrunken, less painful	<i>SL TDS</i> x7
25 days after	2 boils near anus painful on touch Stool normal, No piles	<i>SL TDS</i> x 10
12 days after	No major complaints, Boils +	<i>Sulph</i> 1Mx1D
15 days after	Boils >> Sleep disturbed, Itching anus ++ Stool soft 1-2/d, worms + -,	<i>SL BDx1</i> mth
1 mth after	No major problem, Piles absent	<i>Sulph</i> 1M 1D

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

P | Q | R | S | T | U | V | X | Y | Z |

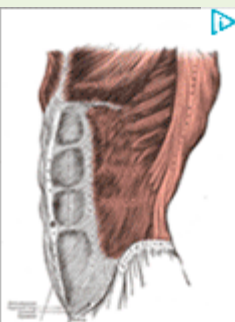
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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

P | Q | R | S | T | U | V | X | Y | Z |


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The Acidic Action

NATIONAL JOURNAL OF HOMOEOPATHY 2000 Jan / Feb VOL II NO 1.

Dr Adil Chimthanwala

'Mur-ac / Fl-ac

Case 1: Septicaemia It was on 3rd of August '99, that a middle aged man k/c/o of Diabetes Mellitus was brought to our hospital in a very critical condition with fever and a 16-day offensive oozing carbuncle on nape of his neck.

Initially, he took ayurvedic medicine, then antibiotics but the fever continued and he continued to deteriorate with the carbuncle also continuing to spread. He gave the history of having stopped Antidiabetics for the past 1 month and was instead taking some churna.

Last PBS on 28-6-99 was 358 mg%

On admission he was so extremely prostrated & remained so still as if dead. He was feeling chilly but could not ever cover himself. His tongue was coated and breath was offensive.

He was taking small sips of water every 1-2 hrs.

O/E GC not satisfactory,

Conscious, answered slowly, constant moaning

Febrile, 100.6F, Pulse - 110, fast & feeble, BP 60 syst,

Palms and feet cold, perspiration - nil, eyes sunken,

Pallor +, oedema feet +

No icterus or clubbing,

Signs of dehydration ++

Local Examination

Ulcer mid nape neck - 2"x3" offensive, bloody oozing + necrotic base.

Investigation

Urine Sugar + BS (random) 206 mg (by Dextometer)

3-8-99	Fever with oozing ulcer	<i>Ars-alb</i> 3 0 /6 hrly IV DS 30 fast. Calen dressing TPR & I/O chart
2 hrs later	No much change Fever 101.50F	<i>Baptista</i> 1M 1D IV fluids contd.
3 hrs after	No much change → down hill Becoming restless even when could not move. Acids were thought of <i>Acid-phos</i> or <i>Acid-mur</i> .	<i>Mur-acid</i> 1M fract 30 min IV fluids 20 fast
2 hrs after	Pt looking better. Febrile Loud moaning +. 1 loose stool M-semicomatose Ulcer often oozing++	<i>Mur-acid</i> 1M fract hrly IV continued

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Next day	Much better	Reduce frequency
----------	-------------	------------------

On the following basis-

1. Extreme Prostration (Physical followed by mental)
2. Septic fever.
3. Offensive discharges.
4. Involuntary offensive loose stool.
5. Restlessness ++.

Case 2: Case Of Manic Depression (Bipolar disorder)

A 28 yrs old male, a chief executive officer in a sales department, came for treatment with his wife. She wept inconsolably and lamented "Ours was a love marriage, everything went fine for a year. Then one day I discovered, he has some affair outside, which people said he had recently developed. He remains away from home as well as office for days together. A man who was jovial, carefree and talkative, nowadays remains dull and silent. He has developed strong hatred towards me and even avoids our son. Even his sexual urge has reduced. Doctor, please help me'. Her husband did not even utter a word nor reacted to whatever she reported.

Having no presenting distressing complaints, he was sent away with SL and was posted for detail case recording.

On the appointed date, he came along but was a changed man. He reported, 'feeling of depression has come over me; I have no interest in doing anything even I do not like going to my office. I am not getting proper sleep and body has become lethargic. Always feel disheartened and wish to leave this house and stay somewhere else. I feel no interest in my wife and children. Their presence irritates me. Appetite, stool and urine - NAD. Sleep - average.

O/E - Moderate built, eyes sunken, lips dry, Conscious and oriented,

P 80/min good V&T, BP 130/90 mm

A small round ulcer on Glans, little discharge, offensive

Occ pains at night

He confided (on condition) that it was present even before his marriage > ointment. H/o multiple sexual contacts.

Following rubrics considered for the drug selection-

Sadness

Aversion Members of family - K9

Home desire to leave - K51

Escape attempts to from her family, children - K39

Indifference to loved ones - K55

Indifference to business affairs - K54

Genital Male, sexual passion, violent - K711

Sepia, Lyco, Fluoric-acid, came out as 3 important remedies.

21.02.97		Fl-acid 200 SL BDx15
25 days after	Wife reported same condition Has not gone to office. Rest OK	SL TDSx10
15 days after	Pt came with his friend, Better in all respects, Ulcer - discharge ++	SL BD x 15

Thereafter 2-3 doses of *Fluoric-acid* 1M were required over 8 months. The ulcer subsided thereafter. Patient is now enjoying a normal family life for the past year or so.

[Back](#)

Select Cases:

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) |

P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

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The Weak but Intelligent Child

NATIONAL JOURNAL OF HOMOEOPATHY 2000 Jan / Feb VOL II NO 1.

Dr B G Daptardar

'Mur-ac

Master AK aged 2 yrs, was referred on 27-3-98 by a colleague for high fever- 101 of that did not respond to Ferr-phos for two days. I saw a weak, almost emaciated child, moaning and thirstless with cold feet. I gave him *Puls* 200, 3 doses & fevers subsided the very next day but cough & cold continued. I waited for 1 day with *sac-lac*. Next day fever rose again & the child became dull and irritable with greatly reduced activity. *Hell* 200, 3 doses brought no change within 36 hours. Then his parents remarked that child was passing involuntary stools & urine; this coupled with fever continuously for 6 days - pointed to typhoid like state. The added weakness and irritability pointed to *Muriatic-acid* 200-2 does 8 hours apart brought good improvement.

Now after this acute episode was over. I wanted to know the chronic complaints of the child. Why did such a small child reach a state that called for a drug like *Muriatic acid*? So I called the parents after 4 days for a detailed history. The referring doctor also briefed me before the interview.

The patient was a premature child; born in 7th month of pregnancy- 30 weeks gestation. Birth wt 1.3 kgs. Kept in premature unit for 45 days. Icterus on 10th day. Septicaemia- Blood transfusion.

Wt. at discharge-2kg.

Mother had Hypertension during pregnancy-LSCS done.

H/O Recurrent nasal congestion, sneezing, cough; chest congestion twice.

Born with excessive hair on cheeks, arms & abdomen. Stretches often, specially after feed. Restless hand & feet.

Cries before urination or stool.

Starts during sleep.

Needs human touch to go to sleep; will not sleep in cradle.

Loves bathing.

H/O- Trembling of one lower limb.

Lies with lower limbs abducted- one or both or in knee-chest position; curled up on sides. Shrieks in sleep.

Likes rocking very hard. Restlessness.

Fear: of balloons, whistle of pressure cooker, but not afraid of crackers.

Thermal- wants fan, does not like covering or even to wear sweater or cap in winter. In sleep also throws off covering.

12-1-98- Phlyctenular conjunctivitis. During acute attack of cold & fever, he becomes dull, irritable, restless, wants to be carried, will stick to mother or aunt. Startles from sleep during fever.

He is very timid, cries if dog barks loudly, if a pigeon comes near or even on hearing a duck quack. Earlier he was fond of slides; once he fell down, so now he does not use slide. Does not mix around or plays with kids. He wants one of the family members to be

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there. Plays alone. He will play a shot & will turn around & will say "mamma".

Anything attracts his attention for some time & immediately it goes back to his mother. Restless; does not sit in one place, & play for more than 5-10 min. Likes to read books. Computer fascinates him. Wants to be carried; Aunt should carry him while cooking. Good memory picks up words very fast.

He talks, plays with toys but is not mischievous.

Basically his problem is with strangers. Does not even look at strangers, clings to Mother. Does not wear dirty shoes. Likes playing in water, stones, mud. Quite stubborn at times. Does not allow his mother to carry any body else's baby.

APPETITE- less

DESIRES- Fruits, Curds+++; cold drinks, ice creams.

PERSPIRATION- scanty.

F/H- Diabetes; IHD

19-1-98 Oral polio- followed by recurrent diarrhoea, continuing till now. As soon as her narration was over I got answers to a few of my questions & I told so to the doctor. But she was not satisfied. So I decided to interview the parents & the following things came up apart from the information provided-

AK was a weak child from beginning. He suffered from cellulites, bad infection of toes. He had a hot vertex for which Calcirol-D injections were given. He suffers from cough & cold very frequently. He passes stools & urine without giving any indication for it. If taken to toilet he will not pass it but anytime he will pass & without being aware. He is sometimes very stubborn. Once he saw plastic grapes hanging in a taxi & he cried a lot for grapes; so much so that the shopkeeper had to buy grapes for him. He does not play with children of his age & does not like outdoor games. He likes to sit the series of pictures in his computer program Power Point. His thirst is less & he likes fruits. A sudden but drastic change occurred in him after the last medicine (*Mur-acid*). - for one full day he cried for his "papa". He had never done this before. He was always attached to Mother. His appetite increased greatly. This confirmed my prescription. The doctor had given *Sulph & Lyco* previously without much effect.

Now I knew the answer to my first question- what is the chronic state & the remedy. Now I wanted to know the answer of the second question. So I questioned the parents about their health in general & mother's history in particular.

Mother's History: polyhydramnios in the early weeks of pregnancy & doctors had suspected twins. She suffered from hypertension during pregnancy. She had placenta praevia. She takes things too personally i.e. if work is not completed she is not comfortable. She is irritable before menses. She also is very obstinate, anxious & conscientious about trifles. Theirs was a love-marriage. Her parents, especially father did not agree for it initially. She wanted to marry only after parents approved. Father suffered from heart attack & was operated- during that period she was with her father all the time & later father gave consent. The main reason to oppose was that she was more educated than her husband & earned more. This was not an issue for her. From childhood there was discrimination in the house to wards her; she was refused many things but the same were given when asked by her sister. She got the feeling- "this is not right". & she never retaliated. But when same thing started happening for her younger brother, she fought for him.

I asked "what did you like most about your husband?" She laughed shyly & said "his caring nature". Rubrics taken are given in the chart.

For Child	For Mother
Mind active	A/F Rudeness of others
Mortification	Mortification
Obstinate	Anguish
Starting from sleep	Carefulness

RestlessWeakness

Cares & worries full of Emaciation

< Warmth

> Bathing Head,
heat-vertex.

Thirstless

Obstinate

Seriousness

Industrious

Looking at the evolution of child: premature delivery, septicaemia, cellulites, all are zymotic states, low grades of inflammations. With every condition he becomes dull, irritable, physically weak but mentally well developed. No control over stools & urine. We all are familiar with *Muriatic-acid* in typhoid like fevers. Hahnemann gives it in his antipsorics. So if we expand our idea of the drug & apply it to the case, *Muriatic acid* is very difficult to miss. What I mean is that, if we know a drug is useful in say typhoid like fevers but that drug is, very deep acting one; than the central idea or theme or whatever individualising aspect of that drug is, that will be seen in a case of typhoid like fevers as well as in chronic case. Only the expressions will be differing in pace & pathology. Now take the case in hand. We know very well Kent's description in his Lectures. He describes paralytic weakness of *Mur-ac* vividly. He says "with this great muscular exhaustion, with jaw hanging down & patient sliding down in bed & soon the involuntary stools & urine, this remedy is forced upon the mind has been stronger than could be expected". All these coming up in a typhoid fever in a rapid manner, where there is a great physical weakness & mind is not that weak or is rather irritable we easily point to *Mur-ac*. Now when we see these features coming up in a chronic case will they be manifested with such rapidity? On the contrary we see slow progressive muscular weakness, where mind is active or irritable. The characteristics of muscular weakness will be manifested according to the pace & pathology. Involuntary stools & urine will be present but the pattern may be different.

If Jan Scholten's idea of muriates & acids is used, then also this case can be understood. From his analysis the theme of muriaticums is "Care & Nurturing: Mother; Attention; Self awareness". All these themes are clear in our case specially from mother's case. Her expectations from her parents, her taking care of her father during his illness, her not being ready for marriage without consent of parents, all collectively point to that. The final stamp was put when she replied to my question: "What did you like in your husband:" & she shyly replied "his caring nature". Though her father mainly opposed her marriage she always had problems with her mother. Now Acid theme is "Exhaustion; Active, hurried; Lively, fresh, extrovert; Aggression, fighting; Desire for unification; Isolation & apathy". Now when we combine the themes of two i.e. Acids & muriates what we get is following themes: Exhausted as a mother or by care & nurturing; Active or even aggressive as a mother or in asking for care & nurturing; desire for unification by or for care or nurturing; isolation & apathy as a result of failure in giving/receiving care, nurturing, attention. We see that most of these themes are present in mother of the child. The relation between mother & child also is once again seen clearly.

Follow Up:

Slowly his fears became less, he started going on slides and playing with balloons. He regained control over his stools & urination. He gained wt. He did not have any acute episode like before.

[Back](#)**Select Cases:**

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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 Tuberculinum: as a Constitutional
 NATIONAL JOURNAL OF HOMOEOPATHY 2000 Jan / Feb VOL II NO 1.

Dr Anita Lobo

'Tub-b

Case:

Master A.B, 8 y, a Roman Catholic was brought by his Father on 13-10-98. Father was 44 yrs old, Mo 38y, and he had one brother.

Chief Complaints

Location	Sensation	Modalities	Concomitants
Respiratory System	Cold++ Running Nose	AF Dust3 Cold food	Itching of eyes withLachrymation
Since 7 years	Nasal irritation3	Cold drinks	Headache
Since 1 month	Sneezing++	< Night	Restlessness
Taken Allopathic	Discharge=copious,	< Cold Climate	
Anti-histamins & local steroids	Watery initially & later thick and whitish yellow.	< Change of climate	
with not much relief	Nose-block+	< Exposure- cold air	
	Cough+- Dry		

Past History With Treatment History

Malaria 4 times, better Allopathic Rx Worm infestation for which anti-helminthics were taken.

Family History:

Mother anemic, tendency for obesity, malaria thrice, frequent aphthae. < /p>

Patient As A Person:

Appetite -Good

Desires - Sweets, meat, cold milk

Aversions - No particular

Thirst - Increased for cold water (1½ litre per day)

Perspiration - on forehead, at night; non-offensive; non-staining.

Stool - semi-solid; once or twice a day

Urine - D/N -6-7/1-2

Development Landmarks And Problems:

Birth- F, T, N, D, Hospital delivery; wt 3.5 kg.

All milestones: Normal

Reactions-Physical Factors:

Meteorological - Prefers cold climate (winter & rainy season) Thermal Reaction - C2 H3

The Mental State:

Intellectual State: Memory- Good in studies.

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Creativity+ - likes drawing, painting.

Emotional State: Changeable moods, craves attention. Very sensitive> by consolation.

Restless: disturbs others. Fear of dogs, ghosts.

Likes Company. Irritable+: gets angry quickly.

Sleep And Dreams Duration-10pm. To 7 a.m.

Disturbed due to dreams of ghosts.

Genetal Physical Examination:

Appearance-lean. Wt. - 25kg, Ht- 4'-5".

Pulse Rate- 78/min

Resp. Rate- 18/min

Temp. - 98F.

B.P- 120/80mm. Of Hg.

Pallor, Jaundice, Cyanosis, Clubbing, Oedema- NIL.

Systemic Examination:

RESP SYSTEM O/E: Nose & nasal cavity- Enlarged nasal turbinates with bluish-red nasal mucosa R R - 18/min.

Per Abdomiinal CVS/CNS-NAD

Investigations:

Blood: Hb-14 gm% Total WEB count - 10,000 cells/cu.mm.

Neutrophils= 64%

Lymphocyt 20% Eosinophils 12% Monocytes 3% Basophils 1%

ESR (Westergren)- 20mm. at the end of 1st hour.

Miasmatic Background

Fundamental Miasm: Tubercular Miasm: Mo: malaria thrice often gets apthous ulcers.

Dominant Miasm: Tubercular Miasm: Patient- C/o recurrent attacks of cold & cough & had malaria 4 times.

Management:

A. General:

1. Diet: - Avoid cold food, cold fruits, cold drinks, ice-creams.
2. Ancillary Measures: - Avoid exposure to dust; Regularly wash curtains, bed-sheets, pillow-covers, to be used. All clothes and items to be dried in the sun.
3. Education & Orientation:- All domestic articles and floors to be wet-mopped regularly.

B. Specific Homoeopathic Remedy:

Acute- *Arsenicum-album*6.

Constitutional: *Tuberculinum- bovinum*200

First Prescription With Reasons And Date:

Given on the basis of the following symptoms: - Nasal discharge-copious, watery; sneezing with nasal irritation, nose-block, dry cough- A.F. : Dust, cold food, cold drinks; all complaints< night, < cold climate, < exposure to cold air, itching with watering of eyes, Restlessness.

Criteria For Follow Up:

1. Irritability
2. Appetite
3. Thirst
4. Sleep and Dreams
5. Perspiration
6. Motion
7. Sneezing
8. Nasal discharge
9. Nose block
10. Cough dry

11. Itching and watering of eyes

12. Headache

Date	Symptom Changes												Interpretation	Prescription	
13/10/98															<i>Arsenicum -alb</i> 6/4 pills TDS
27/10/98	1	2	3	4	5	6	7	8	9	10	11	12	Acute Rx (AC) helped marginally Give constitutional (C) remedy	<i>Tub-bov</i> 200/2p- HS+on day 15	
	S	G	S	S	S	S	>+	>+	S	>+	S	S			
28/11/98	1	2	3	4	5	6	7	8	9	10	11	12	Better	P1/4-4-4x 1 month	
	S	G	S	S	S	S	>+	>+	>+	>+	>+	>+	(1/2 oz, pills)		
25/1/99	1	2	3	4	5	6	7	8	9	10	11	12	>2 months. Again came with acute complaints	<i>Ars-alb</i> 6/4-4-4 (1dr. pills) P1/4- 4-4 x 1/2 oz pills	
	S	D	I	S	S	S	I	I	I	I	S	S			
2/2/99	1	2	3	4	5	6	7	8	9	10	11	12	Acute better > Give constitutional remedy	<i>Tub-bov</i> 200 1p HS P1/4-4-4 x 1 month	
	S	G	S	S	S	S	D	D	D	S	S	>			
6/3/99	1	2	3	4	5	6	7	8	9	10	11	12	Much >+ improvement but not fully recovered, so increase potency.	<i>Tub-bov</i> 1M/ 1p HS P1/ 4-4-4 (1/2 oz pills)	
	S	G	S	S	S	S	>+	>+	>+	S	S	>+			
30/4/99	1	2	3	4	5	6	7	8	9	10	11	12	Remarkable D improvements in all sectors. Placebo	P1/ 4-4-4 x 1 (1 oz pills)	
	D	G	G	G	D	G	G	G	G	G	G	D			

Investigations- Repeated

WBC: N- 68% E-06% L- 22% M-03% B-01%

ESR: 15 mm. at the end of 1st hour 30-6-99 much better. All his complaints improved.

Conclusion:

Although Allergic Rhinitis is a chronic complaint with exacerbations and remissions; a constitutional approach can help abort, decrease and eliminate these relapses. It is the function of the constitutional remedy to go to the very depths of the organism and improve his susceptibility and restore normal healthy balance. In this case. *Tuberculinum* functioned as a constitutional remedy due to the striking physical generals, mental generals and characteristic particulars. Thus despite the commonly held belief that *Tuberculinum* is used only as an intercurrent remedy; in this case it has been proved clearly beyond doubt that *Tuberculinum* can be used as the constitutional remedy and the symptoms match exactly as was the case here.

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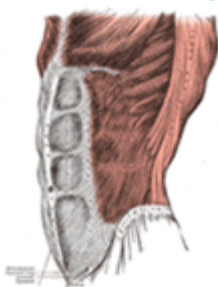
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Four Cases.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Sep / Oct Vol IV No 5.

Sanjay Banerjee.

Cases.

 ` *Ph-ac / Gymn / Sulph / Nat-m / Nat-ar / Tub / Thuj / Calc / Bac / Am-m.*

CASE 1: Diabetes Mellitus

Mr. Jamini R, aged 42 years came with following complaints -

1. Polyuria more at night every hour.
2. Thirst increased.
3. Weakness and Vertigo.
4. Sudden loss of weight, sexual weakness, anxiety.
5. Appetite increased.
6. Flatulence.

Past History: Ringworm (age of 15 years), warts, otorrhoea.

Family History: Father had Heart attack. Grandfather had Kochs infection; Maternal Grandfather had Asthma. There was no history of Diabetes in family.

Investigations: Blood sugar fasting - 275 mg percent. Urine sugar +++ pus cells ++.

Treatment and Follow-up:

Acid-phos 200 followed by *Gymnema-sylvestre Q*

4-2-87 - No weakness. Thirst decreased, Appetite improved and flatulence less. The Fasting Blood Sugar (FBS) was 260 mg percent on 2-2-87 and Post Prandial Blood Sugar (PPBS) was 430 mg percent. Urine Sugar ++++. The dimness in vision was more at night.

 Treatment - *Acid-phos 200* and *Gymnema-syl Q*.

19-2-87 - Urine sugar ++; Dimness in vision

 Treatment - *Gymnema-syl Q*

9-3-87 - FBS 93 mg percent

 Treatment - *Gymnema-syl Q*

8-4-87 - PPBS was 200 mg percent. Ringworm better by local application. Urine was scanty and offensive. Thirst poor. Sweats profuse. Appetite good.

 Treatment - *Sulphur 2c-0-2* and *Gymnema-syl Q*.

1-6-87 - No complaints. PPBS 86 mg percent. No weakness.

 Treatment - *Sulphur 2c-0-2* and *Gymnema-syl Q*.

15-7-87 - PPBS 88 mg percent

 Treatment - *Sulphur 2c-0-2* and *Gymnema-syl Q*

15-8-87 - Patient much better. PPBS 84 mgm percent

16-9-87 - PPBS 130 mg percent offensive mouth and urine no debility.

 Treatment - *Sulphur 2c-0-2D* *Gymnema-syl Q*.

25-11-87 - PPBS 98 mg percent sometimes pain in left molar teeth worse while eating - Redness of right eye.

 Treatment - *Bell 200-2* and *Gymnema-syl Q*.

28-12-87 - Pain right knee after a history of injury; no other complaint.

 Treatment - *Arnica 200-2* and *Gymnema-syl Q*.

CASE 2: A Case of Epilepsy

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Master KM 15 years of age came with the following complaints -

1. Fits with involuntary urination, occurring at yearly intervals. It was usually after eating. There were four episodes of fit since 1979 which started after a history of shock and fright.
2. Present complaint was a dullness with deviated expression of activity.
3. Headache worse in sun
4. Coated tongue.
5. Hard stools which requires straining.

Past History: shock, fright, septic tonsillitis.

Family History: Father has diabetes and maternal Grand-father has asthma.

Physical Generals:

Desires - Eggs, salty food, rich fatty food

Thermal - Hot

Sweats - on head and palms.

Mentals:

Irritable, whimsical, sensitive to disorder, washing mania, likes dancing, careless.

Diagnosis:

EEG - showed cortical dysarrhythmia.

Treatment and Follow-up:

14-5-84 - *Nat-mur 200* on basis of onset after fright and shock.

19-7-84 - Family history of Epilepsy, likes salt and meat constipation and contradictory symptoms.

Treatment - *Nat-mur 200* repeated.

25-10-84 - No attacks of fits. Memory and Irritability improved. Acne on face, Cough + cold, Oedema of lower eyelids. Stools regular, sometimes loose. Itching arms.

Treatment - *Nat-mur 1M*, 2 doses.

8-2-85 - No fit, pain hypogastric region, improper articulation.

Treatment - *Placebo*.

30-9-86 - Restlessness, lack of confidence, fastidious.

Treatment - *Nat-ars 1M*.

4-3-87 - No attack of fits. Restlessness, Irritable. Likes to study, hard stool, throat irritation with allergic dyspnoea to incense stick, has gained confidence.

Treatment - *Placebo*.

20-10-87 - Attacks of bronchial spasm, Irritable, catarrhal tendency. F-H of Asthma.

Treatment - *Tub-bov 1M-2* doses.

CASE 3: Undiagnosed Chronic Fever

A male child aged 18 months came on 13-3-86 with following complaints -

1. Chronic fever since 3 months of age. The fever ranges from 99.5 F to 103 F. There is chill during fever with sweat on hands and feet after the fever declines. The fever was aggravated in at 3 pm and at 3 am.
2. Slight coryza
3. Loss of appetite with loose stool in the morning after eating.
4. Cries while passing urine

Investigations: X-ray chest was normal but Mantoux test was positive.

Past History - Loose stools in morning after eating. Improper small-pox vaccination.

Family History: Asthma, Koch, Rheumatism, Chronic migraine, cystitis, ring worm and mental disorders.

Clinical Findings: Cervical glands, slightly enlarged liver.

Other Treatment: Anti tubercular treatment with no result.

Treatment and Follow-up:

Thuja 200 then 1M and later followed by *Calc-ars 200* was given on the following indication -

1. Aggravation of fever in afternoon and later part of night. (3 am and 3 pm)
2. Onset of disease after vaccination.
3. The fever comes on with chills and there is sweating of palms.
4. Crying during urination.
5. Loose stools in morning after eating.
6. H-o Rheumatism, cystitis in family.

The baby was fine in 2 months. The patient now enjoys good health except occasional catarrh for which *Bacillinum* was given with good result.

CASE 4: Typhoid with Haemorrhage

Master S aged 14 years came with typhoid fever which was complicated with bleeding from nose, mouth, gums and anus.

The patient was emaciated, prostrated with blocked nostrils and bleeding from nose and gums. Relapse of Typhoid after dietetic error. The patient had craving for lemonade.

Treatment: - *Amm-mur* was prescribed on the basis of

1. Craving for lemonade.
2. Nasal blockage
3. Haemorrhage
4. Emaciation in the lower part of body.

The patient was a man in his sixties. He was a smoker, a hog and worst of all a drunkard. Dr. Weisberg warned him about the dangers of all these things and said, "They may well cause you to die early".

The patient replied, "Doctor, you let me die and I will never speak to you again".

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From Our Archives.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Sep / Oct Vol IV No 5.

Kasivishwanathan T K.

Cases.

 ` *Agar / Thuja / Rhus-t.*

That Odd Symptom

In his Organon, Aphorism 153, Dr.Hahnemann said in "this search for a Homoeopathic specific remedy, the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of the disease are chiefly and most solely to be kept in view".

That odd symptom which leads to the similimum is got from observation or during interview.

Some of the cases from our vast literature where the prescription was based on that odd symptom are presented below: -

CASE 1: Cough followed by sneezing

The lady was obviously feeling very low in spirits and depressed. Her chief troubles were utter exhaustion, periodic sore throats and indigestion relieved by eating. There was a feeling of trembling in stomach, with constipation and nightly aggravation. During daytime she felt as though her organs were almost paralyzed and she felt better at night. She was also very jealous of her husband.

As these symptoms gave a fairly good picture of Lachesis, Dr. Eric F W Powell was about to give her a dose of Lachesis 1M. As the patient was conversant with Homoeopathy, she inquired as to what was being prescribed and in what potency. When informed of the remedy, she said "that is what Dr X (a Homoeopath) gave me and it did not help me at all". She said that Doctor also was a high potency man. Dr. Powell therefore thought his selection of Lachesis was wrong.

While talking with the doctor, she coughed two or three times and each little cough was followed by a sneeze. After searching in a detailed repertory. Dr. Powell prescribed Agaricus 200 3 doses, as that remedy covered her other symptoms as well. After initial aggravation, the patient improved in all her symptoms. Kents Repertory pg 804 contains this rubric - Cough, sneezing ends in - AGAR, Arg-n, Rad, Bell., bry, caps, carb-v, cina, hep, lyc, psor, sang. Squil, Sulph.

T.F. Allens Handbook on Agaricus says - "Violent and isolated attacks of cough ending with repeated sneezing. Violent during the day; in morning, also on awaking; at noon with repeated sneezing".

CASE 2: Sweating on uncovered parts only

The patient had an obstinate attack of constipation, which for seven days resisted all medicines like castor oil, injections etc. He was in great pain and it was in the lower umbilical region and was intense in all lower parts of the abdomen. The mans face was covered with sweat and his hands were moist but his body was dry. Dr. George prescribed Thuja high based on the last mentioned symptom. While the previous day was all despair and confusion, next day was one of cheer and happiness as his constipation and pain were relieved dramatically.

(This article was published as far back as 1904 in the Medical Advance and was reproduced in Oct 1963 issue of the Homoeopathic World published in UK. The other

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peculiar symptom, of Thuja the disposition to leave sentences unfinished in conversation "commences every sentence anew without ability to finish may also be noted. Synthetic Repertory pg 938 - Finish sentence, cannot - *Ars, Can-i, lach, med, thuj* . The exact proved symptom appears as a rubric in Knerr's Repertory p. 75 under Talking.)

CASE 3: Burning Palm

An otherwise healthy woman consulted Dr. Hesse for what she termed as a trifling ailment but which made her desperate. She complained of burning in the palm of her right hand with a sensation as if she kept her hand in boiling water. It was aggravated by rest, in the cold, by holding cold objects and greatly in cold water and after midnight till morning. Relief was felt by letting the palm hang down, by motion, warmth and in hot water. At about 3 pm, the hand and whole forearm burns. She has to get up and run about. The hand felt paralyzed and as if asleep for hours. She is obliged to hold something light in her hand.

Dr. Hesse initially prescribed *Ars-alb*, twice a day. There was no change. So, *Rhus-tox 3x* twice a day was prescribed and after three days the pain became unbearable. Dr. Hesse gave *Rhus-tox 200* daily one dose for 2 days. The pain was relieved after two days. Patient slept better. After a week *Rhus-tox 30* one dose; there was great improvement. She could work with her hand even in cold water.

Dr. S. Lilienthal while commenting on this case stated "The selection of Rhus Tox was a splendid one, as it is our great antiparalyticum; the burning of the palm shows the paretic state of the vaso motors supplying it. Just let one try to hold a piece of ice in the hand and he will feel that icy coldness at first produced by the contraction of vasomotors and after a while a burning sensation produced by paretic dilation of the vasomotors and increased flow of blood!

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THE NJH EXPERIENCE - The Struggle for Success
 NATIONAL JOURNAL OF HOMOEOPATHY 1995 Sep / Oct Vol IV No 5.

Prabhakar Murthy.
 Cases.
 ` Ars / Spig / Sep.

A 50 year old female had chronic headache since 3 years and was brought by her husband. The patient was always anxious and worried if any of her children came late. The headache was left sided, starting from left eye, eyebrow then all over on the left side of head upto nape of neck. It was worse after 5 pm. There was a numb feeling of the head.

Menopause since two years. Appetite diminished and sleep disturbed. The patient had received Psychiatric treatment for a year.

Keeping the fear and the element of anxiety in mind, she was given Ars-alb 200. However there was no response even after a reasonable period.

Spigelia 200 was given with which she responded well. The numb feeling disappeared.

Spigelia 1M in half a glass water, and 1 spoon to be taken morning and evening. The patient showed steady progress even in the mental sphere. The pain in the left eye remained the same and her anxiety did not reduce to a marked extent.

At this juncture, I happened to read in the journal an article on "Ptosis during headache". Inquired with the husband who verified that with pain the eyes would droop and close.

A cross check in Kents repertory gave the following rubrics -

- a. Eye, heaviness, lids, as if could not be held open
- b. Eye, heaviness lids with frontal headache.

Sepia appears in 2nd grade in 1st rubric and it is the only remedy in the 2nd one in 3rd grade.

The irritability and anxiety were added reasons to give her *Sepia*; which was given in 200 potency one dose. The patient came with a beaming smile of relief in her next visit. Till date there has been no recurrence of the symptoms.

This case taught me to search for peculiar symptoms and use the repertory.

[Back](#)

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 Malignant Tumours and Its Homoeopathic Approach
 NATIONAL JOURNAL OF HOMOEOPATHY 1995 Sep / Oct Vol IV No 5.

Mirza Anwar Baig.

Cases.

` Sil / Op / Thuj / Staph / Con.

Paper read at National Homoeopathic Congress 1995 held on 1-3 Sept at Salt Lake Auditorium, Calcutta.

Before I talk on Homoeopathic approach, I would like to discuss in brief what malignancy is? Malignancy may be defined as abnormal and uncontrolled multiplication of the tissues of the body. Lots of attempts have been made to understand the exact mechanism of the aberrant tissue behaviours, its cause and cure. But the subject is still not very clear.

Cancer is a fatal disease and if the fight against it is limited to Chemotherapy, radiation and Surgery it will always fail. One thing is often ignored in the treatment of malignancy is the participation of the patient in the fight against his disease. Therefore, I emphasise the treatment of the person as a whole. The Cancer is not only limited to the cell but involves the whole system.

Initially, the Cancer begins in localised areas where the mechanism of tissue multiplication has gone astray. In principle if the mass of the tumour cells is disturbed, the malignant cell will disseminate to distant regions and the disease will flare up. This is often seen after aggressive investigations such as biopsy, excision and other types of surgery.

Dr. Kent had observed this phenomenon long back and that is why he always contested that the cancerous cell must never be disturbed. Hippocrates, the father of medicine has also said, more or less the same thing. It is no wonder that many an oncologist of repute too holds the same opinion.

The pathology of cancer originates from within the body and the cure must also come from within the body. This has been my principle of Homoeopathic treatment of all my cancer patients.

Let us see some of my successful cancer cases.

CASE 1:

Squamous cell carcinoma with metastatic deposits

Mr. S, a 62 years old male, visited me on 18-1-1991, with a hard and painless, nodular swelling on the right submandibular region which he had accidentally felt when his beard itched. The same day that is on 4-1-91 he was investigated by his doctor. Detailed X-rays studies, PA teleroentgenogram of the chest and nasopharynx revealed fibrotic Kochs scaring in the right apex with bronchial inflammatory changes and a small soft tissue swelling in the region of the nasopharynx. His aspirated biopsy reported showed squamous cells. With these reports the patient was sent to Cancer hospital on 8-1-91, where he was clinically diagnosed as Ca Nasopharynx with secondary neck nodes. His histopathological report of Tata Hospital revealed metastatic deposits of necrotizing squamous carcinoma. Since it was a case of secondaries he was advised radiation therapy.

There were no signs of any anxiety except a little worry on the face of the patient. He was a devout muslim and a religious person. He had a white but beautiful beard. There were no other symptoms. The only clue which I got after the long discussion was that when he

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went to the radiation department he was asked to shave his beard which he refused; because of the shariyat, a religious following of the prophet and left the hospital without undergoing any treatment.

He said to me "I would rather prefer to die than to have my beard shorn". And this was the peculiarity in that patient. I took this as a fixed idea. A dose of *Thuja 1M*, was prescribed on 18-1-91 along with *placebo*. There after no medicine was given till six months. The nodule started reducing gradually and vanished completely in a period of one month, after which he was given SL for 6 months. Later he developed some nasal symptoms for which he was kept on *Silicea 200*, single dose which has cured him completely. He is surviving till today and is in good health.

CASE 2:

Mt. MA, a 61 year male, entered my clinic with a smiling face and addressed me in Urdu. "Doctor i have heard your good name, May God give you understanding and me relief". He was dressed in colourful clothes. He was happy and smiling while his wife was desperate and sad. When asked what was wrong, he place his file in front of me and repeated the same words.

He was a known case of Ca-rectum lower 1-3rd. His punched biopsy done twice at Tata, one on 5-8-92 and second on 25-8-92 respectively. First report showed granulation of tissues, his second report showed benign rectal mucosa. One of the bits showed florid granulation tissue composed of Proliferating blood vessels and polymorphs. An occasional giant cell was also seen. He was advised palliative surgery which he refused and preferred Homoeopathic treatment and that was the reason he came to me though his wife was against it. He said, "I have some piles problem but these doctors say it is cancer".

There were no signs of any anxiety or worries in his face. He said he had some bleeding from his rectum and in urine. The calmness and the cheerfulness were peculiar in him. There were no other symptoms although his wife said he had profuse bleeding, thin and dark blood. This problem started with loose motions along with mucus and blood for about a period of one month for which he took some treatment; then one day he developed profuse bleeding and was admitted to a district hospital. He also had retention of urine while in hospital. His sonography report showed normal findings with thickening of (Rt) kidney. And per rectum examination revealed a 9 to 10 cm circumference growth.

Treatment and follow up:

Hamamelis-virginica in 1M one dose was prescribed for the symptom. A cheerful mood during profuse haemorrhage. Thereafter no medicine was prescribed till 31-1-94.

31-1-94 - *Opium 30*

13-6-94 - *Opium 1M*

1-9-94 - *Thuja 200*

The patient has been completely cured and enjoys perfect health. No more medicine prescribed thereafter.

CASE 3: Pyloric stenosis? Ca stomach

Mr. AQ, a 55 years old male with a history of distended abdomen and obstinate constipation for 15 days. He was examined by a surgeon who diagnosed it as case for emergency surgery and asked him to be hospitalised. But from the Homoeopathic point of view the patient was very much pale and weak, the Virchows gland was visible on the left supraclavicular region clinically indicating the diagnosis of Carcinoma stomach.

PH - Kochs which had been treated by allopathic medicines.

There was also a history of bacillary dysentery during which he lost a lot of blood. I prescribed China in material doses first. He was sharing his one room flat with his married son since many years. *Silicea* and the *Thuja* are other remedies prescribed for his final cure and more or less ten years are over he is still surviving and is in his comfortable health.

CASE 4: CA Prostate

The patient had Ca-prostate. He had children who were employed in a religious trust and he was frustrated because of the financial irregularities committed by the trustees. He was a devoted person for the cause of religion and could not tolerate unethical activities and left the job. He took another job as a construction supervisor and would always prefer to stay near a mosque while on supervision duty.

This also saved him from inconvenience of frequent micturition. The patient shared his

small flat with his grown up children and had no personal private life.

His family members were very much anxious and desperate since they were told that the patient would not survive even for few days.

He was admitted in one of the nursing homes for retention of urine due to enlarged prostate and he was operated for the excision of the gland but when the surgeon found the regional metastasis he closed the wound. The interesting information which I got in this case was from his daughter, who said "Whenever my father quarrels with my mother he goes to mosque". And he said whenever he demanded to satisfy his biological need his wife refused. A dose of Staph 200 followed by Conium cured this case completely.

Charles dickens (1812-1870) had a bad cold and described it in a letter to a friend, "I am this moment deaf in the ears, hoarse in the throat, red in the nose, green in the gills, damp in the eyes, twitching in the joints and fractious in temper".

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Wind Flower For Flower Like Eyes.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Sep / Oct Vol IV No 5.

Shah M S.

Cases.

 ` *Puls / Sil.*

Recently a young lady came with her father, and a regular patient of mine. She was suffering from inflammatory oedema with pus formation of her right lower eye lid. All eye specialists recommended surgery for the condition, which the patient was not willing to undergo as she was to be married soon.

Broad spectrum antibiotics were prescribed without any positive result and in fact led to suppressions. She and her anxious father were very disappointed and their eyes were full of tears. After examining the patient, some questions regarding her complaint were inquired into without getting satisfactory answers. So I took the following rubrics in the Kents repertory.

1. KR Pg 237 - Eye, discharges of mucus or pus - *PULS, Sil*
2. KR Pg 237 - Eye discharge of mucus or pus yellow - *PULS, SIL*
3. KR Pg 267 - Eye, swollen lachrymal sac - *PULS, SIL*
4. KR Pg 240 - Eye, fistula, discharging pus on pressure - *PULS, Sil.*
5. KR Pg 240 - Eye Suppression leading to suppuration - *PULS*

In fact there was a peculiar mental symptom of Pulsatilla too ie Mind, weeping telling of her sickness when - *PULS*. Keeping in view all the above mentioned rubrics etc the following treatment was given.

 15-6-95 - *Pulsatilla 200-TDS and Silicea 6x-TDS*

19-6-95 - The condition of her right eye was worse. There was a severe swelling and yellow discharge of pus from the lower eye lid and the patient complained of severe pain. In the past three to four days all the symptoms were aggravated. The potency of *Pulsatilla* was increased to 1M BD and *Silicea 6X tds* continue.

25-6-95 - Patient came looking more confident; swelling had subsided, the pus was almost drained, no pain, no anxiety. Same treatment continued.

5-7-95 - Both the eyes were clear; it was difficult to know which eye of the lady had been affected previously.

[Back](#)


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Acute Attack: Treat with Constitutional or Acute?

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Jan / Feb Vol IV No 1.

Dr Parinaz Humranwala

Cases

'Tub-b

Baby N A aged 8 yrs consulted me for Bronchial Asthma and Allergic Bronchitis at the OPD of Mumbadevi Hospital. The child had cough with difficult respiration which was aggravated by ice-cream, cold water, banana, damp weather, sweets, oily food, change of weather and lying down. Cough would terminate in vomiting which left the child prostrated. Her attacks were severe and could be managed only by steroids. Her asthma had been persistent for five yrs and the parents left no stone unturned to seek relief for the child's poignant situation. Homoeopathic medicines were also tried but without relief. She had low appetite and craved for milk, curds, bread-butter, biscuits, rice. The girl had Koch's at the age of 3, for which she was administered AKT for a period of six months. The child resided with her parents and younger brother, I found the child very restless, wanting to run in and out of the OPD, she then perched herself on the examination stool and rocked it to and fro. Very obstinate, self willed, intelligent and did well in school. Gets very angry if refused anything and shouts and screams to get the desired object. Fear of dark, dogs and cats. Creative minded. On basis of the following rubrics I decided to prescribe Tuberculinum-b 200 (1 dose) as her constitutional remedy.

RUBRICS

- 1) Impulse to run - dromomania.
- 2) Restlessness
- 3) Fear of dogs and cats
- 4) Obstinate, head strong
- 5) Past History of Tuberculosis
- 6) Desires milk products
- 7) Worse damp weather
- 8) Worse change of weather

FOLLOW UP

16/7/92- Tuberculinum-bov 200 (1 dose) and SL for one month
 27/8/92 - Was better all these days. But has developed dyspnoea and cough today. Examination revealed - scattered rhonchi. Tuberculinum-bov 200 (1 dose) and SL every 2 hours for two days.
 30/8/92 - Better. For the first time the child did not need any allopathic medicines during an acute attack. SL for one month.
 1/10/93 - No more attacks. SL for two months
 21/1/93 - Occasional colds but no breathlessness. SL for 2 months
 4/3/94 - Cough. Tuberculinum-bov 200 (1 dose) and SL for 1 month
 22/4/94 - No trouble. SL for 2 months.
 10/6/93- Slightly breathless. Tuberculinum-bov 200 (1 dose) and SL for two months
 11/10/93 - Cough worse at night. No breathlessness. SL for one week.
 14/10/93 - Cough persists. Tuberculinum-bov 200 (1 dose)

There have been no attacks of Asthma for almost two yrs now. Her mother still visits the

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OPD for herself and reports that since 16-7-92 to date the child has never taken any allopathic medicines and is maintaining excellent general health. Generally, when a patient of Asthma comes in an acute state, we immediately discontinue our constitutional and start treating with Ipecac, Antim-tart etc. In the above case Tuberculinum-bov 200 (1 dose) a nosode, her own constitutional remedy was given in an acute state which saw her through the attack. There are however times when a constitutional remedy through well indicated does not help the patient's complaints, and we need to administer other homoeopathic remedies. We therefore come to the question 'Are Homoeopathic constitutional remedies helpful in acute state of a disease?' Readers send us your comments.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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Case of Asthma.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Jan / Feb Vol IV No 1.

Shraddha Bhatt.

Cases.

` Tub / Phos.

Master R.S, aged four, came with complaints of recurrent cold, cough and fever since 12 years of age, occurring after every 2 months. The cough was dry, with difficulty in breathing, and worse at night.

Physical symptoms:

- Sweat with coldness of the body.
- Thirst-increased
- Desires-Cold drinks, Icecreams and curds which aggravate.
- Aversion-Non-veg.

Mental Symptoms:

- Fear of darkness, clings to mother at night.
- Fear of horror movies, of being alone.
- Fear-of dogs, cockroaches, ghosts.
- Very irritable, goes to a corner and sits.
- Aversion to mental work.

Indications:

- Perspiration, cold in general.
- Cough. dry
- Respiration, difficult, night during.
- Irritability in children.
- Fear of animals
- Desires fat
- Desires Ice-creams.

Treatment and Follow-up:

 29-8-94 - *Tuberculinum* 1M 1 dose, SL for 15 days.

16-9-94 - Complains of difficulty in breathing, worse lying down, sitting, better by rubbing. Desires - Ice-creams, cold milk. Has no appetite, thirstless during the attack. Dry cough worse daytime, associated with nausea.

Rubrics Selected:

- Respiration difficult, worse lying while.
- Respiration difficult, worse sitting.
- General: better on the back.
- Dry cough worse day time.
- Desire: Cold milk.

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- 6. Desire: Ice-creams.
- 7. Fear: of being alone.
- 8. Fear: of dark.

Phosphorus 1M, 1 dose.

20-11-94: was much better, was free of all complaints for last 2 months. Complaints have again started.

Phosphorus 1M single dose. There has been no complaint since November 94.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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Asthma - A Personal Experience

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Jan / Feb Vol IV No 1.

Wadia S R.

Cases.

 ` *Thuj / Ip / Nat-s / Sil / Sulph / Thuj / Nat-s / Carb-v / Chin / Ham / Bac.*

Before I give some cases, a little foreword about my conversion to Homoeopathy is very essential.

I was suffering from severe Bronchial Asthma since my student days at the Grant Medical College, that is 10 years before the second world war. My teachers were very kind and they did their best to cure me but could not. The attacks were so severe, that at times at midnight I used to inject myself out of desperation for relief. After my graduation someone pointed out that Homoeopathy medicine will help. So I consulted one Dr. B. Behram at Dadar. He listened to me patiently and gave me some tablets on the spot and more for home use. No laborious case taking, no mental symptoms, only generals considered. I gradually felt better, and got a new lease of life and the encouraged me to learn this science for which he advised me to joint Post Graduate Homoeopathic Association of late Dr. Dhawale. My career changed and due to his help and grace of God. I have cured scores of Bronchial Asthma cases, though the allopathic doctors still maintain that Asthma is incurable. I joined a Rising Star Allopathic Association with a fond hope that I will convince them, but till today inspite of my requests to allow me to speak, it is not done, I have stopped corresponding with them; so deep is the prejudice. He prescribe breathing exercises, which I have also been suggesting to my patients since last 25 years, like Pranayam, Shav Aasan etc, which I learnt at the Yogic Centre at marine Drive. Now I insist upon my patients to go there. This is very very necessary. Food also plays an important part.

CASE 1:

This was a case of a female child, age 4 years at Calcutta, some 30 years back. Worse during winter, monsoon, full moon, cold drinks, fruits with, vomiting during attacks. It started after primary vaccination and three doses of Triple - at the 7th month eczema appeared on the head, suppressed with ointments, medicine etc.

Four months later came the first attack of Asthma which keeps on alternating with eczema. Each disease is treated separately by specialists. Nothing more in Family History and no more symptoms were available. Patient had a lot of Antibiotics + Cortico-steroids and cough syrups.

Thuja 200, 3 doses first day followed by *Ipecac 30* in repeated doses. In one week child was a little better, breathing easier, vomiting stopped. Next monsoon child again had Asthma attacks, *Nat Sulph 6x* repeated doses. Patient a little better, *Silica* the great complimentary of *Thuja* was given for full moon aggravation, first 30 and then 200. Thus summer was good but the child developed diarrhoea and again a few eruptions on the head. *Sulphur 200*, 3 doses, followed by 1M 3 doses, cured the child of both. When I last saw her about 8 to 9 years back she had grown up, attending a college with no complaints. *Thuja* must always be given when the patients say worse from or after vaccination and inoculation and the drug picture will be clear.

CASE 2:

An Army Major, Mr.B aged 38, serving in a remote corner of North India whose location was kept secret. I had never seen him, but was treating his brothers family who insisted

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that I should treat him as his Army Hospital treatment was not helping him; he was even hospitalised. My one page questionnaire was sent which the filled up. 20-4-74- *Thuja 200 (3)* followed by *Natrum-sulph 6*.

20-4-74-*Thuja 200 (3)* followed by *Natrum-sulph 6*.

20-7-74-Feels better. Worse when humidity is more, with lot of flatulence. *Natrum-sulph 200 (3)*. *Carbo-veg 30*.

20-8-74-Stool better but occasional attacks. *Natrum-sulph 1M (3)*, *Carbo-veg 30*.

18-10-74-Chest is better, cough is less, no wheezing. *Natrum Sulph 10M (3)*. *Carbo-veg 30*.

1-12-74-Very much better. No attacks, ineffectual urge for stool and lot of flatulence. *Nux-vomica 200 (3)*, *Carbo-veg 30*.

3-1-75-Patient is at Bombay, very happy and healthy, No attacks. Only flatulence. *China 30*.

14-1-75-Bleeding Piles, no pain, Still urge for stool. *Sulphur 200 (3)*. *Hamamelis-v 30*.

18-2-76-After this the patient felt much better in all respects but he was having occasional attacks of cold and wheezing for which *Bacillinum 200 (3)* as an intercurrent remedy looking at his past and family history was given.

1-3-76-Better, no complaints, *SL*. He was transferred and I lost contact with him, but his family stated that he was feeling much better.

24-2-77-Patient is again back in Bombay and in absolute good health. No Asthma, no other complaints too.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

P | Q | R | S | T | U | V | X | Y | Z |


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The Open Book.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Jan / Feb Vol IV No 1.

Vishpala Parthasarathy.

Cases.

` Phos.

Introduction-This case though relatively recent, improved well with no recurrence in 6 weeks. This case is presented as a preasthmatic case. With a strong family history of Bronchial Asthma, this patient can develop into a full fledged asthmatic, if not controlled now.)

Mr.R.S. aged 28, came on 7th March 1995 with complaints of difficulty in breathing.

It started with nasal congestion brought on by change of weather especially cold, also worse draft of air and cold drinks. The attacks are worse in the evening and at 5 am. He gets breathless on coughing and jogging. Attacks are better as the day advances and by warmth. He has sneezing every morning, has to breathe deeply often and gets an attack once a week lasting for 2 days.

He also complained of itching every day for 5-10 minutes, more in winter and after a cold bath. Hands get stiff in winter when driving a motor-bike (ie for 4 months of the year) more in early morning and late night, better warmth.

Patient is stocky, having gained 9-11 kgs as his walking reduced after acquiring a motorbike, and regular drinking. He has small warts on the left cheek, profuse perspiration, likes spicy and sour food and warm drinks.

He likes winter, monsoon and AC, but cosy with warm winter wear, sweaters etc. Takes a cold bath. Patient C2H2

P-H: NAD

F-H: Bronchial asthma-paternal grand-father

LIFE STORY: Born on 2nd April 1967, an Ariene always fought with his brother aged 23, a Sagittarian. Father work with Central Electricity Board. The patient passed his SSC in 1984 and studied upto FY BSc. Gave up college mid-way, as his father who used to teach him, often beat him. This would give him fearful drams. So he dropped out and did BA instead.

Throughout the interview his way of talking was child-like-very free and simple. He told me he is hurt easily, broods and weeps. He loves children and meeting people. As a child he was scared of dark, being alone and lightning; especially after he heard the Krishna and kans story, he would always fear his "Mama",

He has a photographic memory but cannot remember dates and names. He occasionally talks in his sleep. Dreams are creative and fantasy oriented-like directing an Amitabh or a Dharam film. As a child he had frightful dreams.

He was always fascinated by the theatre, so he took to theatre and serials. He started acting in jaspal Bhattis Flop Show against the wishes of his family.

This open book obviously needed *Phosphorus*.

Phosphorus 1 M, single dose was given on the 7th of March.

By 14-3 he reported that his nose had opened up and there was no congestion at all. Only

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once did he get cough from a smoky dubbing room on 25-3-95 lasting 1-2 hour. So far he is well till 30-4-95. *Tub-b* 1M one dose as an anti-miasmatic was given on 30-3-95. *Phosphorus* 1M one dose was given as an SOS medicine to carry but it was not required, even in Delhi.

RUBRICS

1. Sensitive-SRI 898
2. Sentimental-SRI 907
3. Ailments from fright-SRI 18
4. Fear of dark-SRI 487
5. Fear of being alone-SRI 477
6. Weeping-SRI 1067
7. Talking in Sleep-SRI 992
8. Horrible things, sad stories, affect her profoundly-SRI 578
9. Frightful dreams (childhood)-SR III 305
10. Dreams vivid-SR III 365 Dreams exciting-SR III 294

Phosphorus covers all these rubrics.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |



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[Intelligence](#)

[Stress](#)

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[CASES](#) [MATERIA MEDICA](#) [GENERAL ARTICLES](#) [ABSTRACT](#) [MISCELLANEOUS](#) [Q & A](#)

The Unfortunate Sarsaparilla
 NATIONAL JOURNAL OF HOMOEOPATHY 1995 Jan / Feb Vol IV No 1.
 Chetna Shukla.
 Cases.
 ` Sars.

A 26 year old girl, Miss PK approached me on 10th Nov 1993. Starting the interview, I asked her to indicate her complaints and describe herself as a person. To this she said (in patients words):-

"Three years ago I came to Bombay. Once a month I have to go to the doctor for a cold, whenever I take something cold-I get it from cold water, ice-cream, dust, Previously these caused me no problems.

I also have problem in my periods. Since Jan93 they get delayed and I have terrible pain which I cannot bear.

I get headaches especially when I do something different from routine, or when I go out in morning. I suffer from weight loss and weakness. By the time I each office, I am exhausted.

I have work tension. I lost my dad recently. My mother stays alone in Mangalore. I have a younger sister. Doctor; I am anaemic also. But also I want treatment for cold. Recently I am getting these dark circles also", pointing to the eyes.

My menses are irregular and I get terrible abdominal pains on the first day of my periods and also cramp in the legs making it difficult for me to walk. Menses come every 2 months. During menses my mood changes. I get irritated if somebody troubles me or come close to me. Irritated, I say leave me alone, I feel bugged with them.

I am short tempered. I am staying with my uncle and aunt. Now I have changed. With parents it was carefree life. I cant do whatever I want, now. My eating habits have changed. I take my time. What else! It is difficult to describe oneself!.

My friends say I am emotional and moody. If I like or love something I dont show-which is bad! But it is my way (pause)".

"I and my sister stay with uncle and Aunt. A year ago my dad expired and now I dont have that kind of freedom... I am the eldest and so the responsibility is all on me. I have to look after my mother. My sister studies in college. I shouldnt do something wrong so that she will say I can also do. I never go out to stay at friends house or stay out for a movie at night.

Uncle and Aunt do not object yet you never know their feelings. I do not like anybody talking about me. I am sensitive. Anyone says anything to me and I take it seriously. I am quiet. If I make friends, I become very close. I am not a person to go forward and talk to anybody. Among cousins they say I am proud, but I dont talk much, when father was there I used to talk to him. Why this has to happen to me? Why? (Weepy but doesnt cry) Whatever I wanted I told my dad. I was my dads pet. All this I am missing sometimes. I feel depressed. I sit and cry. I miss the security. I feel I am left all alone, I have no friends. I have nobody for whom I should live...I also think of dying.

Uncle works for a bank. He keeps touring. When he went to Calcutta he bought sarees for everybody but us. Not that I wanted one but when someone gives something you feel wanted; there is somebody to think about you.

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I am scared to get married-what is the guarantee I will get along well because I am moody. So I refuse all proposals. I do not want to speak to anybody, I want to be alone. I cant eat, I have lost appetite, I eat little also, I feel full, I cant eat. I like potatoes, fried and spicy foods".

"I get dreams of work-sweeping, utensils...but this is because my servant is absent. I recently dreamt my servant has come back.

At times I get horrible dreams. I dream that I am alone and that someone is following me and I am running away from what I dont know.

I feel why God has to be so mean to me only? One after the other everybody has left. My maternal uncle died, then my father, all people whose favourite I was, they die; why?".

She also left me questioning. What remedy is she? Is she a clear case of a responsible Magnesium who feels alone, unwanted, friendless; the insecure *Calc-carb*, who craves for potatoes or the caged *Cimicifuga*.

Analysis:

I thought that the feeling of being unwanted and friendless was consistent with the feeling of being unfortunate. The common remedy to both of these was *Sarsaparilla*. Other mental attributes automatically fitted into this case like -

1. Morose, offended easily
2. Quiet disposition
3. Talk indisposed to; desire to be silent
4. Irritability during menses and I decided to give her *Sarsaparilla*.

Follow-up:

The first follow-up after 15 days was SQ

1-12-93-NO headache inspite of going to Esselworld; colds better. *SL* was given for a week.

8-12-93-Feels fresh, energetic even at end of day. *SL* continued.

22-12-93-She appeared cheerful. Sleeps well. Appetite-good. Dysmenorrhoea-mild.

Dreamt that a long hand of a creature coming to catch her. "I am running and it is lengthening. She had similar dreams in the past before she changed. I am fearful of what I dont know"-the fears surfaced.

29-12-93 - Occassional headache. Sleep sound. Throat - mildly jammed. No fear. No dreams.

4-1-94-Headache for full week. Treatment *Sars* 30. Sprained neck IP Going to Mangalore to meet mother for 3 weeks. *SL* continued.

2-2-94 - LMP 9-1-94 - No dysmenorrhoea or headaches. Sleep - good. Mentally fresh.

9-2-94 - LMP 5-2-94 - no complaints.

23-2-94 - Feels sad and wept in clinic.

Treatment - *Sars 200* one dose followed by *SL* .

21-3-94-Her maternal uncle to whom she was close, expired, Suffered from an attack of coryza. Severe dysmenorrhoea Treatment *Sarsaparilla 200* one dose.

Her aunt who happens to be my patient came for treatment on 28-3-94 and said that she had agreed for marriage with a boy of their community.

6-4-94-LMP-1-4-94 dysmenorrhoea mild. Decided to marry and had her wedding date fixed. She is better both mentally and physically and does not feel the need to take any more medicine.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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CASES	MATERIA MEDICA	GENERAL ARTICLES	ABSTRACT	MISCELLANEOUS	Q & A
--------------	-----------------------	-------------------------	-----------------	----------------------	------------------

Asthma versus Arsenic

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Jan / Feb Vol IV No 1.

Hardeep Shahi.

Cases.

` Ars.

Mrs BK, a 30 year old housewife and mother of three children consulted me on 20-6-94.

In her own words -:

"Doctor I am suffering from asthma since childhood. I have tried the traditional treatment without any relief. I feel worse during weather change. I regularly get cough on waking in the morning with fluent discharge from nose and constant sneezing. Every now and then I suffer from bitter eructations, and the only relief is by a vomit".

However, she was very thirsty and drank large quantities of water.

CASE ANALYSIS:

1. Thirst, large quantities, for (KR 429)
Total 23 medicines of which (*Ars, Bry, Nat-mur, Phos, Sulph and Verat* in Bold Type)
2. Eructations, vomiting amel (SR Vol II-676)
Aco, Ars, Coc-c, Eup-per covers both symptoms.
3. Respiration, asthmatic, change of Weather (KR-764)
Ars, Chel, Dulc are the three medicines.
Arsenic alb covers the rubrics -
4. Respiration, arrested (KR-763)
5. Cough. morning, rising, after (KR-778)
6. Coryza, cough, with (KR-326)
7. Coryza, discharge, with (KR-327)
8. Sneezing, constant (KR-350)
9. Eructations, bitter (KR-492).

TREATMENT:

 29-6-94-*Ars-alb 1 M*

 13-7-94-*Ars-alb 1 M*

 5-8-94-*Phosphorus 1 M* (a complementary given on account of chest pain)

 5-9-94-*Ars-alb 1 M*

 16-1-95-*Ars-alb 1 M*

25-3-95-According to her husband she is perfectly well and is under observation.

[Back](#)

Select Cases:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
P	Q	R	S	T	U	V	X	Y	Z					

Select MM:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
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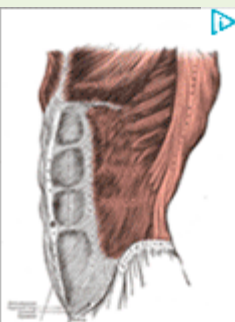
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CASES **MATERIA MEDICA** **GENERAL ARTICLES** **ABSTRACT** **MISCELLANEOUS** **Q & A**

Struggle for Success

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Jan / Feb Vol IV No 1.

Prabhakar Murthy.

Cases.

` Ign / Ars / Sep.

Failure are certainly part and parcel of our practice.

No doctor is completely self sufficient; he learns more and more as the years pass on. No person can become a successful practitioner without facing earlier failures.

Even now we cannot give 100 percent guarantee in fevers that within 2 or 3 hours the temperature would come down to normal from 103 or 104. We can not give a guarantee to a case of diarrhoea that another motion would not occur after using a particular medicine. It is a fact that there may be very few persons who can predict it, but many of us feel that we did a good job after the end result only. This is certainly the peculiarity of the Homeopathic system. The second aphorism of Organon should be thought of "The Highest ideal of cure is rapid, gentle and permanent restoration of Health or removal and annihilation of the disease in its whole extent, in the shortest, most reliable way on easily comprehensible principles".

When we stick on to complete case taking and elicit good analysis of symptoms and prescribe a single remedy either on the basis of causation or totality or peculiar or concomitant or mental generals etc, with the help of the principles derived by Dr. Hahnemann, the cure must be very rapid. Any deviation in these things means we are sure to delay the process of the treatment which may lead to some unnecessary drugs, repetitions, changes, I shall give some examples wherein I had to run from pillar to post and delayed the process of cure.

Case 1:

In 1978, in the early days of my practice, a 75 years old man came with Bronchial Asthma with frequent attacks since 4 years. Patient complained of dyspnoea and cough worse night around midnight, the expectoration was white patient felt better after expectoration. More cough drive to nausea., Patient had fear of death, suspicious about others, loquacious, wanted to commit suicide. He desired open air.

Based on fear of death and midnight aggravation, I started with *Ars-alb* 30 SOS. No relief could be elicited. Still confident on the same medicine. One dose of it was given in 200. Patient was co-operative and patient. Another 10 days passed without relief. Based on nausea I switched over to *Ipecac* 30 and then 200 were given with reasonable intervals but of no avail.

45 days passed with no relief to the patient. The patient used to come to me almost daily, used to bore me for a long time. Considering the loquacious nature, night agg, especially during sleep etc, I jumped to *Lachesis*30, 200 and latter 1 M at reasonable intervals. Yet there was no relief.

One day he started literally weeping as the medicine was not giving any relief. He also said that all these troubles were since his daughters death who was so dear to him. She was his only daughter and he was expecting some support from her after she duly completed BED course and ready to go for a job. At this juncture she met with a road accident and died. As per the patient all the troubles are since then. Either coincidence or whatever it may be I gave *Ignatia* 200 ID.

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This prescription is having support from another concomitant symptom "Patient complained of Retracted Penis" which I did not observe in any other case earlier to it or later till date the degree of retraction.

With this one dose that same night itself the patient reported a bit of improvement as he had very comfortable sleep inspite of dyspnoea. ON the 3rd day I gave the same medicine in 1 M potency one dose. He came to me after one week telling there were no bouts of dyspnoea any more. Another one week later he reported a severe degree of itching in right groin driving him to scratch until it bled profusely. It was involuntary in the night and during sleep. He was under my observation for another 4 years but never complained of dyspnoea or though grief about his daughter the persecution feeling was less.

Case: 2

A 50 years old female complained of headache since three years. She had undue anxiety about her children going out for any work and used to scold them if they did not come back home on time. She had a left sided headache starting from the left eye, eyebrow then all over to the left side of the head upto the nape of neck, worse from 5 p.m. onwards. There was a numb feeling all over the head. She attained menopause two years back. Appetite was decreased since the past one year and sleep disturbed. The patient was under the treatment from a psychiatrist since a year but it did not relieve her complaints. The sedatives made her sleepy and dull.

Arsenic-alb 200 was given. There was no response even after waiting for a considerable period of time. So, *Spigelia 200* considering the type of headache was prescribed and the numb feeling all over the head disappeared. Then I went to the 1M potency with similar improvement. I asked the patient to mix the 1 M dose in half a glass of water to be taken one spoon after stirring for 20-25 times anti-clockwise, in graduated doses. This went on for 4 months and the patient was showing steady progress. The pain extending to all over the head and neck was better. Mentally the patient showed good improvement but some times anxious and irritable with children. The pain in the left eye and just above eyebrow remained as it was.

At this juncture I happened to read in a Journal - Ptosis during Headache. I observed that the patients left eye was smaller than the other. I inquired with the husband who told that when there is a pain, the eye used to close. I cross checked it with Kents repertory -

- Eye - Heaviness - lids - as if could not be held open
- Eye - Heaviness - lids - Frontal Headache.

Sepia is in 2nd grade in the first rubric and it is the only remedy in the second one, in 3rd grade. Our teacher used to tell us not to leave any single remedy rubric even if it is in the third grade.

The indifference towards children and irritability gave me strength to give *Sepia 200* one dose. The patient reported cent percent relief in the next visit itself. No medication since then.

From Case 1, I could know the importance of mental symptoms. From that case onwards I ask every patient whether any fear, anxiety, unusual anger or any calamity in family which influenced him.

From Case 2, I started searching for any rare or peculiar symptoms in the case and use the repertory and without any hesitation apply it judiciously however smaller the drug is graded.

To sum up, proper and complete case taking only can guide us to better results. There is no short cut for success. The struggle goes on and on.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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CASES **MATERIA MEDICA** **GENERAL ARTICLES** **ABSTRACT** **MISCELLANEOUS** **Q & A**

Case Of Bronchial Asthma.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Jan / Feb Vol IV No 1.

Kishore Mehta.

Cases.

` *Lach.*

A 3 year old boy Master X, came with his parents on 28th August 1987 for the following complaints -

CHIEF COMPLAINTS:

1. Location
Respiratory System - Nose
2. Sensation
Watering and sneezing
3. Modalities
Concomitant
4. Colds
Cough-dry - expectoration wet, sticky, scanty, causing difficulty in breathing.
5. Sore throat

Worse - change of weather, cold, damp, sweet, seaside, fruit juice, tomatoes, night, lying on left side. Better - sitting, fanning, dry weather, bronchodilators and occassional steroids.

Concomitants - Afebrile, cranky, violent, throws things. Decreased appetite

PATIENT as a PERSON:

Mind - Active, easily irritated, playful

Appearance - Stocky, hair scanty, weight 12 kg. short in height, fair looking, teeth protruding.

Digestion:

Appetite-N

Craving-curd, ice-cream, sweat, Stool-constipated (3) till 1986. Urine-enuresis at times in 1st sleep but he awakens and changes. Perspiration-Profuse all over body. No stains or odour.

Birth and Childhood (landmarks and developments) -

- a. Birth-aided by forceps.
- b. Birth weight 3-4 kg.
- c. Vaccination-all given.
- d. History of frequent vomiting and indigestion from milk.

Mile stones:

Teething-at 11th months.

Walking 10th month.

Talking-doesnt speak clearly

Skin: NAD.

Thermal: C2H3
Breast feeding till 10th month.

Life Space:

Patient is coming from upper middle class Gujarati vaishnav business family. He is first-born of eldest brother of the joint family. His up-bringing is very lavish, protected and over pampered. Gets everything from Grandfather, who, as mother says has spoilt him. He is very playful. Also very irritable; fights with everyone; even bites. He throws things out of tantrums. Obstinate. Appears bold but is fearful. Fear of dark or being alone. Very possessive and jealous. Birth of the second child in house of his brother has made him more violent. He often tries to throw his brother form cradle or if no one is looking tries to even hit him. But if any body talks of taking away his brother he fights with that person. Breast feeding the younger brother makes him jealous. His mother is strict where as father is quiet. Grandmother and Grandfather take utmost care of this child. Till he was 10 months old, he had no illness. He got measles at 11 months.

After measles at 14 years, he became little more irritable and developed diarrhoeas and was given allopathic mediaries. Within a few weeks, he developed cold, cough and fever. No treatment helped and he developed Bronchial Asthma. Particularly after birth of his brother there is total change in his behaviour. His sleep is normal (at times enuresis). Talks in sleep.

Past History:

10th month - measles
1 year 3 months - Diarrhoea.

Family History:

Father - Hypertension
Grand Father - Joint pains, osteoarthritis.

Examination Findings:

Throat - Tongue-NAD.
No palpable glands.
Chest occasional rhonchi
Teeth protruded, irregular
Nails-spots
Weight-12 kg.

APPROACH and ANALYSIS: PHASE: Chronic

EVOLUTION:

- a. Miasm
Dominant-Sycosis because of modalities.
Fundamental-Syphilitic
- b. Sector - Respiratory system symptoms fully developed with characteristics though on allopathic medicine.
- c. Chronology: Measles leading to Diarrhoea leading to respiratory problem.
- d. Important event: Brothers entry changing his attitude; he is not speaking well.
- e. Disposition:
Mentals (Derived from Life space) - Irritable, Violent, Possessive, Jealous, Fearful

Physical -

Thermal - C2H3
Craving - ice - creams - sweets
Perspiration - +++

Integrating the above, we get the following picture - Those basic mental traits of this child have come up on surface, conducive to the environment available to him ie pampering and siblings birth. At the physical level measles followed by diarrhoea and then Respiratory complaints permit us to conclude how suppressions lead to further march of disease from skin to MM (G<9) to respiratory. The last stroke (the birth of new baby) choked him which he expressed through Asthma.

Thus, if we see the present condition as a continuation of the previous state, then one will have to take all the data from age 10 months till today to make the totality. Following data comes up.

FIGURE:

Based on the above understanding *Lachesis* clearly indicated. Now only potency and repetition have to be decided, based on -.

A. SUSCEPTIBILITY:

- a. At Sector level-high
- b. At General level-high
- c. Suppression-high

But the characteristic factor of suppression and susceptibility is not evident.

Level of similarity is also very high. Dominant miasm is sycotic.

CONCLUSION:

High potency ie 1 M (and above) with infrequent repetition is required.

PLAN: *Lachesis* 1 M one dose.

FOLLOW-UP:

6-9-87-Cold, cough worse but has not led to asthmatic attack. Treatment- *Lachesis* 1M (second dose II)

15-9-87-Cough worse night vomited ++ Treatment-SL (Remark-Definitely better).

22-9-87-Better. Treatment - SL 10-10-87-Diarrhoea profuse, 8 to 10 times a day. No breathlessness or cough. Treatment-SL

12-10-87-Better. Treatment-SL

12-12-87-No respiratory or GIT complaints. Treatment-No medicine required.

Since then the patient has had no attacks of asthma. He however does come for some minor complaints of indigestion or cold, cough for which he is given the indicated drug. Now he is 11 years, very stocky, mischievous and talkative. Still fights with younger brother who is also our patient and is Nat-mur so he is able to hold his own.

CONCLUSION:

A case must be studied in its evolution from conception onwards. Nothing down data without correlation does not make a whole case and we may miss the integrated view. Evolution-Phases-Susceptibility-Miasms and Chronology make the whole. Only then, during the course of treatment, will Herings law be demonstrated and a complete cure achieved.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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Asthma Cases from the Archives.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Jan / Feb Vol IV No 1.

Lata Jaggar.

Cases.

 ` *Nux-v / Ars / Apis / Carb-v.*

Bronchial Asthma continues to remain the bane of ones life where modern medical science seems dwarfed and stunted to provide any cure to the patient, it just palliates leaving the patient more aggravated, proceeding towards more devastating diseases.

"The more you palliate, the less you cure".

Cases of asthma can be cured if we succeed in removing the miasmatic underlying condition. Homoeopathy is the only system of medicine that processes curative means of removing the miasms. Most vital thing is proper selection of the deep acting constitutional remedy, capable of removing it for each particular case. In cases where allergy plays a decisive factor, the Homoeopathic remedy will build up a resistance to the allergic element. A study from old journals brought out a few interesting cases which are presented below.

CASE 1:

Stephanie S, eight years of age came on 12th May 1988 with complaints of asthma.

The first episode occurred in April, 1988 shortly after the family moved from a bigger into a smaller home. This lasted a few weeks and then subsided. Now it has returned and she has been on medication (Slo-Bid) for the past month.

(She is a sullen child. She sits with he fingers in her mouth (2) most of the time and says very little in response to my questions. When she does talk it is mostly to contradict her mother.)

Sleeps-through the night despite asthma (2). Sleeps on right side (1).

Appetite-poor. She just wants to sit around (1).

Skin-Eczema (1) since age 2, dry (1), itchy (2) skin.

Family History-Both mother and father have allergies.

Headaches (2) 2-3 times a week. Frontal (1), Ameliorated by eating (1).

Not a complainer (1). Does not like to tell the teacher is she is ill (1).

Desires-liver (2), fruit (2), seafood (1), sweets (1), Aversion-meat (2), fish (1), chicken (1).

They moved because her father lost his job and had been unemployed. Since this move she has become quiet (2). Normally "bubbly, outgoing with a mind of her own". When ill she just gets quiet (1). She is a private person (1), averse to consolation (2), Above average student (2), Likes to read (2).

(Here I observe that while her mother is not looking she, without provocation, forcefully jabs her younger sister in the back with a stick like toy she has in her hand).

Gets frustrated easily. Irritable in the mornings (1). Musty (1) body odor from axillae.

Treatment - *Nux-vomica 200c* 1-89:

Used inhaler 2 times around Christmas, no other medication. No wheezing. Attitude is great (2). No longer irritable in the morning. (1). Energy is 100 percent (1). No headaches, no body odor. Still sucks fingers but 50 percent less.

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COMMENT

The basis for the prescription here is fairly obvious. Sullen, withdrawn child, probably secondary to the mortification (anger) at her change of life circumstances; contradicts her mother and is malicious to her sister. Confirmed by the rubric asthma in children.

Dr. JONATHAN SHORE (MD)

(Reported in the American Journal of Homoeopathy - December, 1990).

CASE 2:

Baby PK, aged 12 years had occasional attacks of acute allergic bronchitis.

The first attack had come when she was 10 months old. Since then she started getting these attacks almost 3-4 times a month which was treated with antibiotics, cortisone and antihistaminic drugs. Plantain, citrus fruits, ice cream, grapes, curds, draft of air, cold drinks brought on the attacks.

When the child was brought to me its condition was pretty bad. She was very weak and emaciated.

Cold, cough, sudden fever. Breathlessness worse from 11 p.m. - 1 a.m. Restless, weak, sleep disturbed, Vomits after cough.

Treatment:

Arsenic-alb, 30 was given tds for three days and then bd for one week followed by placebo.

By the next visit the breathlessness was reduced. During acute attacks when she used to get congestion of throat, cough and fever, but not much breathlessness. *Belladonna* 1M used to control and abort the attacks. She was also given *Tuberculinum* 10M one dose every month for 3 months; and *Arsenic-alb* 1 M one dose at the end of each attack. After 6 months of Homoeopathic treatment the child remained completely free from allergic bronchitis.

Later, I advised the parents to feed the food items to which the child was allergic. The child now, did not show allergic reaction to these items.

CASE 3:

Baby MS, aged 5 years had acute attacks of allergic bronchitis since she was one year old. First visit at the age of 3 years. This child was allergic to sour fruit, chocolates, cold drinks and ice-creams. She was given *Arsenic-alb*. first in 30th potency then in 200th for a few days. And lastly *Arsenic-alb*. 1M two doses at fortnight interval were given. *Tuberculinum* 1M one dose once a month for three months was given as an intercurrent remedy. The child recovered completely and continued to remain in perfect health (almost 16 months). Relapse after 16 months.

Arsenic-alb did not help her this time.

A few prominent features I noticed were:

- a. Bag-like swelling under the lower eyelids
- b. Awkwardness
- c. Thirstlessness.

I decided to give her *Apis* 30 tds for a week. This remedy cleared up all her complaints she has been keeping perfect health, eating every type of food.

Master RP aged 32 years. Distressing cough. Breathlessness worse 2 a.m to 6 a.m. worse ice-cream, worse citrus fruit.

OBSERVATIONS:

In other cases of allergic bronchitis which responded successfully to Homoeopathic treatment, the remedies used on indications were *Ars-alb*, *Ipecac*, *Nat-sulph*, *Ant-tart*, *Sulph*, *Medorrhinum*, *Thuja*, *Calc-carb*, *Pulsatilla*, etc.

Total number of cases treated was 32. Out of 32 children 26 completely got free from the affection. The remaining 6 children are still under treatment and their tendency to get bronchitis has gone down considerably. In all these six children the suppressed skin rash has reappeared.

Other observations made from the study of these cases are:

1. Family history-In majority of cases one or both the parents had suffered or were suffering from either eczema, bronchial asthma or other allergic manifestations.
2. 25 percent children had suffered from eczema or skin eruptions which were suppressed by topical allopathic medicinal applications.
3. Most of the children were allergic to grapes, citrus fruits, plantain, cold drinks, cold, draft of air, etc.
4. Majority of the children developed attacks within 6-8 hours of exposure to one or more of the exciting causes mentioned above.
5. 90 percent of children had aggravation at night.
6. Most of the cases required different remedies depending on their individual characteristics.
7. All these children had been given the best possible allopathic treatment for fairly long period before they were referred to Homoeopathic treatment.

DISCUSSION:

Though the method and principle followed for treating these allergic bronchitis cases were the same, the majority of the children responded to 60 different Homoeopathic remedies.

No controls could be kept for the following main reasons.

1. Each patient requires and responds to different remedy depending on his individualistic characteristic symptoms and tendencies.
2. Allergic bronchitis is an acute disease causing extreme suffering.
3. The study of these cases was carried out after the cases were treated. There was no pre-planned conception of carrying out research in this subject.

CONCLUSION:

From the observations of the result obtained it can be concluded the Homoeopathic medicines surely have very good scope in the treatment of the affections of children.

Dr. PRAKASH S KUMTA LCEH (Bom)

Pune

(Hahnemannian Gleanings-February, 1981).

CASE 4:

Miss CM, age 17 years had bronchial asthma.

Previous History: Began suffering from asthma since five years of age. Some time before she suffered a skin condition - the itch - on the abdomen that was locally treated with ointments. She has been delicate and predisposed to colds ever since.

Family History: Her father suffered bronchial asthma when 15 years of age.

Present History: On October 24, 1939, I was called by an allopathic colleague, to see her because he had used in vain all the classic allopathic remedies : adrenalin ephedrin, ephetonine, etc. It was a desperate case. We saw her that evening at 7 o'clock the eighth day of the attack. She started two weeks before with a fluent coryza that later degenerated into an intense asthmatic bronchitis. The patient lay with her head practically buried on several pillows, her eyes closed, apparently in profound sopor. Her face with marked cyanosis, even her lips and tongue were bluish, also the nails of her fingers. A loud, shallow, difficult respiration that moved her whole body. Her limbs covered with a cold sweat, especially the lower, from the knees down. The entire picture anticipated a near collapse. The room, with three windows and two doors, was almost completely closed and the air vitiated with the strong odor from a vessel where they were burning some of "Dr. Schiffmans Stramonium leaves a patent medicine. Our first move was to get rid of such

deleterious stuff and to open the doors and windows. The intoxicating effects had gone so far that we even had to resort to the use of oxygen, although very cautiously applied.

My first prescription was *Carbo-veg 200*. At 2 a.m the same night, the patient was worse, there was no change in her respiration and she was beginning to have some convulsive

movements. *Cuprum-met 200* was given.

October 25, 10 a.m. No more convulsions; cyanosis slightly less; patient began coughing, but unable to raise any expectoration; tongue totally covered with a thick white fur. *Cuprum* helped in clarifying the case for the next remedy. *Antimonium-tart 200*. At 7 p.m. the same day the whole picture had changed at the end of the first twenty-four hours. No signs of cyanosis were left. Patient was expectorating freely and was even talkative and smiling. Instructions were given for the collection of a specimen from the expectoration in a sterile glass vial for the purpose of preparing an auto-nosode.

October 30. The patient had been doing fine up to this day when she had another spell. A single dose of the *Auto-nosode 30* was given and the attack subsided.

November 15th-Patient developed today a new attack of acute coryza. Another dose of the *Auto-nosode*, same potency and symptoms were relieved.

November 19th-At 4 a.m. another very acute attack of asthma caused by eating some spicy food (enchiladas) the night before, and one more dose of the *Auto-nosode 30* was prescribed.

November 20th-Patient still worse, a dose of *Antim-crud 10M*, because symptoms corresponded to those of the remedy, especially the typical antimony tongue. The attack subsided within a few hours and the patient has been free from any new attacks ever since, and without any further medication.

COMMENT:

Antimonium-crud was undoubtedly the deepest acting remedy for the case and if continued to use whenever necessary, it will eventually effect the complete cure. There is a possibility that the *Auto-nosode* might have acted as well if it had been used in higher potencies, them.

CASE 5: Miss AM, age 22 years suffered several attacks of asthmatic bronchitis since childhood. Four years ago she had an attack of malaria for which she was given arsiquinine.

On January 18th, 1940, she began complaining of backache and some digestive disorders, fullness in the stomach, lack of appetite, etc. *Carbo-veg 200* was prescribed.

January 22nd-Patient developed today a dry cough although rales could be heard all over her chest, with difficult respiration. *Kali-carb. 200*.

January 23rd-Condition unimproved; on the contrary, patient very nervous, desperate, with great anxiety and fear, had not been able to sleep the night before, I sent *Arsenicum-iod 200* which she took only to make her worse. Knowing her nervous temperament, her condition, when on seeing the patient personally I observed that the patient was extremely restless, with great anxiety, tossing about, her temperature had gone up and she was very thirsty, but drinking little at a time. In one word, she exhibited all the symptoms of Arsenicum. I asked the parents if she had ever been given arsenicum in massive doses, and it was then that I was informed of her having been sick never been well since that time, "the patient said, "everything that I eat seems to disagree and I have not been able to regain my lost weight".

It was a true Arsenicum aggravation that the patient had immediately after taking *Arsenicum-iod*, because her system was still intoxicated with the drug taken four years previously. I proceeded to give her an antidote to Arsenicum, trying to select one that could also cover some of the respiratory symptoms now present. The remedy was *Hepar-sulph 200* and the results were amazing. She took it about midnight and two hours later the patient was so much better, her respiration much easier and she was resting more quietly, that I left her house convinced that she was going to sleep the rest of the night. Next morning the symptoms were practically gone and the patient continued under the action of that prescription for four weeks, when I had to give her another dose of the 200th potency because of a slight cold that soon yielded to it. The young lady was married last month.

COMMENT:

I will make the comment on this case by quoting from that great Homoeopath, a personal friend and disciple of Hahnemann, Boenninghausen, when he says:

"Every beginner will probably at times have seen, what, in the case of experienced and observant Homoeopaths, is recurring more and more rarely, that even with very careful selection and apparent adaptability of remedies, success does not always come up to the

expectations, and at times no action at all or even an aggravation of the patients troubles, ensues. In such cases we may safely depend upon it, either that the remedy given has been formerly misused in allopathic doses and on that account its symptoms have become habitual and very manifest, or that, on account of the oversight of one or more symptoms of the disease which would contraindicate the remedy, its choice was a mistake and therefore without effect. In the former case there will be, as a rule, an increase in the patients sufferings, in the latter no noticeable change will be observed; in the former case there must then be made an attempt to destroy the old drug disease by Homoeopathically selected antidotes, and in the latter case by a careful examination of the disease image, and by a circumspect selection of the remedy, the previous mistake should be rectified".

I have been treating two other cases where all these facts are plainly shown. A very nervous young mother. Mrs. ARB, and her twelve-year old son, EB. The mother will get into a nervous crisis and will bring on the attack, and the boy will go out of the household and eat disorderly and will soon come down with a spell. For the last two years I have been able to fairly control these two cases, the mothers with *Kali-carb*, and the child with *Ammonium-carb*, to the extent of delaying the attacks and making them much milder each time. They are so well satisfied with the results of the treatment that I am almost sure to be able to hold the cases long enough to successfully remove the miasmatic underlying conditions, by doing which we will some day effect a complete cure.

A long list of helpful remedies for asthma can be found in our materia medica, but we will always have to look for the antipsoric, the antisiphilitic or the antisycotic remedy which when used with due opportunity, will set the machinery of the patients organism on the road to complete recovery. Can an auto-nosode, as I have called them perhaps improperly, Homoeopathically prepared from the patients own sources, play this most important role in the treatment of asthma cases? I do not know, for I have used them inefficiently, as mentioned above. I have tried them because I once treated successfully a case of hay fever with the patients auto-nosode, and I present these cases in which I have used them, in order to bring the question before you to learn from your own personal experiences.

If we are to cure asthma cases, to the point of being convinced that their treatment will have to be over a long period of time, long enough to successfully cure, together with the asthmatic condition, the more chronic constitutional disease that forms and gives shape, mentally and physically, to his whole being without which he will never be cured of his asthma or ever will be able to enjoy complete health. The most proper time to institute this constitutional treatment will be the apparently healthy intervals between the attacks, when the patient usually fails even to report to the doctor because of his feeling better. How long that period of time will be, it is hard to predetermine; but it will surely be in direct proportion to the patients cooperation.

Dr. E. GARCIA TREVINO (MD)
(Hahnemannian Gleanings-FEB, 1982).

Frequently in adult years, the asthmatic will find that an attack subsides when he bursts into tears - real weeping - for he has managed to achieve a form of emotional release which most grown ups take a good deal of trouble to suppress. It is noticeable too that asthmatic children cry less than the average of their years. Asthma may be a substitute for weeping.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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Case Of Distortions.

NATIONAL JOURNAL OF HOMOEOPATHY 1995 Jan / Feb Vol IV No 1.

Meena Mankani.

Cases.

` Cic.

A two year old male child was brought to me on 20th of April 1992, with the complaint of recurrent attacks of asthmatic bronchitis from the last six months. He was on a lot of allopathic medicines which gave only temporary relief. Also, a month back he had suddenly developed very high fever with convulsions, and was hospitalised for five days. The child was gradually losing weight and growing weaker with every passing day.

Now, as the mother was giving me all the details, I observed that the boy was constantly moving around my consulting room, continuously babbling and touching everything around. His head was proportionately very large as compared to his emaciated body. As I took out my stethoscope to examine him, he started shrieking very loudly. I saw that as he cried, his face got frightfully distorted. In order to pacify him, I gave him a musical toy to play with. (I always keep some toys in my consulting room for small children to play with and that helps me to observe them well from every angle.) Here I observed that with the musical chime, the boy started jumping on one leg and moving his arms up and down; and continued to do so even after the music stopped. His actions were such that it was very difficult for me to suppress my laughter. It was here that the mother remarked, "Doctor, just look at this clown. I don't know why he dances in such a funny manner. He looks like a typical stupid brat".

Forgetting her sons problems, she started pouring out her own woes. In a very sharp tone she said, "He is stupid because he is a boy and not a girl. I tell you doctor, I came to you just because you are a female Homoeopath and not a male one. I can never imagine myself going to male doctors. I hate these shit men. They are all stupid, selfish and full of garbage, having no brains of their own. The only thing that they are capable of doing is dirty sex like dogs and to be cruel to women. I wish that all women would unite together to abort each and every male fetus in order to completely destroy this disgusting breed. We women are a thousand times superior to them. And mark my words doctor, one day the bastards will be shown their rightful place, where they belong - at the feet of women".

She blurted all this out in one breath without a single pause, with extreme disgust and hatred overflowing in her speech and expressions. A little further probing revealed that she had a very insecure, lonely and disturbed childhood. She was the only child of her equally insecure parents. Her father was an alcoholic who would drink daily and beat her and her mother very cruelly for no reason. So she grew up with an intense hatred towards her father and all men at large, along with an intense sympathy towards her mother and all women. For her, all men were "bloody lachers" and all women "suffering angels".

All along I found that her reactions were very extreme intense, displaying a lot of hardness and rigidity of thought, where no suggestions contradictory to her fixed beliefs could be accepted by her. She was also very strongly averse to marriage, but reluctantly had to give in to her mother's repeated pleadings. She had an arranged marriage at the age of 19. She got pregnant immediately after, for which she was totally unprepared. Throughout her pregnancy she remained very irritable and depressed and hated her husband for doing such a "rotten" thing to her so soon. Also, whenever she would hear or read about any tale of any woman's agony at the hands of any man, she would feel very sad for them and weep a lot. Then, on seeing her husband, her "blood would boil"; so she would catch hold of the poor fellow to pour out the worst of her poison on him to her heart's content.

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response



Again coming back to the child, she said, "My son seems to be the master of all stupidity. He eats any thing and everything without using any of his brains. This foolish fellow can comfortably gulp down raw onions, raw garlic, raw ginger, the whole of slippers, shoes dirty walls. I am fed up of tolerating this stupid brat. This devil tortured me no end even during my labor. I had to suffer the torments of undergoing a Cesarean. He is a devil, he behaves like a devil and he even looks like a devil during his fits".

When asked that what she meant by "looked like a devil" during convulsions she said that, at that time, his face got completely distorted, with his whole body bent backward, so that he had to be immediately rushed to the hospital. The child slept only for 6-7 hours daily, during which he had profuse sweat on his head wetting the pillow far around.

Case Analysis:

This case required the minimum of interrogation from my side. All the necessary information unfolded gradually, unmistakably leading to the choice of the curative remedy.

After a careful study, it was very interesting for me to realize that the mother and child required the same remedy, although for each of them the totality of symptoms that pointed towards this common remedy was completely different. Each of them had beautifully exhibited two totally different aspects of the remedy in common.

Let us first look at the mother's case. When we try to understand her state of mind, we find two extreme and opposite passions, love and hate, existing together in equal intensity. We see an intense hatred towards all men at large, on one extreme and an intense sympathy and tenderness towards women, on the other extreme. We could also sense a lot of hardness in her, where we find her being very rigid and uncompromising and highly vindictive towards all men, to the extent that even her son had not escaped being the object of her wrath. Her present state of mind seemed to have been the product of her stressful childhood, the situational cause that was intense enough to provoke her own inborn morbid sensitivity regarding any cruelty towards women by men, real or imagined. This had further led to the feelings of utter contempt towards all men and of great concern for all women. Also, her reactions to any such reports of so-called injustices toward women would be two-fold. One was that she would feel very sad of those "suffering" women and weep out of sympathy for them, and the other would be of great excitement and anger leading her to quarrel with her innocent husband just because he belonged to that "cruel breed".

RUBRICS:

1. SR I pg 105-Aversion, men, contempt for
2. SR I pg 105-Aversion, men, loss of confidence in
3. SR I pg 105-Aversion, men, shuns the foolishness of
4. SR I pg 7-Abusive, insulting
5. SR I pg 181-Contemptuous
6. Overestimation of self (Ph MM**). (She says, for instance, "Women are angels and men are lechers").
7. SR I pg 570-Hatred
8. SR I pg 720-Malicious, spiteful, vindictive
9. SR I pg 578-Horrible things, sad stories affect her profoundly
10. SR I pg 888-Sadness, stories, from sad
11. SR I pg 454-Excitement, hearing horrible things, after
12. SR I pg 985-Sympathy, compassion

The only remedy that emerged beautifully from the above totally was *Cicuta-virosa*. And now, when we look into the child's case we find:

1. SR I pg 562-Gestures, ridiculous or foolish
2. SR I pg 193-Dancing, grotesque
3. SR II pg 250-Food and drinks; indigestible and, desires
4. KR pg 222-Head, perspiration, sleep, during
5. KR pg 364-Face distortion
6. KR, pg 893-Back opisthotonus
7. KR, pg 1354-Generalities, convulsions, heat, during the

8. KR pg 763-Respiration asthmatic

Again, the only remedy that emerges from the above totality is *Cicuta-virosa*.

Dr. Phatak, in his *Materia Medica*, mentions under *Cicuta*, "Craves coal, chalk and many other strange articles from inability to distinguish between edible and things unfit to be eaten, etc".

Now, this one expression is illustrative of a general disturbance at the level of perception; there is at root a total inability of sensible judgment and analysis. The child expresses this disturbance by his eating habits. The mother shows the same disturbance in her attitude, unable to distinguish or appreciate the fact that if there are "bad men" in this world, then there are "good men" as well. Her level of perception is so deeply deranged and distorted that she cannot spare even her own child-her own flesh and blood-and addresses him only as a "stupid brat".

So *Cicuta*, which is very well known for its DISTORTIONS at the physical level, we learn from this case, has distortions at all the levels. For instance, the lady's attitude was distorted, the child's face distorted, his dancing distorted, body distorted; cravings distorted; and incidentally, even the child's coming into the world was in a distorted manner (Caesarian birth).

So I, gave the child one dose of *Cicuta-virosa* 1M on April 22nd, 1992. Fourteen days later the child developed crops of boils with pus on his back and abdomen. I was later told that he had experienced similar eruptions at the age of five months, which were treated with local ointments. We all know very well the wonderful action of *Cicuta* on the skin; and after suppression at the level of the skin, its repercussions on the BRAIN and the NERVOUS SYSTEM, wherein it produces SPASMODIC EFFECTS - convulsions and distortions.

With the eruptions coming back, we saw a tremendous improvement on all levels. The very first change that came was that he started sleeping for a few more hours at night and even napped some afternoons. Gradually, his eating habits normalized, his chest trouble resolved, he became less restless and started putting on weight. In due course, we found that whenever he cried his face did not get as distorted as before.

The skin cleared up completely by June 30th, 1992, and there has been no looking back since then. The remedy was repeated at irregular intervals up to CM potency and now he is a very healthy child who dances in a graceful manner although still a little bit funny.

The child's mother also later came for her treatment and did beautifully on *Cicuta*. We could clearly see a pleasant transformation in her manner of communication which was previously very abusive. Her speech became much more decent and soon she stopped addressing her son as a "stupid brat". She softened a bit in due course, but her dislike for men still continues. We have yet to see favorable changes at the deeper levels of her psyche, but the presenting gradual progress and changes in her state of being have been very satisfactory and encouraging.

If a child has asthma give Nat-sulph as the first remedy. Asthma, when hereditary is one of the sycotic complaints of Hahnemann. For years I was puzzled with the management of asthma.

But now I am beginning to get quite liberal on asthma. Since I have learned that asthma is a sycotic disease and I have made judicious application of anti-sycotics, I have been able to manage and cure a great number of cases. That outside of sycotics you will seldom find a cure for asthma. There is that peculiarity that runs through sycosis which gives you hereditary disease and asthma correspond to that disease

(Dr. Kent - Natrum-sulph and Sycosis - Kents lesser writings - Edited by Gypser, Page 185-86).

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |



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Case 19: Mutilating His Body?
NATIONAL JOURNAL OF HOMOEOPATHY 2006
Compiled by
T K Kasiviswanathan
'Puls / Ars / Agar / Hyos / Bell / Stram

This is a case in which Dr Muthukumar helped his colleague find the appropriate remedy. A young boy aged 18 had been suffering from asthma for the past 5-6 years. His sister and father were also asthmatics. Various treatments were tried but failed. There were only some vague symptoms and on that basis *Puls* was prescribed but without any relief. While discussing this case the other doctor mentioned about the peculiar mannerism of the boy. He had the habit of pulling and twisting his ears, biting his nails and even some of the skin on the fingers.

Rubric selected: "Mutilating his body (Kent p54)- *Ars* though Synthetic repertory has more remedies such as *Agar, Hyos, Bell, Stram*, which the doctor said that he was not aware then.

Ars was prescribed and such attacks became rare. Dr Muthukumar says that *Ars* works better if given on such indications rather than on common symptoms.

Case: 20
Remedy: *Arn / Bapt / Hyos / Croc-sat*
Disease: Semi-consciousness, Delusion

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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 Case 42: How Punctual is *Arsenic* ?!!

NATIONAL JOURNAL OF HOMOEOPATHY 2006

Dr Sangeeta J Devalia

'Tub-b / Ars-alb / All-c / Blatta

Abstract: An perfectionistic type-asthmatic, 62 yrs old who is also very punctual and has tremendous anxiety about his health, was treated for his asthma giving weightage to his mentals.

62 yr old, Mr K T having his own Garment Business, consulted me for Breathlessness. since 10-12 yrs. He needs to take a Bronchodilator, everyday at night. Cough with expectoration; whitish and watery, brought on by cold drinks², strong odours² pollutions², perfumes², < after eating, talking², laughing², < night 2-3am², lying down, >sitting.

Patient As a Person

Stocky with anxiety writ large on his face.

Appetite: Normal.

Thirst: Warm water only

Desires: Not specific

Aversion: Not specific

Perspiration: Scanty non-offensive, non-staining.

Thermal: Cannot tolerate extreme of temp. AMBITHERMAL.

P/H: Operated for Lt inguinal hernia. Also Lt Renal colic passed stone by Hydrotherapy.v

F/H: Mo expired due to TB.

Sleep: Sound

On Examination: RS Exam: Wheezing in both the lungs ++.

Mental Picture: Very much anxious about his health³. Had too many questions about his health. Very particular about his work and becomes restless and anxious if there is delay in his work. Anxious if someone falls sick at home. Wants everything systematic and in working order, even people! Punctual about his time. Very much optimistic about his work. Gets angry if someone does any wrong things, and scolds them bitterly.

Observation: Throughout the duration of his treatment with us, he always came on time and also on the appointed day.

Repertorial Totality: From Complete repertory.

Respiration: Asthmatic; Midnight after

Evening

In old people

Laughing agg

Dust from inhalation

Cold air agg

Cold from taking agg

Cough: Expectoration: colour: white

Mind: Anxiety about health

Anxiety Family about his

Fastidious

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Remedies: *Arsenic, Pulsatilla, Nux-vom, Sulph, Phosphorus.*

Remedy Selected

Antimiasmatic: *Tuberculinum*
 Constitutional: *Arsenic-alb.*

Treatment

Date	Symptoms	Treatment
8/10/03		<i>Ars-alb</i> 200 1 Dose SL TDS
12/10/03	Severe breathlessness, <walking2. Couldn't speak anything. Wheezing +++	<i>Blatta-orientalis</i> MT 10 drops 2 hrly for a day
20/10/03	>>No breathlessness. Wheezing + occasional. Uses bronchodilators.	<i>Ars-alb</i> 200 1 Dose /wk
20/11/03	>> No bronchodilators.	<i>Ars-alb</i> 1M 1 Dose SL TDS
20/12/03	Coryza, watery discharge. Feverish. Irritation in throat; chilly.	<i>All-cepa</i> 200 3 Dose SL tds
15/1/04	>> RS: Clear. Antimiasmatic.	<i>Tub-b</i> 1M 1 Dose
15/3/04	No Complaints.	SL TDS

Case: 43
 Remedy: *Nat-mur, Tub-b*
 Diagnosis: *Taenia Corporis*

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
 P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
 P | Q | R | S | T | U | V | X | Y | Z |


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Listen and Observe

NATIONAL JOURNAL OF HOMOEOPATHY 1996 Nov / Dec Vol V No 6.

Rama Marathe.

As a young student of Homoeopathy, 15 years back, I always read that individualization is the beauty, grace and soul of a Homoeopathic prescription and the approach to a case should be aimed at individualization. But how to do this! was not clear enough in my mind then. Over the years, treating a variety of patients, I realized that by carefully listening to the complaints and observing the patient closely one can elicit and identify PQRS symptoms which characterize and individualize the patient.

Case 1:

For example Mrs. UJ age 38 was referred to me by a leading dentist in Belgaum, for pain in lower jaw for last 2 years. She had already been seen by 3-4 dentists in Mumbai and subjected to extraction of lower incisors and other manipulations with no result.

At the case taking, the patient requested me Doctor! will you please stop the printer? I feel as if this noise is hitting my jaw and making the pain worse..

I consider this as a prominent, important and peculiar symptom. Dr. kents Rep: TEETH: PAIN: noise agg 437 -- *Calc, Coff., Tarent, Ther*. Dr. Boerickes Rep: TEETH : Odontalgia: Modalities, Agg, from shrill sounds -- *Ther* (1) single remedy.

Referring to Boerickes Materia Medica, *Theridion* a symptom is printed in italics (1st grade) "Sensitive to noise, it penetrates the body especially teeth."

the patient was lean and thin. And this symptom was not found this was described under *Calc., Coff., tarent, or any other remedy. this confirmed my Remedial Diagnosis. theridion* 30 was prescribed. As patient gave H/O - concussion on lower jaw *Arnica* 1M also was prescribed intercurrently. Case was diagnosed as Trigeminal Neuralgia and patient was advised a diet rich in Vit B - complex.

Patient was relieved of the pain which was troubling her for last 2 years in six weeks. Here, this peculiar characteristic symptom was the soul of the prescription and a rare remedy with rare symptom, got prescribed and helped the patient. This mode has helped me many times.

Aetiological factors and definite medicines to meet them are found out through drug provings and clinical experiences. We get records of this in Homoeopathic literature.

What the mind does not know, the eyes dont see nor do the ears hear. This is very true for Homoeopathy. Constant reading, analysing, contemplating over repertory, materia medica and therapeutic books some times prove to be very useful.

See how it helped me treat a rather difficult case of vitiligo with complex aetiology, seemingly "very easily".

Case 2:

Mr. R.P., age 47 years, extensive vitiligo, almost 60 percent of the body affected. Very talkative - ask him a single question and he will continue to talk and repeat the sentence, very much excited while talking, sweating on face while talking. His son also has vitiligo who is also under my treatment. Vitiligo patches showed a border darker than surrounding normal skin. He was a fat and flabby, in middle-aged Marwari. He was given *Calc. carb. 1M* as a constitutional remedy due to clear indications. But no promising

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improvement was seen.

After 1 month, during 2nd interview he revealed that he had a burn on the shin at the age of 4 years and he developed 1st patch of Leucoderma at the burn site at the age of 12 years. This made me think of Causticum. Boerickes Materia Medica, page 183 under Causticum - skin we find ill effects of burns.

Dr. Boerickes Repertory in Generalities, Injuries, Burns, ill effects of (page 963) *Carbo-ac, Causticum* (1).

A clinical Repertory to the Dictionary of Materia Medica by JH Clarke. Repertory of Causation (139).

Burns - *Caust, Kali-mur, Urtica-urens, Plantago*

Reciprocal Repertorization of characteristic mental symptoms: .

Dr. Kents Repertory.

- Mind loquacity (63) *Caust* (1).
- Mind Loquacity, forenoon only - (one remedy) *Causticum*

Dr. Kents Repertory.

- Mind Excitement - (40) - *Caust* (2), *Calc-carb* (2).

Study of relationships of remedies showed that *Caust* follows well and is followed well by *Calc* the constitutional remedy.

So *Causticum* was prescribed twice at an interval of month followed by *Calc-carb* and to my surprise, the patient was showered with black spots within 2 months. The most encouraging and appealing aspect was that he developed pigmented spots even on the parts unexposed to sun.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

P | Q | R | S | T | U | V | W | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

P | Q | R | S | T | U | V | W | X | Y | Z |


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[Intelligence](#)
[Stress](#)
[Response](#)


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[MATERIA MEDICA](#)
[GENERAL ARTICLES](#)
[ABSTRACT](#)
[MISCELLANEOUS](#)
[Q & A](#)

Is Leucoderma Hereditary.

NATIONAL JOURNAL OF HOMOEOPATHY 1996 Nov / Dec Vol V No 6.

Wadia S R.

Cases.

` *Bac*

(Do not neglect Nosodes).

Readers will be interested to study the approach to cases of Leucoderma, a very difficult condition to treat, from Dr. S. R. Wadia, a veteran, octogenarian Homoeopath. He has given four cases as example of his approach. - EDITOR.

Case 1:

Name : Mrs. R. Phatak Age : 48 Years

1. Leucoderma spots since 1 month on nape of neck, legs with occasional burning.
2. Appetite/ thirst/ Stool/ Urine/ Perspiration - Normal
3. Craves - fish ++, sweets, meat.
4. P/H - TB in 1972, AKT given, Typhoid.
5. F/H - Father - BP, son - leucoderma, maternal grandmother leucoderma, maternal uncle - TB.
6. Sleep - Normal, Dreams of falling
7. Menopausal since 2 years. P/H/O - N- menses, 2 FTND.
8. No motion sickness. Doesnt like winter.
9. Mild temperament. F/H/O leucoderma

13-3-89: *Thuja* 200 (2), - *Sil* 613-4-89: SQ. Developed urticaria (P/H - ?) with itching worse on palms, better hot application, worse night, ? chilly patient - *Ars-alb* 30.

8-5-89: Itch worse, urticaria. Spot - whiteness, itching, better hot application, worse

palms, fish. *China-ars* 30 18-1-89: Occasional itching - *Bacill* 200 (3)

Past H/o TB

31-3-90: Worse. Lots of white spots, itching - *Bacill* 1M to 10M.2-11-90: Occasional urticaria - *Tub-b* 1M2-2-91: Had typhoid, took allopathic treatment - Chloromycetin, Norflox - spots *Carbo-veg.* 30.*Psorinum* 200 (2) - Phatak Repertory - Pg 192.

17-3-91: Itch all over. Spots + Norflox 30 (3), Chloromycetin 30 in potency.

21-3-92: Patient had responded very well to *Sulphur*, hence *Sulphur* 1M to 10M was given.21-4-92: Skin few spots still there, so *Tuberculin* 10M (2)

28-7-95 : Patient seen after 2 years. All spots nil.

29-4-96: Pain right hip - right knee. AILMENTS FROM - after long rickshaw drive, worse getting up < cold water.

Better by rest, warmth, massage, continued motion *Arnica* 200 (3), *Rhus-tox* 200.23-5-96: Better pain, still right hip - *Rhus-tox* 10M (3) Patient in good health, skin - Normal.*Bacillinum* was given because of H/o TB in patient and in the family.**Case 2:**

response



Name: Mr. N. Phatak Age : 21 years

1. Leucoderma spots since 6 months, on legs, back, nape of neck. Neopsoralin locally applied.
2. Nausea - vomits even water
3. P/H - suppressed generalised eruptions when 11 days old - used ointments. Chickenpox, measles, Acne, suppressed itching at buttocks with local ointment. Vaccination 3+, Jaundice - 5 years of age, Bronchitis, Hernia operated in 1972.
4. F/H - Mother leucoderma, TB, Father - Eczema, Diabetes, Uncle - Asthma
5. Appetite/ Thirst/ Urine/ Stool/ Perspiration - Normal
6. Sleep - Normal, Dreams - unable to recall.
7. Hot patient
8. Irritable wants everything neat and clean.

5-9-86: to counteract bad effects of Neopsoralin, Psoralin 30 (2). Repeated H/o vaccination/ *Thuja* 1M (6P) followed by *Sulphur* 200 (3) as constitutional remedy. 20-10-86: Vomiting better- Sports - *Bacillinum* 200 (2) 20-12-86: Better spots. No nausea. *Sulphur* 1M (3P) to *Sulphur* 10M and *Sulphur* 50M over a period of 3 to 4 months. 31-3-87 : spots on legs lighter. So for frequent colds and h/o TB in the family - *Bacil* 10M (2).
 2-6-87 : Neck spot nil, leg spots lighter - *Bacillinum* 50M.
 13-9-87 : Loose stool, mucus in stool, spot - SQ.
 Stool - E. histolytica.
 Vomiting, < giant wheel < eating food. Nux-vom 200 (3) *Merc-sol* 30 during acute problems, followed by *Sepia* 30.
 4-11-88: Responded very well to *Merc-sol*. spots >>.
 Vomiting loose stools - nil. Blood with stool. - *Merc-sol* 1M followed by M S 1M to 50M. Treatment ended with *Sulphur* 10M (3P) given on 19-1-96. Patient normal.

Case 3:

Name : Baby L. Phatak Age: 31/2 Months.

This is a grandchild of Mrs. P and daughter of Mr. P. whose cases are given, so this is the fourth generation which has developed Leucoderma because child's great grandmother had leucoderma.

There were very few depigmented spots on the back, but the father was getting worried. On taking the history I found that the child was given BCG + Triple and Polio inoculations.

F/H - as mentioned before father and paternal grandmother had leucoderma, paternal grandmother had tuberculosis, no other history was available.

12-7-95: *Thuja* 200 2 doses were given.

27--9-95: Child had green loose stools and was irritable - *Chamomilla* 30.

16-11-95: Child had low fever, spots fading, teething - *Ferr-p* + *Calc-p* 6x.

19-1-96 : Patient okay, all spots disappeared no complaints.

The treatment was discontinued as the child was very much better. In fact, *Bacillinum* or *Tuberculinum* should have been given to this child.

Case 4:

Name : MR. V.V. Mishra Age : 38 Years.

A 38 year old male married patient with -

1. Leucoderma spots on both feet since 8 years.
H/o itching eruptions suppressed with ointment.
Eruptions due to wearing plastic chappals in rainy season, increased with swelling of feet for which he was hospitalised. Later - leucoderma spots. Applied Bavchi oil, took allopathic treatment.
2. Associated/ complaints: Frequent colds and coughs since 17 years.
3. Appetite/ Urine/ Stool/ Thirst - Normal
4. Startling in sleep.

5. Hot patient
6. P/ H/ O - Rheumatic fever, dysentery, All inoculations taken.
F/ H/ O - Father - convulsions, mother-leucoderma.
7. Cool tempered.
22-1-90 : *Sulphur* was given in increasing potency form 200 (3) to CM with excellent results. In between the patient constantly complained of frequent colds at least once in a week. *Bacillinum* was given in increasing potency from 200 upwards. Patient does not complain of colds now and the dorsum of his feet is 90 percent better. Last doses of *Bacillinum* were given on 15-6-96 and 8-11-96.

It will be seen from these 4 cases that either parent had leucoderma and in the first 3 cases there is a family history of Tuberculosis. I have found that in such cases, *Bacillinum* or *Tuberculinum* are needed as Inter-current remedies to tackle the miasmatic base.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | W | X | Y | Z |

Select MM:

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Learning from Seniors

NATIONAL JOURNAL OF HOMOEOPATHY 1996 Nov / Dec Vol V No 6.

Shahida A Baig.

Cases.

 ` *Merc-s / Alum / Plb*

An approach to a case is a difficult topic. Every Physician has his own way and no one likes to loose his case just as no driver wishes for an accident. The basic knowledge of medical education trains a doctor to learn about his patient and disease. But for the rest, his intuition works. Medical science is an imperfect science. Whatever is written in books should not necessarily be also found correct in our day to day practice, which in fact is an art.

My introduction to Homoeopathy was incidental. I was very sick and declared incurable by my doctors. Those were bad days formed & my family but finally my sufferings and agony were treated by Homoeopathy. This gave an excitable joy to my husband, Dr. Mirza Anwar Baig, a famous allopath then and now a Homoeopath. He insisted that I learn Homoeopathy.

The clinical approach or a pathophysiological approach to assess Homoeopathic remedy requires a lot of clinical background. Here I would like to share my clinical experience with some of the critical cases treated by us. The first case is of my aunt.

Case 1:

She was a known case of Diabetes and Hypertension with Ischaemic Heart Disease. She was admitted in intensive care unit of a hospital in Mumbai for the treatment of myocardial infarction. One day she developed severe chest pain with respiratory distress and became critical. My cousin sister called me desperately saying that the attending doctors have expressed their inability to manage the case, as she had a second massive attack and could die at any moment. "Call all your relatives" they said.

I saw she was in a state of collapse. She was deathly pale, prostrated and was restlessly fighting for her last breath. Her eyes were sunken, face swathed in perspiration and whole body was drenched even though fans and A/C were on. She caught my hand to lean forward, looked restless and begged; *Beti, save me. I gave her a dose of Carbo veg 200* which gave her a little ease after two-three eructations but she still was critical.

I came out from the intensive room and phoned my husband. He prescribed *Merc sulph 30*, repeated doses. My aunt was discharged from the hospital after a couple of days. When I asked my husband about the diagnosis of the remedy which helped her so quickly, he explained: what I described on phone was a clinical picture of Acute Congestive Pulmonary Oedema which she developed because of the severe heart attack with signs of left sided failure.

Pulmonary oedema is one of the gravest emergencies in clinical practice. The patient is dyspnoeic, orthopnoeic and restless, actually drowning in own secretions. This matched with the clinical picture, I described of my aunt. Dyspnoea pathophysiologicaly was caused by an elevation in left ventricular end diastolic and left atrial pressure leading to back pressure & fluid collecting in the Lungs.

The rubric selected was DROPSY, in CHEST, Kents repertory; page 829. Nine remedies are listed with three marks. Amongst them two are restless. Since the patient was warm *Arsenic* was overruled and *Merc-sulph* was prescribed.

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**Case 2:**

He was a 10 year old boy suffering from obstipation (Chronic constipation). The boy was not able to pass his stools for fifteen days at a time. Enema and rectal suppositories were ineffective. The duration of his illness was three months. During this time he could only pass his stools twice and that too surprisingly, in the hospital, when he was administered barium for the purpose of investigations. His reports were normal and the doctors of two different hospitals were not able to find the cause of his disease. Serological reports were also normal. In spite of this, they gave him antitubercular line of treatment with no result.

The detailed history revealed that the child used to get frequent diarrhoea for which he was treated but it resulted in constipation. Thereafter he was treated as a T.B. patient. However the child did not experience any uneasiness because of the constipation.

I gave the boy *Plumbum* on basis of totality and later *Pulsatilla* on the basis of constitution but both the remedies failed. I discussed the case with my husband who gave me the clue to get the simile which finally worked.

The clue was that whenever he received barium meals he was able to pass stools. This was interpreted as similar to paralytic ileus. The barium meal is a heavy metal and has its own weight which passes out with the force of gravity and not with the bowel movement. The remedy was *Alumina* 1M single dose.

Similar pathology or state of intestines has been registered during the proving of *Alumina*, where the accumulated stools passed out at a time (ref. Dr. Herings Guiding Symptoms; page 157, vol. 1-2: No desire for, and no ability, until there is a large accumulation).

Case 3:

He was two and half year old with inability to stand or walk. (see photo below) His limbs had become flexed as if they had no life, although he was able to move them. The child was constipated with no appetite and was on antitubercular line of treatment. His CT Scan Brain did not reveal any pathology. He was treated as a polio case.

The detailed history revealed that the mother noticed twitching on the right side of the face. Later the child went into spasm, followed by loss of power. The history further revealed that the first problem of the child was diarrhoea following measles and was treated with anti-diarrhoeal remedies for a long time. And gradually he developed loss of power. The history further revealed that the first problem of child was diarrhoea following measles and was treated with anti-diarrhoeal remedies for a long time. And gradually he developed loss of power and weakness of his limbs along with wasting. The child was mentally active and mischievous with a constant desire to travel outside.

I prescribed *Causticum* but did not find any further change. On 17-11-96 the case was seen by my husband who prescribed him *Plumbum met* 200-3 doses, One dose every 3rd day. Next week when the patient reported there was not much improvement in the power of the muscles but the child had started eating food (earlier he was taking only biscuits, the mother had disclosed) and started passing normal stools. In the 2nd week the child started to step forward with the help of his father and from the 3rd week onwards he started walking with the help of father. On 8-12-96 the child was given *Calcarea carb* 200, single dose which further aided in the recovery.

Plumbum met was prescribed on clinical observation alone and that too on the basis of pathophysiology. The rubrics selected were two 1) Sardonic laughter (K R page 62) and 2) Flexed leg when tries to walk (page 1006).

Pathologically sardonic laughter and flexed limbs are actually rigidity due to painless tonic spasms of the masseter and lower limb muscles. This kind of tonic rigidity of the facial muscles and of the limbs matches with that of *Plumbum*. This typical picture one can see in a tetanus ward. Tonic rigidity is thought to be due to the action of the toxin on the neuro muscular end plates, whereas reflex spasm or convulsions are caused by the increased excitability of the anterior Horn cells.

In such cases CATSCAN or MRI will not reveal any clue, but of course the FACE of the patient will. The boy was given later a few weekly doses of *Silica* after long observation and reflection about his condition. Although he could walk with the help of parents, it is only if he can walk unaided that we can claim to have cured him. If silicon (*silica*) in the soil can provide grit and help the plant to grow erect we though it can also help this boy to walk erect. And, lo, the result of *Silica* was dramatic and the boy is now able to walk erect on his own.

[Back](#)



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See The Ocean In A Single Drop
 NATIONAL JOURNAL OF HOMOEOPATHY 1996 Nov / Dec Vol V No 6.
 Mishra S C.
 Cases.
 ` *Morb*

An approach to a case depends very much on the approach of the patient. What does he want? Permanent cure or just palliation? EDITOR : If he wants palliation, will you, as a Homoeopath, give it to him? No. so it is our business to explain Homoeopathic treatment and approach in detail. If he cannot wait long and patiently to get cured, it is useless to try to put him in that type of treatment. It is better to explain to him the condition beforehand and make him aware of the prognosis so that he can co-operate accordingly.

In the beginning I try to find out the very bold letter remedies through the behavioural pattern of the patient and proceed accordingly and get success without spending too much time in taking a case in detail.

Spontaneous behaviour of the patient - even trifles are very significant for deciding his remedy on the spot, and thats why a Homoeopath should always be very careful, vigilant and simple while taking up a case. All the five senses of the Physician must be very healthy and active to receive the right impression of the patient as a whole. Philosophically speaking, as we can visualise the ocean in its single drop so we too can perceive the patient as a whole in his most strange, striking, singular and peculiar pattern of behaviour.

Is he restless, impatient, quick, hasty, dull, lazy stupid, timid, smart, emotional, over confident, miserly, egoistic, sympathetic, dictatorial etc.?.

I succeeded in curing a boy suffering from severe dry cough with constipation and bedwetting with a few doses of *Belladonna* on the basis of his impudent behaviour of spitting on my face when asking his name. (NJH Sept - Oct. 93).

One day when I was busy at my desk, suddenly a strong *Sulphur* odour blew over my nose before a tall young man entered my room. He wanted to consult me. After hearing him I prescribed a single dose of *Sulphur* which gave him prompt relief. He did not need a repetition or any other medicine.

Many times I have seen, very careful analysis of the behaviour of a patient during consultation helps to select the correct medicine. Cross legged sitting of a female has confirmed many times her uterine complaints or leucorrhoea. We must have a good knowledge of the body language of persons to understand them.

When you try to untangle a matted bundle of wool, you try at first to seek one end of the thread to reach the other end. Similarly, while analysing a patient, you have a discover a vital starting point which will lead you to the core of his central being. But it is not really as easy as said. Sometimes when sitting with a patient face to face, the paper remains blank. "Water water everywhere, not a drop to drink." A long array of symptoms and symptoms but none of them are worth noting. In this situation I prefer to open a fire of *Sulphur* to disperse the crowd of symptoms and bring the situation under control.

On the contrary, some patients sit silently without giving any details of their troubles. They sit still as if to say "I know nothing, you better tell me what has happened to me. You are the doctor. You should find out the cause why I am suffering. " I send them back with a dose of *Staphysagria* to report after a week. Some garrulous patients go on talking and talking without caring for time or place, and give no pause for you to intervene. I

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prefer then to enter the scene with a dose of *LachesisStramonium* on the first visit.

Some patients need your attention and patient listening to their sufferings and when their emotional drainage is thus over, they hardly need medicine to allay their symptoms.

There are so many instances of arriving at the right medicine at the very first sight of the patient. For example, you can very well remember a case of Dr. M.L. Tyler who, on seeing a lady entering her chamber with a pet in her lap, prescribed *Calc carb* which was afterwards confirmed by her assistants through long repertorisation.

Dr. P. Sankaran once prescribed *Bryonia* successfully to a big business who had become irritated abruptly on his long query during consultation. We must then notice that a bold letter symptom is being manifested by the patient and find the remedy.

In case we dont find any symptoms qualified with modalities except the objective one, or the patient could not be motivated enough to relate his subjective and concomitant symptoms whatsoever, we can take the history of the ailments he has already suffered from his since early childhood till date and prescribe the corresponding nosode in the reverse chronological order.

Case:

Mr. X. aged 40, consulted me for his long - standing colic the nature of which he could not explain properly. He could neither give any modality nor could he locate the seat of pain definitely. He had an inexplicable and vague abdominal discomfort. USG report was NAD but he was not able to ignore his suffering at all. he has good appetite, average thirst, good sleep. Bowel movement is regular, slight gas + but not daily. Ambithermal. Temperament - nothing characteristic. F/ H : Nothing particular, Grand Parents died when his father was very young.

P/H : He has suffered from measles at 7 yrs. Typhoid at 10 yrs, Malaria at 12 yrs. Chicken pox at around 13-14 yrs. Having no prominent indications of any medicine, I decided to try at first *Variolinum* 200/1 then *Malaria off* 200/1 *Typhoidinum* 200/1 and at last *Morbillinum* 200/1 in series. The patient felt somewhat better as the intensity, duration and frequency of colic was reduced greatly. He was put on *placebo* for sometime and he was completely free from his complaint of colic after I gave him a dose of *Pulsatilla* for some other complaint.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | W | X | Y | Z |

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Let The Peculiar Symptom Guide

NATIONAL JOURNAL OF HOMOEOPATHY 1996 Nov / Dec Vol V No 6.

Takyar S M.

Cases.

` *Asar / Tell / Cin / Aran / Lach*

Father of Homoeopathy, Hahnemann said, in all other so called corporeal diseases the condition of the disposition and mind is always altered But during my practice spanning over four decades, by and large, I have found that location, specificity, direction and periodicity indicate the remedies which prove 100 percent efficacious. Repertorisation based on emotional and mental symptoms may result in a wild goose chase.

At the end of 20th century when Cancer, the horrendous Hydra-headed monster, is looming large as the fourth Miasm and which perhaps is the logical outcome of Radiation, all pervasive pollution and ever-so-fast hectic and synthetic lifestyle, I am of the opinion that mental and emotional symptoms dont surface graphically, indicating the panaceaic medicine.

In cases where people use hair-Dyes, some users develop peculiar symptoms like violent itching, swelling and inflammation on the lips, in the eyes; *Nitric acid* and *Nat mur* have proved clinically to act as antidotes; hence the remedy, not withstanding mental or emotional symptoms whatsoever.

Case 1:

An old friend, also an experienced Allopath, who in the course of his practice, many a times used to prescribe Homoeopathic medicines, underwent successful (as the surgeon claimed) surgery for cataract of the eye but after a few days started suffering a stabbing pain in the operated eye. His clinic happened to be exactly opposite my clinic at Sirhind, and I used to visit regularly in the evening. This elderly friend an octo-genarian and revered personality of the town literally pulled up the surgeon and told him, You declared the surgery to be successful and look! I, the accused one, continue to suffer stabbing pain His surgeon prescribed some painkillers which proved ineffective. One evening during my routine visit to his place he shot an ultimatum, Dr. Takyar! couldnt you do something to alleviate my suffering? As I had treated several such cases earlier, I simply gave him *Asarum* 200 to be taken 3 hourly. The pain was gone in a day or so. Again, mental and emotional symptoms were not considered at all.

Case 2:

Some fifteen years back a barber patient of mine related to me the woeful plight of a leading M.B.B.S. doctor of Ambala. The doctor was suffering from Sciatica of the left side, was confined to bed and in desperation had pulled down the shutters of his clinic. My barber patient knew all the details as he resided in the garage of the doctor, I learnt from him that the physician had remained under treatment at AIIMS Delhi for about a month, but to no avail. I readily offered my services if the doctor should not mind taking Homoeopathic medicine. Subsequently, on the persuasion of my patient I was sent for examination. After a careful observation of the location, the specificity and direction of the pain, I found it radiating downwards from the lumbar region to the lateral side of the leg. This, for me, was sufficient indication of Tellurium. I gave him Tellurium 1M to be taken at 9 p.m. and 11 p.m. followed by two doses in the next morning at 8 and 11 a.m. and six *SL* to be taken 3 hourly. The pain which was so excruciating disappeared within ten days. After about fifteen days when the patient suffered slight pains, again a dose of *Tellurium* 10M was administered. Thence forward no other treatment was given. The doctor started

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attending his clinic regularly. All these years there has been no relapse. Again mental and emotional symptoms were hardly attended to.

Case 3:

Recently, the grandmother of a new-born male baby came to my clinic and requested me to examine the child as he was not taking breast feed and was not ready to hold the nipple in the mouth. While the old lady was relating to me the distress of the entire family, her elder daughter-in-law came and told me that the child's rectum was unusually red. At that time, a student who had appeared in the II year of D.H.M.S. exam, was sitting in my clinic. She was coming to me for practical training. No doubt, I knew the medicine but to teach the student I directed her to consult Kents Repertory and find the medicine under Chapter Stomach sub-rubric Aversion to Milk. She came out with *Antim-crud* to be the right medicine. I pointed out to her the specificity of the redness of the rectum surely indicated *Cina* because the said medicine covered both the symptoms. Only two doses of *Cina 6* were given. The results being immediate, the child started taking mother's milk and the redness around the rectum was also gone. I again repeat, mental symptoms were not taken into consideration.

Case 4:

A patient came to me with a notably peculiar symptom. It was severe toothache which would appear every year. The pain was almost of seven years standing. I took the periodicity to be the leading symptom and gave him one dose of *Aranea-diadema 200* followed by *SL* tds for two days. Four years have gone by and the pain has not recurred. Now whenever the patient comes my clinic he shows his profuse gratitude for having rid him of his early trauma.

Case 5:

An old lady approached me some two months back at Sirhind clinic for the treatment of her daughter-in-law whose Fallopian Tubes (Gynecologists diagnosis) got blocked after the first issue, five years ago. The Gynaec had advised surgery which the family wanted to avoid. I had a flash of intuition. It came to my mind that *Lachesis* re-establishes and vacates all suppressed discharges : why it should not remove the blockage of the tubes. I may hasten to add the diagnosis was intuitive. I gave the patient two doses of *Lachesis 1M* and followed with *SL*. The patient did not menstruate the following month. The urine test revealed the patient in question had conceived.

I could cite numerous such cases where location, specificity, direction, and periodicity proved to be the key symptoms in the treatment.

EDITOR: One man's meat is another man's poison, so true an adage, more on in Homeopathy. That is the *raison-d'etre* of the issue. But I feel every approach is valid and depends on the case. Actually when Hering talked of the 3-legged stool or Allen talked of Key-notes, remember all these point to a remedy. If you explore the remedy further you will find mentals and physicals are both covered. So there is actually no division : this division is man made, Mental Homoeopaths and Physical Homoeopaths.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | W | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
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Individualise

NATIONAL JOURNAL OF HOMOEOPATHY 1996 Nov / Dec Vol V No 6.

Mohan Gune.

Cases.

` Nux-v / Sep

Who has to decide about an approach to a case? A Physician? No, it is the Patient! The approach to a case should change according to the situation in which the patient is presenting.

Dr. Samuel Hahnemann has stated in Aph 153 of the Organon of Medicine the more striking singular, uncommon and peculiar (characteristic) signs and symptoms of the case of a disease are chiefly and most solely to be kept in view. In following aphorism 154 and 155 he discusses how the similar remedy cures without any considerable disturbance.

Dr. Hahnemann never postulated about relative value of symptoms except searching for uncommon, peculiar, queer, rare, strange ones. However, his followers while interpreting Aph 153, renamed the peculiar symptoms as PQRS. These again are renamed by Dr. Boenninghausen as Concomitants and he gave highest importance to them in his approach. Dr. Kent gave importance to mental symptoms. These are concomitants of physical diseases and as they individualize a case of physical nature, the importance of mental symptoms started mounting up. Dr. Kent was followed by many Homoeopaths, few of them started saying that ONLY MENTAL SYMPTOMS are important.

Dr. Dario Spinedi - Switzerland has given the opinion of Dr. KUNZLI in the Links 3/96 - which is a very important point to ponder. He says, the mental symptoms come in last and not first. First we have to consider the symptoms according to paragraph 153. One should always balance the prescription on the positive facts of the case, and not just the hypothetical state of mind, where the patient can deceive the physician if he intends to. He can give half truth or total untruth about himself, may be because he feels ashamed of his deeds or because he does not have the courage to accept the facts of life and put them before the society. In which case the symptoms taken for consideration will bring out only a false or untrue remedy, which of course is a failure to the Homoeopathic Physician.

Many Physicians give importance to dreams in their prescription, which really speaking are the symptoms of the mind. Dr. Vakil while discussing his approach to dreams has cautioned about the misleading dreams - which one gets in Homoeopathic practice (Homoeopathic Prestige - March 96).

Dr. Hahnemann himself while discussing about one-sided diseases in aphorism 172 to 184, explains it as a zigzag approach. Where the chief complaint only is taken as totality and matched with the drug, then the second group of symptoms is taken into consideration, then the third one, and ultimately the disease is cured. Which shows that the Homoeopathic remedies do act even on partial totality.

Dr. Kees Dam, Holland while discussing in 1/96 Links gave excellent preview of aphorism 210 by asking the question, Do all physical diseases have mental symptoms? He also agrees that they do not, though Dr. hahnemann in aphorism 212 states that, The creator of therapeutic agents has also had particular regard to this main feature of all diseases, the altered state of the disposition and mind, for there is no powerful medicinal substance in the world which does not very notably alter the state of the disposition and mind in the healthy individual who tests it, and very medicine does so in a different manner.

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However, this only makes one sure that the mental state is to be differentiated on a much broader scale and not just from Repertory. One should always try to find out the medicine and then see as to whether the Repertorial analysis is pointing to correct medicine or whether there is anything else, which is to be considered as predisposing factor. Dr. R. Sankaran called this a basic delusion of the drug as well as of the patient.

The above discussion may give the impression that I do not believe in mental symptoms. No, it is not so. I would always like to differentiate the remedies from Materia Medica on the mental field as Dr. Boenninghausen had advised. Though grand generalization done by Dr. Boenninghausen is to be discarded as it is not the truth, his opinion about the mental symptoms is equally true and holds good in practice, and I don't have any hesitation in accepting him to find out the similar remedy. He gave a lot of importance to pathological symptoms, seat of disease and the time modality. The causative factors when present get utmost importance especially so if is mental in origin. The only precaution to be observed is that it is unprejudiced true observation as is advised by Dr. Hahnemann in aphorism 83.

Unless the quest of finding out the remedy is done as a third part of observer without any emotional involvement in the case and maximum attempt is done to individualize a case, no matter what the nature of disease is, one is not likely to get correct remedy.

Homoeopathy is a Science of INDIVIDUALIZATION and there are many ways to individualize the case. Individualization is the true way to cure. Whether the symptoms are mental, physical generals or characteristic particulars do not make any difference as long as they leads to a remedy almost similar to a disease picture which the patient presents. I would always say that instead of being Kentian or Boenninghausenian, be a Hahnemannian where there is no Similimum but a similar remedy. I am giving four cases where importance of symptoms changes from case to case.

CASE 1:

Mrs. MSG age 48 years, presented with H/O backache (Rt) side; (Rt) upper limb and (Lt) elbow since 2 months. She had already visited an Orthopaedic surgeon and was found to be RA factor positive. Very much tensed due to opinion of Orthopaedic surgeon. She was very anxious to know the scope of Homoeopathy in her case. I assured her about the treatment.

Presenting symptoms: .

Both her elbows were swollen with continuous pain, < emotion, > rest, > Hot fermentation. Swelling is associated with numbness < morning. Associated with this she had varicose veins in (Lt) leg since 6 years and Hyperacidity (since 4 years) < morning > lime juice, < fasting, < on empty stomach. She gets eructation often even on empty stomach it relieves all her symptoms. Eructations with pain in chest and a suffocative feeling with difficult respiration.

Personal history:

Appetite : Normal

Desires : Milk and warm food

Aversion : Spicy and pungent food. Bread disagrees giving rise to fullness of abdomen.

Thirst : For cold water

Sleep : Unrefreshing, < morning. No specific dreams. She dislikes fan, which causes heaviness all over the body.

Past History:

Jaundice 24 years back. Operated for Uterine fibroid 31/2 years back.

Family History: .

She is the only sister and has 4 brothers : one has varicose veins, second one is hypertensive, third one is diabetic and fourth one is healthy. Married 25 years back, has 4 children, 2 daughters, 24 and 22 years and has 2 sons, twins, 18 years old. Being the wife of a district officer she has many social relations. Very happy in her marital life, but she has strained relations with her mother-in-law.

Mental Symptoms: .

Very talkative, desires company, weeps easily, she has fear of hospitals. Very firm in her decision. A strong minded lady who manages her home very well.

Comments:

This case though had a duration of 2 months, was a challenge due to R A Factor positive 1:80, the ASO Titre was negative and her S. Uric acid level was 5.9 mg percent, Hb : 10.8 gm percent WBC (T) : 5400/ cmm, N : 56 percent, L: 38 percent, E: 4 percent, M: 2 percent, E.S.R.: 08 mm at the end of 1st hour.

Rubrics selected:

1. < Morning ; (K: 1341)
2. Eructations >; (K: 490)
3. Eructations on empty stomach; (K: 493)
4. Unrefreshed sleep; (K: 1254)
5. < Fanning; (K: 1344).

Treatment:

She was given *Nux-vomica* 30 1 QID to start with and it was raised upto 1M followed by placebo.

She is absolutely better with no swelling on face and elbows, has sound sleep and is enjoying life very well.

CASE 2:

Smt. PAP, age 25 years, divorced, came to us with complaints of pain in abdomen off and on since last 10 years. Pain very severe, associated with perspiration and coldness of body < at night 10 pm. onwards, < eating meat, spicy food and feels hungry during the attack. Restlessness (physical) with the pain.

She was married at the age of 13, against her wish. She lost her father six months before her marriage, who was a drunkard. Her mother had responsibility of this girl plus two sons and one daughter who is mentally retarded. Two elder daughters had already got married and two sons aged 17 and 15 years were not earning. She was in a state of agony due to poverty.

The marriage proposal of this girl was therefore accepted, but this young girl tried to oppose the marriage. She knew the bridegroom, as he was staying in nearby village. In spite of her opposition she was forced to get married. After the marriage she was very angry, the house allotted to her was not good, and she was just not able to adjust, so she ran away from that place. She came back to her mother, who did not accept her. For about 4 - 5 days she was moving from place to place to get shelter. Even her sisters refused her shelter. In the height of depression, she attempted suicide by taking poison, but her mother came to her rescue. She got her admitted to the hospital where she survived.

When she got a little better, she ran away again to the city, this time with great courage to live separately. This absolutely helpless illiterate girl of 13, came to a big temple in the city, for the first time. She started to work with the family of a senior retired military officer. Her relatives tried to bring her back, but she refused, she did not go back to her husband who is very ugly, indolent and so poor. She allowed her husband to remarry, but was very firm on her decision to leave him and be a good human being in her own way.

She learned to read and write to a certain extent, and now she can do all her routine work like banking, shopping etc. very well, to the point of riding a two wheeler, which she owns.

Unfortunately after the death of the retired general couple, she was homeless again but this time also she was lucky enough to get shelter with a lonely old lady who was staying all alone in spite of having a son and 3 daughters. A well to do lady, she required a housemaid-cum-companion. Since last 6 years she is staying with this lady who is a total vegetarian. This girl also became a vegetarian and started disliking meat. However, whenever, she gets the opportunity she takes meat, and gets pain in abdomen, for which she came to us.

Along with this pain in abdomen, she also gets hyperacidity since 10 years, following the episode of consuming poison. Nausea at smell and sight of food. Vomiting after nausea, < eating after. Nausea > empty stomach, > lime juice. Heart burn < night, < night watching, < heavy meals or food.

Personal History:

Appetite : Good

Desires : Spicy meat which <, Fish, eggs ++, cold food even though warm food is

available, she prefers cold food.
Aversion: Sweets, milk and milk products
Thirst: Little, only after principal meals
Bladder/ bowels: Regular
Perspiration: Profuse in palms and soles, neck, axilla, stains the linen yellow.
Menses: Menarche at the age of 12 years. Dysmenorrhoea on first day. A regular cycle of 2-3/30 days, dark red, stains difficult to wash.
Sleep: Good, likes heavy covering
Dreams: Snakes, frightful dreams.

Past History: .

Fell on her back while cleaning the house, with fracture of vertebra, for which she was admitted in the hospital for 20 days.

Mental symptoms: .

Mentally very strong with firm decision, she has not gone back to her family, who meet her occasionally. Suspicious that they would poison her. Has no desire for remarriage. Loves to be alone at home; does not like to amuse herself by seeing movies but likes to clean her house and keep it absolutely tidy. Likes gardening and keeps herself busy all the time. She weeps alone sometimes which ameliorates her. Very irritable and expressive. Now desires to have her own house, so that she may not be homeless again. Fear of dogs, does not like animals, fear of height after H/O fall.

Rubrics Selected:

1. Pain in abdomen < night; (K: 556)
2. Nausea from smell and sight of food; (K: 507)
3. Aversion to milk; (K: 481)
4. Dreams of snakes; (K: 1243)
5. Company aversion to; (K: 12)
6. Indifference; (K: 54)
7. Occupation >; (K: 69)

Remedy : *Sepia*

COMMENTS:

This is a case where physical symptoms gave the remedy and mental symptoms confirmed the choice.

Case 3:

A 58 year old lady, well educated, fair, flabby with Chinese face, working as head of the Department of Geography in a well known college. Has written many text books on Geography, recognised by the government. Presented herself on 12-7-96 with the complaint of Bronchial Asthma since 12 years, Hypertension since 10 years, Diabetes M, since 6 years. She has to travel 6-10 kms daily to her working place. She used to wear a mask to avoid pollution on the road.

She has 3 sons, all of them well educated. Two of them are married and one is still unmarried who is planning to stay abroad. She had a keen desire to have a daughter, but unfortunately didnt. Therefore had great expectations from her daughter-in-law.

In the beginning she used to stay with the son and daughter-in-law. Basically very mild in nature, had conflicts with her mother-in-law and did not want to repeat the situation with hers. Unfortunately her daughter-in-law coming from an entirely different family background, is very much dominating and possessive. Gradually conflicts started and her son started living separately, which still hurts her. Since then she has lost confidence in herself and is confused, and has become pessimistic. She started brooding on her past disagreeable things and weeps, which ameliorates her. She constantly feels whether she was wrong in her behavior? When her husband tries to console her, she does not like it. She is not sure of her decisions. She started suppressing her anger.

This family situation had repercussions on her working place. She has developed inferiority complex with the feeling that she has an ugly face and therefore her colleagues are avoiding her, and she feels that she has no friends. She likes company, even enjoys it but at the same time she does not like to attend kitty parties and gossiping. Instead she prefers reading alone. She gets so much absorbed in her professional reading that she forgets her daily routine.

Her husband has retired as a Bank officer. Previously, he was very strict according to her. She used to hand over all her salary to her husband, and if she required some money for personal use, she hesitated to ask for it. Now a days he has become soft and caring towards her, since their son has started staying separately. In spite of this even today when her husband is away from home or is out of station she feels relaxed.

Chief Complaints:

Bronchial Asthma since 12 years, complaints < in Sept. and Oct, i.e. at the end of monsoon. But this time it started at the beginning of Monsoon. Breathlessness < lying down, > sitting > bending forward, > fan at a close distance associated with perspiration, wants doors and windows open.

Cough +++, with difficult expectoration, > by expectoration, which is yellowish in colour and with bitter taste. Cough < ice cream.

Personal History:

Diet : Mixed

Appetite : Good

Cravings: Sweets +++, bitter, ice-creams, fats

Aversion: Meat and salt

Thirst: +++

Bladder: frequency increases during mental tension

Bowels: Regular

Menses: Menopause since 2 years, menses were regular 3/24 blackish red in colour, difficult to wash, menarche 16 years, menopause at 56 years.

Perspiration: Drenching sweat since menopause. Offensive, stains the linen yellow. Hot flushes and perspiration still continues since menopause.

Sleep: Disturbed since 3 months, sleeps till 3 a.m. or from 3 a.m. to early morning. But if she doesn't get sleep, she enjoys reading or writing books.

Dreams: of dead relatives especially mother-in-law.

Family History:

Strong family history of Asthma and blood pressure.

Past History: Not significant.

Rubrics Selected:

1. Mildness; (K: 65)
2. Forsaken feeling; (K: 49)
3. Confusion of mind; (K: 13)
4. Pessimist (SR: 794)
5. Dwells on past disagreeable occurrences; (K: 39)
6. Consolation, kind words aggravates; (K: 16)
7. Company, aversion, to presence of other people agg. the symptoms; desire for solitude/ alone, am. when; (SR: 146)
8. Occupation >; (K: 69)
9. Urging to urinate (morbid desire) / anxious; (K: 653)
10. Desires sweets; (K: 486)
11. Desires fat; (K: 485)
12. Aversion to meat; (K: 481)

Treatment:

Sepia 1000 1 dose every fortnight followed by placebo. A month later she was much better; no asthmatic attack in spite of monsoon. Same medicine repeated. Her attitude changed and she started enjoying company, and does not feel lonely at her working place.

Case 4:

Mrs. SJS age 23 years presented with H/O Migraine on 3.8.92. Headache partial starts from forehead and goes back to occiput. throbbing pain, < going in crowd, < noise, > lying down, < looking at bright objects, < as soon as she sits up in bed, > tight bandaging. Associated with nausea. She was on *Tegretol* 200 mg. B.D. Headache almost every week, with which she was forced to remain at home.

This lady is beautiful, tall with fair complexion, soft spoken, a sibling of a Punjabi family. when she was 1-12 years old, her mother got divorced and got married to a Christian. Patient has a step sister. When patient was 18 years, her mother got her married to a Punjabi boy. She conceived a baby but was never happy with her in-laws. She was constantly under pressure.

She came to us 4 years back with the complaint of leucorrhoea which was offensive, profuse, sticky, acrid in nature. She was better with *Sepia* 200, in just 3 days, when she had not given any history of her mental tension.

Somehow she came back to us in 95. She was divorced and had got married to a Gujarati boy, 4 years ago.

Personal History:

Appetite: Good.

Desires : Cold milk, warm food, salty things, sour food.

Aversion : Sweets, Nausea on travelling by car.

Thirsty : Very thirsty.

Bowels: Regular.

Bladder: 10-12/ day and 5-6/ night.

Perspires only in summer.

Menses: Regular 30 days cycle, on 16 and 17th day of menses, leucorrhoea.

Likes hot water bath, does not like to cover in summer.

Sleep: Dreams of God, snakes, water, valleys etc.

A very fastidious and generous lady has expressed her power of clairvoyance. Irritable on children with small little disturbances in house made by them. Likes to be alone, undisturbed by society. However she likes travelling and visit places even though she gets nausea as soon as she rides in car. Very fast at work and gets irritated even by presence of lazy persons. She is indifferent to sexual life. Past History.

Epilepsy 4 years ago, Malaria 5 years ago, Tonsillectomy 9 years ago.

Rubrics Selected:

1. Indifference (K: 54)
2. Irritability (K: 57)
3. Fear of Crowd (K: 43)
4. Coition aversion to (K: 715)
5. Nausea riding in a carriage (K: 509)
6. Dreams of snake (K: 1243)
7. Urination frequent (K: 657).

Remedy: *Sepia*

COMMENTS:

The patient came to us 4 years back with physical complaints and was better on *Sepia* 200. Her visit after 4 years recalled *Sepia* on the mental field.

CONCLUSION:

These cases prove that the approach to a case has to be changed according to the presenting symptoms and cannot have a fixed approach. The first case is solved only on physical symptoms. the second case on physical symptoms, confirmed on mental symptoms. the third case only on mental symptoms, differentiated on physical particulars. And fourth case shows that constitutional remedy works in both physical and mental state. Thus, whether you give importance to mental or physical symptoms, when individualization is perfect the results are bound to be gratifying.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | W | X | Y | Z |

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Homeopathy works in any setting

NATIONAL JOURNAL OF HOMOEOPATHY 2001 Jul / Aug VOL III NO 4.

Dr Navin Pawaskar

'Kali-ph / Tub

Introduction: This case was treated in a rural area in one of the costal town of Andhra Pradesh, where ICR had set up a project at V.N hospital that had facility only for basic diagnostic care. Detailed diagnostic work out was not possible due to lack of facility and also due to financial limitations of the patients who came from very poor financial back ground. This patient was no exception.

Smt C M, 25 y, a Weaver, a Hindu and Non-vegetarian

Her husband was also a weaver.

Brother: 1 unmarried Sister: 1 unmarried

Sons: None and 3 Daughters: \ 4 Yrs \ 6Yr \ 11 months

Chief Complaints

Location Area	Sensation	Modalities	Accompaniment
Direction Spread Tissue Organ system Duration (Organ) Liver	Pathology	A F	Strict Time Relation
Since 15 days Day 1 Day 2	Fever moderate Chilliness febrile Icterus	Not > allopathy Not > homeo treatment	Thirst increased Drowsy Weak
Since 15 days Since 3 days	Yellow urine Stool white No Loose motions No abdominal pain Vomiting only once Food and mucus	Not > telugu Rx	Covering (night) Insomnia

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Since 24 hours	Abusive No change in sleep pattern	Delirious altered sensorium.
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Patient as a person: Physical characteristics

1. Build	Stocky+	Obese	
2. Digestion	Appetite: Low	Thirst increased	
Craving	Pungent		
3. Elimination			
Stool color	Normal	Consistency normal	
Urine	D normal	Urging	
4. Menstrual Function		Menarche late	
FMP	LMP 2\2\98	Regular +	Cycle 30 days
Menses	Duration 4 days Stains does not		

Life Space Investigation

Patient stays in a family with husband and 3 daughters. Husband is a weaver. She came from a poor family. She was very close to her parents. She has 1 brother and 1 sister, she has anxiety regarding the financial conditions of her parents. Though they are staying in the same village as that of the patient, she does not visit them often but gets the information regarding them.

She is also very attached to her husband. She does not mix with neighbors or other people, as she says if her husband is around she does not need anybody to talk with. She is afraid to talk to new people, she prefers staying at home. Her self-esteem appears to be very low. Husband says she is a closed person.

She desires company constantly, but only of family and has fear of staying alone. During the nights, can't go to toilet alone. She at least needs the company of her daughter. She is irritable by nature; gets angry when her daughters trouble her. She will beat them up, get angry at her husband also on any issue. When angry, she won't talk to her husband for 6 to 8 hours. When she is forced to do something then too she gets angry and immediately retaliates. Now she is worried about her three daughters as she has to get them married and resources are limited.

Thermal Modalities:

Covering in winter; Uncovering in summer

Bath: Cold in summer; Tepid in winter

Ventilation very poor in the house

Ambithermal C3H2

Physical Examination

Temperature afebrile.

Pulse 80 Resp rate N

Conjunctiva sclera yellow

Mucous membranes yellow,

Skin dry scaling

Systemic Examination

Wt 34kg., lymphnodes,

RS Normal

PA Shaped scaphoid, Tender Rt Hypo, Liver++

CVS Normal

CNS disoriented. Speech normal

Motor function: cranial nerves: reflexes: planter: normal. NO flaps

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03/02/98: Urine Values: Bile salt pigments present
CBC Values: 03/02/98 19/02/98
WBC Total: 13,600 11,850
3/2/98: S. Bil 19.6mg%
19/2/98: HBs AG +ve (after a few days of treatment)
21/3/98: S.Bil 2.2mg% (final test results)

Planning and programming of treatment

A. Chronic Deep Acting Constitutional Remedy is needed

Kali-phos selected on the following symptoms

Anxious, nervous, dependent

Irritable

Indisposed to talk to strangers

Fearful dark, alone

Low self esteem

Desires company

Insomnia concomitant to hepatitis

Inflammation liver → toxic. brain delirium

Intercurrent Remedy: *Tub-bov*

Basis of Prescription: *Kali-Phos*

Basically a nervous, shy type of person with strong attachment with family especially with husband. Irritability is expressed only with family members to whom she is strongly attached. She desires company of her near and dear ones only.

This goes well with the theme of *kali*

Phatak describes irritability and low self esteem of *Kali-phos* which prevents her from interacting with strangers. Her shyness dominates at times.

Insomnia as a concomitant came up in the evolution of the disease.

Involvement of brain and sensorium leading to delirium from toxic condition.

Involvement of liver as the base organ for seat of the disease.

Selection: Tuberculinum-Bovinum was selected based on basis of dominant miasm.

Considering the deep seated illness with infective etiology with early signs of toxemia services of intercurrent would be required was anticipated.

Infective inflammation of the liver gland, inflammation leading to necrosis and suppuration of hepatocytes at microscopic level... chloestatic stage..toxemia

The internal pathogenesis expressing in the form of jaundice with concomitants of weakness fatigue, altered sensorium.

The concept of structure form function was used to understand the tissue involved, the alteration in the tissue and its expression in form of concomitants and sensations keeping in mind the pace and time in evolution.

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

P | Q | R | S | T | U | V | X | Y | Z |


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[Response](#)
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[MATERIA MEDICA](#)
[GENERAL ARTICLES](#)
[ABSTRACT](#)
[MISCELLANEOUS](#)
[Q & A](#)

Her Anaemia responded to Homoeopathy
 NATIONAL JOURNAL OF HOMOEOPATHY 2001 Jul / Aug VOL III NO 4.
 Dr Sonu Mehrotra
'Manganum-aceticum / China

A female patient, 56 years, came with Anaemia in early 1999. She complained of too much weakness and exhaustion; this weakness had commenced after the birth of her 4th child by caesarian (pt was 36 yrs then). The report in Jan 99 showed the percentage of Hb was 7.5 gm%.

Patient As A Person:

Appetite - wants to eat but unable to because of recurrent ulcers in mouth.

Thirst - normal

Craving - for nothing

Aversion- cold

Bowels - constipated

Micturation - normal

Sleep - disturbed because of continuous dreams (no specific dreams). Through out the night she constantly dreams, which makes her exhausted and does not allow her to wake up fresh.

At present - I found her very weak with no desire to work. She also looked pale and weak.

Children: 4 → 3 daughters and a son all through caesarian; had 2 induced abortions also as her husband wanted a son and USG showed these to be female.

Skin - itching eruptions for last 2 years in soles. Itching AGG cold weather and cold water.

Menstruation - h/o regular cycles but complained of scanty bleeding always. Past 2 years only few drops of blood. No pain before and during menses.

Leucorrhoea - not present

Respiratory - cough only in cold weather, which is always better by lying down.

Joints - pains in all joints with red swelling and joints felt hot externally.

Feels weakness in all joints.

AGG - winter and rainy seasons and by touch.

Thermals - Chilly patient. AGG Winter and rainy seasons.

Past History - had jaundice in childhood.

2 induced abortion with profuse bleeding; needed blood transfusion.

Vaccination - completed.

Family History - not contributory

Treatment given - took allopathic medicine along with syrup but could not get any relief therefore blood was transfused twice but again the same condition after few months.

Discussion:

When I took the whole history, I thought that the lady in menopausal age may aggravate the insecurity which must surely have begun when she begat 3 daughters, one after another, and had to suffer much because of that. The arrival of the son so late in life, could not completely wipe out those tortuous years, and the memories began to resurface during menopause. The continuous dreams were the results of her fear not having a male



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child and her husband might discard her. Whenever a case comes to me generally I consult Boericke's Materia Medica. A few medicines emerged in my mind like *Lecithin*, *Ferrum-met*, *China* and *Manganum-aceticum*. When I went through the write-up on *Manganum-acet* I found it to produce anaemia with pain in joints aggravated by cold wet weather. She was having eczema in soles for last 2 years probably because of menopause.

Treatment:

I gave her *Manganum-aceticum* 200 thrice a week along with *China* Q10 drops daily. *China* was given for her severe loss and debility. The result surprised even me. No cough that winter, and her pain in joints was better and most of all, her Hb% went up by 2%Gms to 9.5% gms within two months. After initial 2 mths, I followed up the case by giving *Manganum-aceticum* weekly and *China Q* twice a week. Last Hb% in Feb 2000 was 11.5% gms and she did not have menses for last two months. The condition of her eczema is much better and she is still under observation. She was under treatment for almost 2y and improved in all aspects.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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Trinitrotoluene Battles Hypoproliferative Anaemia
 NATIONAL JOURNAL OF HOMOEOPATHY 2001 Jul / Aug VOL III NO 4.
 Dr Adil Chimthanawala
'China / Carcinosisin

Ms F A aged 16yrs, a student of Std X, approached us on 11/11/99 with the complaints of

1. Gradually progressive weakness, dizziness, palpitation and breathlessness < on slight exertion (NYHA Gr III) - 2 1/2 months.
2. Low grade, continuous fever, No chills or rigors.
3. Occ Cramps in the calves < on walking

Persistent pain at the popliteal fossa (Back of knees) < night. She had difficulty in getting sleep and has no taste even for tea (which was initially one of her favorite drinks but now despises it).

All these complaints started 5 months ago with the onset of high-grade remittent fever accompanied with chills and rigors. Took certain Antibiotics/Antimalarials (details not known), 4 days after which, she developed bleeding gums and a generalised erythematous to purple rash.

She was hospitalised, (Hb-4gm%, PS-anisopoikilocytosis + + +, Thrombocytopenia, Neutropenia). Blood transfusion given with IV supplements. 7 such Blood Transfusion till date. Rash subsided within 18-20 days, but rest of her symptoms continued. Still on symptomatic drugs.

Basically a shy, reserved girl who is very sensitive, apprehensive, nervous and weeps easily. Very fastidious in her day-to-day work.

Thermals - chilly patient

Appetite - decreased. Desires - salt, milk, eggs. Aversion - coffee, tea.

Thirst - average

Urine -8-10 times /24 hrs, occ burning +

Stool - Well formed, semisolid, 1 to 2 days. No blood, mucus, worms.

Perspiration - average

Menses - started 14 yrs, reg 3/30 days, bright red, Occ Leucorrhoea +. Now, since 4 months, reg 1/35-40 days, scanty, pains + +.

Sleep - 6-6 1/2 hrs, alert, sleeps on abdomen, with body completely covered. Restless, knee chest position.

Dreams - of her disease, swimming in high seas/oceans. Hairfall + +, Dandruff +

Past H/O - Pneumonia at 5 1/2 months age, Pin worms at age of 5 -12 yrs. Filliform warts, Lt finger, cauterised 2 yrs ago.

Family H/O - Father - DM on antidiabetics. PGM - Ca breast: died

Pt as a person: Loves music, dancing, singing, reading. Pt was hospitalised for investigations and replacement therapy, O/E GC - not satisfactory,

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conscious, restless, warm,
 P- regular, 120/min, slow, weak,
 Resp - laboured, 28/min,
 BP- 90/60 mm Hg, Oedema feet +, JVP Not Raised,
 No cyanosis / clubbing, Pallor +++, No lymphadenopathy
 Skin pale, purpuric spots on extremities +.
 RS - Trachea central, Air entry = Both sides, Vesicular BS,
 Bilateral scattered ronchi ++,
 CVS -apex = Lt 5th ICS, inside the midclavicular line, HS1/2 muffled,
 Short systolic murmur parasternal -4,5th ICS (Gr II/VI). No S3 gallop.
 P/A -Soft, Nontender, Liver-Just palp, Spleen/ Kidneys - Not palpable, No e/o ascites.
 CNS - NAD

Diagnoses: Severe Anaemia? Haemolytic? Drug induced?

Date	Symptoms	Remarks	Rx
9.10 AM		Propped up. O2inhalation @4L/min. Blood 2 units Input/output, TPR, BP charting; Blood for investigations	<i>China</i> 30 4 hrly
4PM	Pt better, Restlessness/Dyspnoea. P-100/min, BP -100/60, CVS - No S3 gallop, O2 inhalation SOS. Short systolic murmur parasternal RS-B/I Ronchi + Blood-Hb=5.2gm%, PS- anisopoikilocytosis, teardrop RBC's, Howell-Jolly bodies+, Thrombocytopaenia, Neutropaenia. hypolobulated neutrophils, No parasites. MCV=90fL, Retic count=0%, TC -3200/cumm, DC-P14%, L70%,E4%,M12%,B0%,S.Na 122mEq/L. S.K=3.8 mEq/L. B S (R)=68mg%, S.Bil T=0.6mg/dL, D=0.2mg/dL,I=0.4mg/dL, BUN=28mg%, S.Creat=1.9mg%, S.SGPT 30U/L, S.Albumin=3.8gm/d Urine (R)-NAD, Stool for occult blood = Negative; ECG - Sinus Tachy, QTc -0.40secs. Otherwise WNL		<i>China</i> 30 TDS O2 inhalation SOS
12/11/99 8.AM	Pt settled and slept well . Fever cont. Cramps in calves > Rest. Palpitation > BP-110/70 mmHg, P-90/min, reg,		<i>China</i> 30 BD ct.all

	Bone marrow- for Histopath. Xray Chest PA = NAD; USG abdo:Mild Hepatomegaly. No Splenomegaly.		
13/11/99	Pt C/o Breathlessness & palpitation since early morning ;Min sleep, restlessness. P-reg 120/min, P100/64mmHg, RS-B/L Ronchi Infrascapular, increased. Bone marrow - S/o Myelofibrosis: dyserythropoetic changes with ringed sideroblasts, defective haemoglobinisation,with Nuclear cytoplasmic asynchrony, micromegakaryocytosis, with hypossegmented and hypogranulated polymorphs		<i>TNT</i> 6 TDS O ₂ inhalation,SOS
14/11/99	Pt much better. Urine/stool/sleep Normal. Vitals stable. Breathlessness/ Restlessness, palpitations decreased. RS=B/L Ronchi decreased. Short systolic murmur parasternal +		Ct. all
15/11/99	Pt discharged on request- to report after a wk		<i>TNT</i> 6 TDS
26/11/99	Pt better in all respects. Hb- 6.4gm%, Retic count-1%, TC=4,800/cumm, C=P30%,L64%,M6%,E0%.		<i>TNT</i> 6 TDS ct
12/12/99	Pt better. No breathlessness, palpitation, dizziness, cramps. No fever. Sleep sound, Pt had a sense of well being. P-84/min, reg. BP- 120/74mmHg. RS-clear, No hepatomegaly, HS pure. No murmurs. HB=7gm%, PS-normocytic, hypochromic RBC's, Occ tear drop cells. TC 5,600/cumm, Platelets Normal,MCV-88fL.		<i>Carcinosin</i> 200 1D <i>TNT</i> 6 TDS ct for 1 week
16/1/00	Pt started attending school from past 1 week. Better in all respects. Menses 3/30 days, flow increased, dysmenorrhoea less.	Progressing well. Preparing for Board Exams in 2001.	Omit <i>TNT</i> . <i>Sac-lac</i> x 2 mnths

Appetite/Sleep Normal.

Discussion

1. Myelofibrosis comes under the spectrum of Hypoproliferative anaemias, generally caused due to exposure to radiation, Chemicals and Drugs or in genetic disorders as Downs syndrome, Neurofibrosis etc. Leukemia's, Lymphomas and Tuberculosis do lead to this disorder.
2. Miasmatically, this is a Drug Miasm. An incurable disease. Fibrosis indicates an end stage of Tubercular Miasm.
3. *China* was given for extreme pallor. PCF.
4. Trinitrotoluene (TNT) was thought of as a pathological prescription on the basis of Bone Marrow report. The Severe anaemia and its effects as Breathlessness, dizziness, restlessness, insomnia, cramps, tendency to Hemorrhages under the skin, etc did show good results.
5. *Carcinosin* - a multipolycrest was given on the basis of Drug disease, Family/Past/Personal History and Mental generalities.
6. Prognosis - with no infections till date, and seeing the progress of the patient, it can be concluded that prognosis is fairly good.

[Back](#)

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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Biochemic approach in Anemia of Pregnancy
 NATIONAL JOURNAL OF HOMOEOPATHY 2001 Jul / Aug VOL III NO 4.
 Dr Vilma D'Souza
'Calc-ph / Ferr-ph / Nat-m / Kali-ph / Sep

Anemia is the commonest medical disorder found in pregnant women. Anemia in pregnancy is usually due to defective erythropoiesis, most often from iron or folate deficiency or both.

Anemia is defined as a reduction in concentration of hemoglobin in the peripheral blood below the normal of age and sex of the patient. It varies in males and females (ie. Males below 13 gm/dl and females below 11.5 gm/dl).

According to the biochemic concept, anemia results from the deficiency of the organic salts, calcium phosphate and iron phosphate. Red cells are formed in the bone marrow. So calcium phosphate has a direct role to play in production of RBC. If the body is deficient in calcium phosphate, it obviously results in anemia. A deficiency of iron also has an impact on the hemoglobin levels resulting in anemia.

Causes of Anemia

Inadequate diet
 Iron deficiency
 Folic acid and vitamin B₁₂ deficiency
 Malabsorption
 Increase demand during pregnancy
 Excessive bleeding - menorrhagia, DUB, metrorrhagea
 Infections - bacterial, viral and parasitic.

Anemia may affect any of the systems -CVS, CNS, renal and reproductive systems. The signs and symptoms can be seen in the system so affected and the complaints are usually

- weakness and lassitude
- breathlessness on exertion
- palpitation
- fatigue
- Dizziness
- Dimness of vision
- Insomnia
- Diminished sensation of fingers and toes
- Pallor of skin
- Oedema, slight proteinuria
- Murmurs (systolic)
- Amenorrhea, infertility, etc.

Management

General Since anaemia results from the deficiencies of various inorganic salts especially Calcium Phosphate and Ferum Phosphate by introducing these salts from outside will definitely treat the condition of anaemia. Biocombination *Cal-phos 3x, Nat-mur 6x, and Kali-phos 3x* daily will improve the condition of anaemia.

- Adequate diet, rich green vegetables, beetroot, fenugreek, soya bean, spinach etc.
- Milk and milk products
- Fruits- apple, apricot, mango etc.

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I would like to highlight a case of anaemia in pregnancy.

Case

MrsX, 27 years, Hindu House wife, got married on 7.2.1994. She has no children, has 1 younger brother. The case was taken on 18.8.99

Past History

History of recurrent abortion 4 times
 1st abortion 4 years back at 3rd month
 2nd abortion 4 years back at 2½ month
 3rd abortion 3 years back at 2½ month
 4th abortion 2½ months back at 2nd month

Menstrual History

Menarche: 15 years age
 LMP: 20.6.1999

Location	Sensation and pathology	Modalities	Concomitants
1. FGT Since 2 months LMP 20.6.1999	Absence of menses Dull aching pain White discharge++ Itching+	< Exertion ² > Rest < Night ²	Weakness ² Giddiness ² Back pain ² Nausea
2. Gut Since 1 month`	Burning pain Pricking pain in the Urethra	< while passing urine > Pressure/applying warm water	Constipation ²

Menses: Irregular once in 40-45 days always
 Duration: 9-10 days, profuse
 Character of blood: Dark, Stringy
 Before menses: Leucorrhoea++, acrid, soreness of external genitals
 During menses: Itching of the external genitals. Pain³ very severe, spasmodic, cutting, colicky type.
 After menses: Leucorrhoea
 Leucorrhoea is acrid, soreness of external genitals
 Sexual function: Pain during coition

Family History No major illness in the family

Personal History

Appetite: Decreased
Desires: Oily food, sweets
Aversions: Non vegetarian food
Thirst: Increased, 7-8 glasses/day
Perspiration: Increased, no odor, no staining
Stool: Usually constipated - hard stool
 Urine: 3-4 time/day. Now since 1 Month burning++

Thermal Reaction

Likes winter season. Likes fan always. Covers thin till neck. Bath-warm water. C²H² - C²H³

Emotional State

Weepy: weeps for trifles or if anybody says any thing about her.
 While narrating her complaints
 Anxious: about not having children
 Fear: about her complaints
 Company: Likes
 Behavior: Shy
 Memory: Weak

General Physical Examination

Per abdomen: Tenderness+ lower abdomen (hypogastrium)
 Surface smooth
 Percussion: Firm in consistency
 Auscultation: Normal bowel sounds heard
 CVS: S1S2 heard.
 No murmurs
 RS: Normal vesicular breath sounds heard
 Weight: 42Kgs

Provisional Diagnosis ? Pregnancy Anaemia

Investigation Advised

-Hb; Blood group
 -Pregnancy test - urine

Report Shows

Hb: 5.1 gm/dl
 Blood group: O+
 Pregnancy: Positive

Management

Advised for admission - complete bed rest
 Advised antenatal diet
 Blood transfusion

Repertorial Totality (Kent's repertorial method)

Mind:

(12) Company desire for
 (07) Anxiety - health about
 (88) Shy (timidity)
 (92) Weeping

Physicals C2H2-C2H3

(486) Stomach-desires-sweets

(1299) Perspiration-profuse

Characteristic Particulars

Genitalia: (714) Abortion
 (721) Itching - pregnancy during
 (720) Leucorrhoea - (721) burning
 (722) Acrid excoriating - menses before
 (726) Menses delayed
 (727) Painful dysmenorrhora
 (509) Stomach - nausea - during pregnancy
 (608) Rectum constipation-pregnancy

Patient used to visit once every month and blood examination was done once in 1-2 months. Her Hb was 11.8 gm/dl in January (7th month). There was no complaint throughout her antenatal period. The constitutional remedy was selected based on her constitutional totality and was prescribed once in a month with *Sac Lac*, *Ferrum phos* 3x and *Cal phos* 6x tablets. She delivered a healthy female child weighing 3.1 kg by vertex presentation on 12.03.2000 at 6.30 pm. The mother and the child were healthy. Prescribed 2 doses of *Arnica* 1 M soon after the delivery. There was no complication to the mother as well as the child during puerperium.

19.8.99

Admitted

Rx

1. Blood transfusion 2 pints
2. *Ferrum phos* 3x QDS
3. SL powder 1-1-1 x 1 week
4. *Calc-phos* 6x 2-2-2x1

Based on reportorial totality *Sepia* selected as the constitutional remedy.

24.8.1999

Weakness>+; Appetite decreased

Rx 1) *Sepia* 200

HS (1 P)

Nausea+; No vomiting Giddiness+ <morning; BP 130/78mm of Hg Urine frequency increased Pricking pain in the urethra++ Urethral region- very sensitive White discharge>+ Weight 43 ½ Kgs Hb 9.8 gm/bl Advised to take - good diet rich in iron and calcium Discharged	2) SL Powder 1-1-1 x 2 weeks 3) <i>Ferrum phos</i> 3 x TDS x 2 weeks 4) <i>Calc-phos</i> 3 x TDS x 2 weeks
--	---

14.9.1999 Pain>+ giddiness>+ Sleep good, no white discharge No burning urination Nausea + no vomiting Occasional headache. Motion 1/day	Rx 1) SL Powder 1-1-1 x 2 weeks 2) <i>Cal phos</i> 6 x TDS x 2 weeks 4) <i>Ferrum phos</i> 2 x TDS x 2 weeks
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LMP 20.6.1999

Discharged date 27.03.2000

[Back](#)

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
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[GENERAL ARTICLES](#)
[ABSTRACT](#)
[MISCELLANEOUS](#)
[Q & A](#)

A Straight Amelioration
 NATIONAL JOURNAL OF HOMOEOPATHY 2001 Jul / Aug VOL III NO 4.
 Dr Sandeep Puri
 'Calc-c

Mr Shri Ram, 38 years, Hindu, married, is a shopkeeper by profession. He came for treatment on 19/08/99

Chief Complaints

Vomiting for the past 2 months
 Salivation
 Anorexia for 2 months
 Frequent urging to urinate

Physical Generals

Appetite: Less
 Thirst: Normal
 Craving: Indigestible things
 Aversion: NAD
 Aggravation: NAD
 Amelioration: NAD
 Vomit: x 2 months
 Urine: Frequency increased, dark colored
 Stools: Hard, unsatisfactory, tendency to constipate, 2/day
 Perspiration: NAD

Mind

Fear of dark.
 Weakness of memory.
 Sensitive to noise and easily startled from noise.
 Feels better when busy in work.
 Ailments from anxiety.
 Sleep: Weakness in the morning after sleep.

Family History

Mother: Diabetes Mellitus
 Dreams: Not specific.

Case Analysis After repertorising, *Calc-carb* 200 - single dose, was administered, followed by SBR. (Placebo)

Follow Up

Date	Symptoms	Remedy
27-08-99	Patient shows apthae, which were present earlier. No change in stool. Lassitude in the morning	SBR

Response

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	Salivation is better. > so no further repetition.	
06-09-99	Feels better. Appetite better	SBR
15-09-99	Better	SBR
07-10-99	Better	SBR
19-10-99	Better	SBR
24-11-99	Better. Advised USG	SBR
17-12-99	USG shows normal study Patient free of all complaints	

Repertorial Analysis Complete Synthesis=CS

Weighted Rubrics covered

Rubric grades

CS- Mentals: Fear, dark of

CS- Mouth: Salivation:

CS- Mentals: Memory, weakness of

CS- Mentals: Sensitive, noise

CS- Mentals: Starting, noise from CS- Mentals: Occupation, diversion>

CS- Bladder: Polypi

CS- Prostrate: Enlargement

CS- Generals: Weakness morning

CS- Rectum: Constipation, ineffectual, urging and straining

CS- Rectum: Constipation, insufficient, incomplete stool

CS- Stomach: Desires, lime, slate pencils, earth, chalk, clay

CS- Mentals: Ailments, from anxiety

Calcarea-carb emerged as the leading remedy with more marks and hence selected as the Rx

Investigation

USG on 27.07.99

Impression:

1. Fatty infiltration of liver
2. Hydronephrotic changes R kidney due to right ureteric stone.
3. Prostatic hyperplasia grade 1

Advised: IVP and Repeat scan after 4-6 wks.

IVP/USG done by government Medical College shows Osteoid osteoma & Polyp in bladder USG on 17.12.99

Impression: No sonologically detectable morphological abnormality is detected. Please correlate clinically to rule out obstructing ureteric calculus.

[Back](#)**Select Cases:**

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
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A Case of Hydradenitis Suppurativa

NATIONAL JOURNAL OF HOMOEOPATHY 2001 Jul / Aug VOL III NO 4.

Dr Desly Mathew

'Ars-a / Sulph

In day-to-day practice, the dominant medical school considers many diseases chronic and incurable. Their treatment is not only ineffective but also injurious. In contrast Homoeopathy is safe and efficacious. This case proves this point.

Chief Complaint

Mrs C, aged 32 years, presented with eruptions in the axilla, folds of mammae and neck. The eruptions started 8 years back and now severe since 3 weeks. Begin as vesicular, become pustular with intense itching, followed by burning on scratching. When fully matured, oozes thick yellow and slightly bloody discharge. Heal with blackish discoloration. Itching worse perspiration++ which furthers new eruptions. Better warm bathing+++, walking in open air++. Antibiotic therapy (ciprofloxacin 1-0-1) with every attack. But the complaints return within one week, with greater intensity. Ayurvedic treatment for one year also gave no relief.

Other Complaints: Recurrent heartburns and distension of abdomen for 2 years, worse sweets+, especially if taken in the afternoon +, better warm drinks++. Recently the patient developed swelling and pain in both knee joints, treated allopathically. Also suffers from dysmenorrhoea. Pt looked very pale on examination. As is often the case in any chronic complaint, patient also become anaemic. Hb was 9 gms % on investigation.

Past History Recurrent attacks of difficulty in breathing especially in cold environments (Her native place Wynad, is a very cold place. Now she gets complaints only when she goes there) and starts with an irritating cough. This complaint was worse during both pregnancies.

Family History Father died at 62 of cancer 4 years back. Also had Diabetes, Hypertension. Mother and elder sister suffer from respiratory complaints.

Obstetric History Two deliveries- both premature. History of Hypertension, Hyperemesis, difficulty in breathing.

Pt as a Person

Obese, Wt 75 kg, Ht 5' 2". Dark complexion with coarse, dry skin. Appetite: good. Drinks 7-8 glasses of water, prefers warm drinks. Perspiration increased, offensive but non-staining. Bowels regular, consistency normal. Urine frequency increased during daytime.

Menses early, 3/ 21 days. Normal flow, bright red. Oedema face before and during menses. Back pain before, during and after menses. Nausea during menses. Sleep good. Milestones on time. Adequate mental and physical development. Patient cannot tolerate extremes of temperature prefers fanning, prefers cold bath and uncovering.

Mentals: Intellectual- Recent memory is weak. Has good confidence - "I know that I can take up any job. Thought form -pressured. Occupation - was a teacher now resigned.

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Firmly believes that she is a very good teacher and students like her teaching.

Emotional: Irritable even at trifles, verbally offensive, does not mind the circumstance. Desires company. Gives much value for visits and social gathering even when there is urgent work. Enjoys leadership. Feels frustrated when she has to oblige too much in front of others. She wants to be at par with her family members. She is sad that she doesn't own a house of her own, while all her relatives have their own.

Reactions: Aggravated by contradictions. "I know that whatever I am saying is correct, so I don't mind who is talking to me, I will shout at him.

Dreams: Not specific.

Life Space Investigation: Patient belongs to middle class family. Her father was a businessman. Her parents had an inter caste marriage against fierce opposition. Her mother hailed from a rich family. Her father was more interested in social activities. Patient had quite a tense early childhood due to the frequent fights between her parents. She didn't like her mother as she treated her father very badly and was not ready to make any compromise even on humanitarian grounds. Her relations with her two brothers and her sister is very good. All of them are now married and settled.

Her marriage was an arranged one. Her husband aged 38 years, is a contractor by profession. He is very jovial and gentle in his behavior. But she feels irritated by his carefree nature. She takes active interest in the studies of both her children. She is very happy with her son's performance, who is in the 6th standard as he always gets first rank. But her daughter studying in the 3rd standard disappoints her as she gets only third or fourth rank.

Physical Examination:

Skin: Both axilla have 3-5 isolated pustules, with erythematous rim. Eruptions appear on slightly edematous crusted plaques. Some of them are 1.5cm in diameter. Few pustules are seen in the infra-mammary folds and in the flexor aspect of the forearm.

Provisional Diagnosis Hydradenitis Suppurativa?

Prognosis: chronic and recurrent in nature

Chronic Constitutional Totality

Mental Generals

Contradiction < Irritable at trifles- -- verbally very offensive but repents after that
Company desires

Physical Generals:

Perspiration increased, Offensive, causes aggravation of itching & generalized discomfort
Menses early, nausea++ < during menses, back pain2 < during & after, oedema of the face2 during menses.

Urination frequent

Aversion sweets+, craving for fish++, fried foods, hot patient

Characteristic Particulars

Eruptions pustular itching+++ , < perspiration+++ , > warm bathing

Heartburn < sweets+ , > warm drinks++

Acute Totality

Eruptions pustular,

Itching , < perspiration+++ , > warm bathing++ , > walking in open air+

Heartburn < sweets+ , > warm drinks++

Rubrics (Kent's)

1. Mind, Contradiction, intolerant of,
2. Mind ,Company , desire for
3. Perspiration ,Odor, offensive
4. Perspiration , Profuse
5. Bladder, Urination, Frequent
6. Genitalia, Menses Frequent, too early , too soon

7. Back, Pain, menses During
8. Back, Pain, menses After
9. Face, Swelling, menses During
10. Stomach, Nausea, menses During
11. Stomach, Aversion, sweets
12. Stomach, Heartburns, Warm drinks, amel
13. Perspiration ,Symptoms, Aggravate
14. Skin Eruption, Pustular
15. Skin, Itching, Perspiration aggravates

Remedies which came up: Sulph 25/11; Lyco 22/9; Ars-alb 20/10
First prescription 27/7/99: Ars-alb 30 ,once daily for 1 week

Follow Up Criteria:

Acute Totality	Constitutional Totality
Skin itching	Perspiration-profuse, offensive
Eruption pustular	Urination frequent
Heartburns	Menses early
	Back pain, Face swelling-during menses
	Heartburns
	Skin complaints

Follow-up

Date	Follow Up	Remedy
24/8/99	Skin eruption>+ , Itching >+ No new lesions	<i>Sulph</i> 200 IP AM/weekly
24/9/99	Skin eruption >+ , Itching >+	<i>Sulph</i> 200 IP AM Placebo for 1 month
9/11/99	Heartburns>+ , Skin eruptions >+ , menses regular	<i>Sulph</i> 200 IP AM Placebo x1 month
24/12/99	Menses regular, heartburns >+ , eruptions>+ , perspiration normal. Hb= 10.5 gms % with no haematinics.	Placebo for 1month

Conclusion:

Sulphur came up as her constitutional remedy. The remedy was suggested by the repertorial method and confirmed by the assertive nature, social attitudes, confidence projecting nature of the patient. During the acute phase *Ars-alb* was selected based on the typical modalities and it helped to relieve the distressing itching. Since the patient was out of station she reported after a month. Yet her complaints were better. Till date patient has not got a recurrence of her complaints. Considering the previous frequency of development of eruptions, even at this stage it was safe to assume that this patient was on the curative course. Later this patient was followed up 6 months. The Hb was normal and there were no further attacks. Occasional doses of *Sulphur* had been interposed.

Co-ordinating editor , Dr C H Asrani Adds some information on Hydradenitis Suppurativa:
This is an "uncommon" disorder of unknown cause in which boil-like lumps develop in the groin and sometimes under the arms and under the breasts. The lumps can also be found in other areas, such as behind the ears, in the crease of the buttocks and around the

genitals. Although a few hundred papers have been written on hidradenitis, there seems to be relatively little solid knowledge about it. Although there is no medical proof, hidradenitis seems to have been found alongside many disorders that are apparently unrelated, such as Crohn's disease, obesity, lymphoedema, a form of arthritis, sarcoidosis, Down's Syndrome and the sexually transmitted infection; chlamydia. There also seems a preponderance of thyroid disorders and autoimmune diseases. One of the theories as to the cause is that it itself may be an autoimmune condition.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

P | Q | R | S | T | U | V | X | Y | Z |



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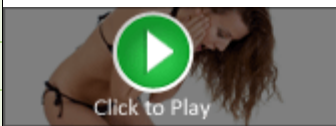
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CASES MATERIA MEDICA GENERAL ARTICLES ABSTRACT MISCELLANEOUS Q & A

Anaemia - Cases From Our Heritage
 NATIONAL JOURNAL OF HOMOEOPATHY 2001 Jul / Aug VOL III NO 4.
 Compiled by:
 T K Kasiviswanathan
'Ferr-met / Ferr-sulp / Cycl / Rubia-tinctora

Ferrum-met has as one of its symptoms: anaemia with great paleness of all the mucous membranes with sudden fiery-red flushing of the face. Dr E B Nash, in his Leaders quotes the observations of Dr Hughes that the treatment of anaemia by Iron is one of the few satisfactory and certain things in modern medicine. From whatever causes this condition may arise, whether it be the chlorosis of defective menstruation or simple poverty of blood induced by hemorrhages, deficiency of air, light and suitable food, or by exhausting diseases, Iron is the one great remedy.

He further says that the malady does not ordinarily arise from any failure of the quantity of iron supplied in the food and the fault lies in the assimilative process. Coperthwaite quoted by Dr Nash, adds that when iron is introduced into the system in large quantities with a view to supplying the deficiency of iron in the blood, it is not only not assimilated but will be eliminated almost entirely by the intestines. Dr Nash therefore writes:

"iron is no more of a panacea for anaemia than is Quinine for malaria or phosphate of lime for deficient bone development. My experience has taught me that there are several other equally efficient remedies for these conditions and that when they are not indicated they not only cannot cure but do injure every time they are prescribed. I have seen better cures of bad cases of anaemia by *Natrum-mur* in potentised form than I ever did from iron in any form, although iron has its cases, as have also *Pulsatilla*, *Cyclamen*, *Calcarea-phos*, *Carbo-veg*, *China* and many other remedies."

Dr Clarke writes: The obvious advantages derived in many cases of anaemia from the use of iron in its crude forms has led to very grave abuses in old school practice. In the anaemia of cancer and syphilis it is often of great service as an accessory and need not interfere with more specific remedies. But it is not suited to all cases of anaemia and chlorosis or even to majority of them and should never be given without discrimination and careful watching. The type of anaemia caused by iron and suited for its homoeopathic use is commonly seen in young persons subject to irregular distribution of blood.

The cheeks are flushed and in spite of it there is pallor in lips and mucous membranes, great fatigue and breathlessness. Delicate girls fearfully constipated with low spirits. Chlorosis with erethism. Mucous membranes abnormally pale; feet swell. The irregular distribution of blood in chlorotics gives another set of symptoms which indicate Ferrum: haemorrhages of many kinds from over fullness of blood vessels from vaso-motor paralysis or else the delicacy of the vessels themselves."

Jan Scholten has used ferrum salts to cure patients who, among other complaints, were having anaemia. And has given two cases in his book Homoeopathy and Minerals.

Case1

A 35-year-old woman consulted Dr Scholten for, tiredness. She has three children who had suffered from many illnesses since the past several years but the strain of attending

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to them has made her feel that she would break down. The children are now doing well. She is anaemic and slow in everything she does; not cheerful anymore and felt that she might need psychotherapy but averse to it. She does not sleep well and wakes up many times and mostly around 3a.m. This sleeplessness started after one of her daughters started having nightmares and she had to wake up to attend to her, sometimes even in anticipation. Feels weak and irritable during menses and is now averse to having any more children. When she was pregnant she used to be anaemic; her head and cheeks are flushed often with stitching pains.

Desires: meat, beef³, fish; aversion: eggs, wine; feels dizzy after a glass of beer Mind: As she was the eldest of the children she had to help her parents in her childhood and it was heavy work; she also helped her uncle in her holidays when her aunt was in the hospital. She was afraid of criticism and was not good at studies and used to worry over the notes from her school about her performance, as they had to be signed by her parents. She is afraid of criticism. She is nervous but fond of children. She studied child psychology and likes to work with problem children.

Analysis: Dr Scholten found that the patient had clear *Ferrum* symptoms: flushed cheeks, tiredness with anaemia, dizziness after alcohol < 3 am; aversion eggs and wine. *Ferrum* traits of perseverance and fear of criticism or punishment are also present.

Ferrum-met does not fully cover the case as there are some muriaticum elements (mother) Desire to have contact with children as well as the past history of taking care of a big household and looking after ill children of her own" He thought of *ferrum-met*: There is a strong theme of that remedy in the case. The feeling that she has to remain strong in order to take good care of her children, to be a good mother to them. As soon as she felt that they did not need her care as much as before, she broke down."Jan Scholten

Rx: *Fer-met* 200 one dose; after taking the dose the patient felt very tired for two days. Then she felt better and cheerful and felt like doing things with children again; more energy and looked for a part-time job; her sleep also improved.

The theme of this remedy, according to group analysis, is that they have to remain strong to look after their children well and they are bold and resolute. As a child they often had to help being the eldest child. They really like children and look after them well; may make it even their profession such as a school teacher. They cannot tolerate criticism well and will be extremely irritable.

Case 2

A 35 year old woman consulted Dr Scholten because she feels tired < exertion and in the evening around 10pm. She is also anaemic, more after her pregnancy. Her menses were always copious, worse after when she had an IUD. Has pain in abdomen and is constipated from time to time. Past history of glandular fever and ear infections and frequent sore throats< when she is busy.

She feels hot when indoors but feels too cold outside; likes fresh air and sea and mountain; apprehensive of thunderstorms. Little perspiration. < 21 hours. Desires: meat, sweets, eggs and very thirsty. Aversion: milk < fat and sugar< beans, cabbage and coffee; makes her stomach bloated. Difficulty in falling asleep when stressed.

Dr Scholten analysed her life situation: it transpired that she has problem with relationships. In the first live-in relationship the boy friend was not good at building up a good relationship and threatened to commit suicide when she wanted to terminate her relationship though he did not do it. In the present relationship with her boy friend, he felt threatened when she had strong opinion on some issue; though creative and gifted, he wanted a lot of attention from her.

After the birth of their child she had to shoulder the entire burden of bringing it up though initially they agreed that they would jointly do it. She used to get angry when she was not getting the support she needed from him. Ultimately she moved out with her child. In her childhood she was a wild girl and was not liked in her conservative family; she used to get angry and throw things.

Analysis: "Someone who is anaemic and who has relationship problems; that is *Ferrum* and *Sulphur* and therefore *Ferrum-sulph*. In this case there are several indications for *Ferrum*: copious menses, red cheeks, desire for meat < cold and persevering and strong type of person. Irritability when her boundaries are not respected is also a symptom of *Ferrum*, says Dr Scholten. The desire for sweets and spices < heat > outside and the selfish and demanding behaviour are indicative of a *Sulphur* layer. A synthetic prescription of *Ferrum-sulph* emerges. The theme of group analysis according to Dr Scholten is that the patient is very concerned about the relationship and she works hard to maintain it; demanding the same commitment from her boy friend and disappointed when it is not forthcoming in the manner she envisaged.

After one dose of *ferrum-sulph* 1M she felt much quieter and less hurried. She has now a more balanced reaction to her boy friend's lack of support and has respect for each other. She is also able to say no to her boyfriend when he demands too much of her attention. Less tired and less irritable.

Jan Scholten

Case3

A 16 year old girl menstruated regularly after her first period but her menses ceased after six months. She was low-spirited (*Dullness*) and wanted to be alone (*Company aversion to; presence of others agg the symptoms; desire for solitude; alone, when amel*); was irritable and offended at trifles (*offended easily; takes everything in bad part*) She was indisposed to work (*indolence, aversion to work*) and could not be persuaded to go out of her house even for a walk (*going out aversion to*).

She slept unusually long in the morning. She had become pale, anaemic with swollen eyelids.; lips and gums were pale. Heart turbulent with palpitation and complaint of great lassitude compelling her to rest frequently on going upstairs. She was apprehensive and had a feeling as if all the rooms were too small, yet would not leave the house. All pastimes given up; was only content when she could be alone (*talk indisposed to*) and weep. She also complained of pain in the forehead with vertigo.

Appetite poor and stool sluggish. All these symptoms are found in *Cyclamen*, and was prescribed in 15th potency by Dr The Eidherr, quoted by Dr Clarke. After several days the headache and vertigo were less severe and less frequent; with the appearance of menses after one month the headache and vertigo completely disappeared. The next menses came on time and flow was copious and with that the patient became completely all right. (*Menses copious flow amel mental symptoms, during*)

Dr Clarke- Dictionary of Practical Materia Medica

Case 4

Dr Burnett was called to treat a young lady who suffered from splenic anaemia after an influenza attack The other doctors who treated her did not succeed so also Dr Burnett. He also gave Med, which he used to give with success in many cases, on the advice of Dr Swan for the ill-effects of influenza. It also did not make any impact here. Finally based on the fact that pigs which fed on rubia get their tissues red he prescribed the patient 60 drops of *Rubia-tinctoria* Q in water daily. In a few days the extreme pallor yielded, the dyspnoea lessened and the remedy was continued for some more days till the patient became well.

Dr Burnett writes: "In several cases of anaemia I have used the *Rubia-tinctoria* with great advantage. It was one of Rademacher's splenics." He also cites another case of 52-year-old lady who consulted him for anaemia and debility of a very obscure nature. There was no menses for 6 months. Dr Burnett prescribed 10 drop doses of this remedy in water bds and in six weeks the patient was much better and in another two months she was perfectly normal.

(Best of Burnett, page 338, compiled by H L Chitkara)

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |



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A Comparison: *Anacardium*, *Tarentula* and *Agaricus*
 NATIONAL JOURNAL OF HOMOEOPATHY 2001 Jul / Aug VOL III NO 4.
 Dr Vishpala Parthasarathy
 '*Anac / Tarent / Agar*

Case 1

I had seen the child right from birth, ie almost from the day she was adopted. Her adoptive parents were then Fa 33 and Mo 26yr; not the happiest of couples and thought a child may help bridge the gap, and adopting seemed a good option (adoption not because of infertility but because of non-consummation of marriage! tells you of the level of disharmony). Child was 3 months when adopted (April 85). Investigations done routinely, showed elevated immunoglobulin patterns. IgA - 220mg/dl (N: 1-90) and IgM - 142 (N: 1-20). Hb electrophoresis showed high HbA2 at 5.8 (N: 1-4.1) The pediatrician's note of May 85 said: "yes the head is a little small, but that is because the tummy is large - common in malnutrition. CNS Responses, whatever possible to examine, are adequate. The elevated IG's have no real significance, except probably recurrent infections due to malnutrition."

So the child came home, already with a not very good emotional bank-balance. Here too things did not improve considerably except maybe in the first 1yr. Her negative emotional bank balance built up. The early childhood went with lots of cold and coughs, vomiting, evening colics, for alternating diarrhoea and constipation, mildly delayed milestones - dentition at 9 months etc, which they came to me casually and most of which settled under *Cham*, *Merc* and *Puls*.

By '87 nail biting and nail breaking started, by '88 ie at 4 she was already showing the traits, which would later get full blown - obstinacy, violence, spitting, hitting others etc. By '89 she was throwing tantrums. By '90 it was written in a note: she beats, bites, spits, no fear of being beaten up. June '90 she was naughty, defiant, broods and lifts dress up often.

Craves spices and water with aversion to sweets. She talks alone and confesses to the mirror. By 1991 biting and hitting reached new heights. Relations hid their belongings when she went to their houses and called her that mad child. Cousins would gang up on her and refuse to play with her. Her mother used to literally beat her with a stick to get a response - blunted emotion was the result. By '93, she was angry with the world and her parents, she was abusive, violent, defiant and impertinent, with sudden vomits.

A Psychiatrist's note in 1994 says: she is distracted easily, laughs alone. Talks alone, makes strange positions, wrings hands, grasping and greedy and makes many faces. This made the parents say that they had been given an abnormal child (never owning up to responsibility) At this point they became serious about Homoeopathy and *Hyos* followed by *Tarentula* was used with some relief. By '95 talking alone became an embarrassment to the family, even at family gatherings she would talk to herself with great animation, especially when no one around her. This is when the parents came to me for some serious treatment. Till then, being a cousin, her mother would keep informing me off and on.

'97- dysmenorrhoea started. Fidgety, restless sleep, a wild look, violent. *Verat* helped that phase. Then an event occurred which marred her: her regular, very up-market school

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threw her out for poor performance (she was diagnosed as learning disabled). Nor would any other school accept her. Almost became retarded as she was put in a school for mentally compromised.

In 2000, she did improve, which in retrospect was because of the good special school and attention. She began to look like a little lady. She learnt to cook and do many creative things - like making candles etc. Violence in her went down, but her stubbornness continued as was her loner-ness at home. She would go down to cycle by herself but not play with other kids; would watch TV when relatives came home. The only fear she had was of being punished. All of this with her mental state and evolution put me onto *Anacardium* finally. In 2001 she was put on *Anacardium*.

She has since shown remarkable changes. She has stopped talking to herself almost completely. She takes great care of dressing. Her stubbornness has reduced 20%. Her father had a near death heart attack and survived, which has improved family wet-up. More would happen, if her mother could change herself too.

The Rubrics

1. Household with no harmony and poor communication.
2. Adamant.
3. Fearless.
4. Loner, talks herself to
5. Violent.
6. Abusive language.
7. Laughs at odd times.
8. Makes faces.
9. Unsocial.

An Understanding

The boldest naughtiest remedies in the Materia Medica: *Anacardium, Agaricus, and Tarentula*. Now how to differentiate between these remedies? *Agaricus & Tarentula* like company, *Agaricus* is positively loquacious. *Anac* likes to be alone and play alone.

Agaricus is just too fearless. *Tarentula* is cunning whereas the other 2 are straightforward and show their true faces, however ugly.

I want to cite another recent case of *Anacardium* and then of the other remedies.

Case 2

Again quarreling parents. The whole family was like that. [A dysfunctional family is a prerequisite to produce an *Anacardium*, not so for the other 2 remedies.]

The PGF was totally outline - a slum lord, considered very rich in the locality. His first wife died. At the funeral itself he fixed up his 2nd marriage. But that ran into problems, as second wife felt that first wife's ghost haunted the house and made her life hell. Even the sons, whom she brought up, turned against her when grown. Gradually all went their separate way. The husband continued undeterred his way - the path was strewn with women; including wife's own 2 sisters!!

The son, ie our patient's father, naturally also had a woman on the side- the root cause of trouble between our patients parents; so quarrels continued even after separating from the joint family. The mother would beat up the child with a hanger when she was frustrated, and just for not eating!!

The child became a loner, totally fearless, could go out on the road in the dead of night. She won't share her toys with cousins, screams. [Phatak says unsocial, III-natured. Profane. Sees everybody's faces in the mirror]. Maybe that is why she plays with the mirror. Mirror plays an important role in *Anacardium*. Likes to play by herself. Talks with the mirror. Dresses up and plays mock games with the mirror. And the child refuses to eat. At 4 years her wt is 13 kg. At 5years wt 13.4 kg.

Phatak says refuses to eat for fear of being poisoned. Here there is not that fear, maybe it

is sibling rivalry after brother born in 1999. Not eating was a fact, her mother beat her to make her eat. Then what happens I ask the little girl "Then I cry" she told me. I put her on Tub and *Calc-phos* with no improvement. At 5 yrs, ie a year later, a clearer picture emerged. Refusing to share her toys with cousins. Screaming and beating them. Her grandmother told me, vdoctor she has to have some fear, otherwise it is very dangerous. Yesterday at dead of night she opened the door and walked out of my house and went to the mother's!" Itching and recurrent infection of vagina. Sleepless till 2 am. Could this fall into the spells of sleeplessness referred to by Phatak?

Anacardium 1M a single dose was given on 10-9-01, with a warning to the mother to not force or even discuss food. Lay a plate for her, ask her to come for food, and then leave her alone. There has been not 1 gm increase in her wt in 1yr so we can afford to wait for 1 month. Do this consistently for 1 mth. No pressurising, no scolding except for very major issues, and saying kind words of praise (positive reinforcement) when warranted. In a month we had a new child. Love and caresses are fortunately the order of the day, so we do not have too many abnormal children. God has made sure to make children so lovable that one cannot resist and must love them inspite of themselves.

Except in war-ridden Bosnia. The other day I watched a very thought provoking serial called Chicago Hope. This episode was about a baby the hospital picked up in the park. 4 yrs old and she refused to connect with the hospital staff, even talk. She had burn marks on her abdomen. Her parents eventually came to pick her up and hugged and kissed her, but she did not connect to them too! They investigated her and found her brain had grown only 50% in actual size. She did not know any language. The parents said she had been adopted from Bosnia and she had been found tied to the crib for 8 months. She had never been hugged or responded to. Scientist say, no development takes place if a child is not responded to!! In this child the only slim chance was to stimulate the Broca's area (the speech area of the brain) esp the language site and see if that would help develop a language skill. This was done, the child said Mama before the episode ended. Presumably some progress was made.

The reason for citing this case is that remedies like *Anac* probably get produced in very early childhood depending on the handling of children, the lack of love and the cruelty and indifferent behaviour they are exposed to. Here too some centers of the brain must remain undeveloped. It would be very reveling to be able to prove this.

Case of *Agaricus*:

Boy 2½ yr came on 9/8/01 for a 3"x 2" blister on his Lt forehead: Itching, sticky, oozing. It started after an injury- a cut for which a diluted dettol solution was put. Only other complaint was frequent cough.

Child 34" and 13.6 kg, profuse sweating, craves sweets and milk.

The child, all the while he was in the clinic, roamed at will, climbed up on the exam couch, jumped down. Very restless, no fear at all, considering it is a new place. The parents were the new fangled Yuppie parents, quite disturbed by the spot, esp since pediatrician had said it would take 6 months to cure!!

Mother had given up working to look after child.

A single dose of *Agaricus* 200, based on his behaviour in the clinic was given on 9-8-01. He came next week with the spot gone except of 1cm!! An instant cure.

I asked the mother if the pediatrician had seen it and what was her comment. She said there is still a little eruption and oozing left. Fishing for compliments I said she is not happy with the improvement? It should have been faster? (knowing full well the pediatrician had asked for 6months!) This is just to illustrate how even miracle cures that we do, seem so effortless that patients later suspect they had it in the first place. Therefore sometimes I am terribly tempted not to give a result in the first week/ Pts come back and say, I am feeling better, but maybe it is only psychological!!

Case of *Tarentula*:

A very lively remedy, loves people and to talk all the time. Bright, keen observation, very useful as a subordinate and an ally, very frustrating as an enemy. You have to use their excess energy and put it to good us e- channelization.

It wants company, lots of humour, likes to do tricks which brings out laughter. Unfortunately most of these tricks have a victim and so may be painful. I had a patient, who would tie up his class partners shoelaces together, so that when he got up, he would fall. Tie a girls sash to the bench, so she would get pulled when she ran after the period for the break. Then he would shriek with laughter.

If not controlled, these children can while away their time in pranks and fail at the end of the year in spite of having brains.

I had a maid like this. She was 11-12 yr when she came to me. She loved people, she would cling to everyone, hold the watchman's hand, so too the next-door memsahib's hand and talk to them for hours. Everyone loved her, thought she was small so forgave her digressions. The men folk would of course get irritated and embarrassed. Everyday, there would be some or the other complaint against her. She broke flowers from the garden and gave them to the driver in the next building; she talked to someone on the road. Etc.

Since she was so small, I felt she should go to school and took great pains to get her admitted to school at this late age. Everyday I had to worry about waking her up, sending her to school and of her coming back from school on time. I was not home at 1pm when she had to come back. None of my other staff was willing to take responsibility.

One day there was a message from school that they had detained her because she had come to school with Rs 100 and given all the children ice-cream, and even after beating she refused to divulge source of money. So I went straight from clinic; she refused to tell me too. She had this habit, whenever scolded or beaten she just clammed up. Her voice, which at other times never stilled could not be heard now. She had not really stolen it, she just took it because it was there. She had to be explained that taking things belonging to other people was called stealing.

Another time, after school, she was seen in the garden of the hill and did not come home till 2pm! The last straw was when she was dropped home one day in a car- a man just gave her a lift, she said!

It was becoming risky; I could not take the responsibility any more, more so when her parents and relatives were not at all keen she go to school. I removed her from school; forgot my new fangled ideas of equal opportunities for all! Let her remain a maid. Let her not leave the house. Difficult years those; it was not easy to contain a child who had little fear. I could not find her remedy. Eventually God came to my rescue. She returned from after her annual leave, with her scalp full of boils. No remedy helped.

Eventually I hit upon *Tarentula-cubensis* which cleared up the boils in a jiffy. Tarentula was her remedy- she is now 19yr, still affectionate and a big talker, but does not hold hands nor steal. She is caring, makes a good 'nurse' when one is ill. Her talking to strange men and women does continue, but we have bee able to so far contain it without any untoward experience, quite an achievement, I think, with a monthly dose of my scolding medicine - An Occasional Tight Slap.

Conclusion: these 3 remedies are the order of this century. The number of children needing these remedies is on the increase. Parents have lost the art of loving and caring and disciplining children and this would be the outcome. Homoeopathy alone in my opinion can set them Right.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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[MATERIA MEDICA](#)
[GENERAL ARTICLES](#)
[ABSTRACT](#)
[MISCELLANEOUS](#)
[Q & A](#)

Parkinsonism
 NATIONAL JOURNAL OF HOMOEOPATHY 2001 Jul / Aug VOL III NO 4.
 Dr P Chakraborty
 'Caust

A clinical syndrome caused by lesions in basal nuclei of the brain, manifesting with the triad of Hypokinesia (impairment of voluntary movement), rigidity & tremors. The nigrostriatal pathways utilize dopamine as a neurotransmitter; thus Parkinsonism is associated with dopamine deficiency. The exact pathophysiology is not completely defined. 3/4 cases are paralysis agitans (also called idiopathic Parkinsonism or Parkinson's disease of unknown origin). Parkinsonism is often erroneously attributed to cerebral atherosclerosis. Most patients with Parkinson's show signs of cerebral atherosclerosis but it is essentially co-existing.

It may sometimes follows a single head injury; most often a complication of repeated head injury (as in boxers). Other infrequent causes: cerebral tumors, meningiomas, meningovascular syphilis, carbon monoxide poisoning, etc.

Clinical Features

1. Tremor is the first complaint for which the patient seeks advice. It first involves fingers and spreads proximally. It may extend to tongue and legs. Tremor at rest and often reduced during purposive activities. Stress and embarrassment aggravate the amplitude of tremor. Tremor of head is rare.
2. Rigidity: Resistance to passive movement is increased throughout range of movement of a joint. The patient is ultimately flexed at neck, hips, elbows & knees.
3. Hypokinesia: It is the most disabling feature and comprises a delay in initiation of movements together with paucity, slowness & lack of precision. The insidious onset often manifested by illegibility of the handwriting and gradual reduction in size of letters, then fastening buttons & laces and feeding get impaired; even turning over in bed, rising from chair & starting to walk becomes difficult for the patient. Loss of normal arm swinging when walking is a very early sign. Next change is in gait. Steps short and shuffling, walking slow; periods of uncontrolled acceleration when walking downwards (festination gait).
4. Normal emotional movements of the face start changing to mask facies: Blinking reduced; accommodation reflex of pupil impaired; changes in speech-Dysarthria, delayed initiation of speech and loss of voice volume.

Case

Sr R, 60 yr, a nun in St Mary's Convent, Orissa, visited our college OPD on 12-05-99 with weakness³ in both Rt upper & lower extremities since 1½ yrs. Initially, it started as the trembling of the Rt big toe, then numbness of other toes, then weakness of limbs started ascending upwards and difficulty in walking. She was not able to wash clothes, had difficulty in writing, lifting objects and combing < physical exertion³ and better at night and rest³. She had to drag her Rt leg while walking, had tremors in hands and feet, numbness in 2nd and 3rd toes. Gait was slow. Occasional Rt

Response

▶ Play



-sided headache. Upper limb: started as trembling of the fingers since 7 months followed by weakness of Rt hand and difficulty in writing. Trembling of hands and feet and headache aggravated traveling and better rest. There was no urinary or bowel disturbances.

Past History

H/O Fall into a ditch 2 yrs back- injured Rt ankle joint- immobilization for 21 days. She had scalp laceration from a fall from a motorcycle.

Family History:

Father had hemiplegia; now dead. All three brothers died of heart attack.

Physical Generals:

Desire: Fish³, Fruit³, Milk²

Aversion: Meat², Chicken

s Increased on chest and back.

Menstruation: menopause at 52.

Reaction: Physical Factor - likes winter

Thermal Reaction: Likes cold bath and fanning

Intellectual State

Writes articles in magazines, translates books (English to Oriya). She studies BA (Theology). She has no weakness of memory.

Emotional State

Anxious³ about health. Perfectionist in work area. Likes company.

Systemic Examination

CNS: Cranial nerves - normal

Mask like face. Reduced blinking, Muscle tone increased on Rt side with coarse tremor Rt hand and feet.

No H/O cognitive defect, ataxia, motor sensory deficit, autoimmune dysfunction.

Clinical Diagnosis: Right Hemi Parkinsonism Disease

First Prescription

12-05-99: *Causticum Stat 1M-1P + Placebo (If the author had given the reportorial rubrics, -physical and mental and discussed the basis of selection of Causticum and also the choice of potency., it would have made it a comprehensive presentation. Was an Intercurrent not required in a case of such miasmatic dimensions? Our experience shows otherwise. Of course the result vindicates the approach-Editor)*

13-05-99	Feeling better generally	Placebo
14-05-99	Weakness is reduced	Placebo
15-05-99	Generally better	Placebo
18-05-99	Better	
19-05-99	Gait improved, trembling of hands reduced	
Patient was discharged with <i>Causticum 1M/2p 1/15 d + Placebo 40 pills X 1 month</i>		
19-05-99	05-07-99 All complaints are better. <i>Causticum Stat 1M/4p 1/wk + SLx 2 month</i>	
13-09-99	13-09-99 Weakness better <i>Causticum 1M/2P1/15days Placebo x 2 months</i> Trembling much better Numbness and tingling - same Difficulty in walking - same(Why same potency repeated and why not higher _editor)	
26-11-99	26-11-99 Weakness & Trembling - much	

	better. Rpt same Rx 2m Difficulty in walking same
09-02-2000.1	Complaints much better. Writing regularly Placebo 1M1/15d. 5 <i>Phos</i> 6xBD without any problem
03-04-2000	Generally better. Weakness slight <i>Causticum</i> 10M/4P 1/15 d. Placebo 5 Grain tab 1-0-1 x 2 months

Patient was admitted in the hospital. Patient is happy that she is continuing her main job of translating different articles from English to Oriya on spiritual theme.

Conclusion

Medicines prescribed on the basis of total correspondence (totality of symptoms) not only can stop further deterioration in degenerative disorders but also improve to a greater extent.

Reference:

Davidson's Principles & Practice of Medicine. 14th Edition, 1986 (reprint)

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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Gall stones Cured by Homeopathy

NATIONAL JOURNAL OF HOMOEOPATHY 2001 Jul / Aug VOL III NO 4.

Dr (Mrs) B S Suvarna

'Thlapsi-bursa-pastoris / Berb-v / Card-mar / Chel / China / Acon / Mag-phipec / Phos / Merc-sol

[Ed: an enthusiastic member of the NJH family, who has written a case for the first time in NJH, has sent this case. This case has most conclusively given the results, but result alone is not enough. We would have been happier if single remedies had been given and the effect judged. We hope the author will give such cases in the future]

An old lady of 74 yrs, a housewife, came to me on 22-2-2000, with the ultra sonography report showing Gall Stones. Had Gall Stones since 8 months. She wanted to try homoeopathic treatment out of fear of operation, which the allopathic doctors had advised. She had come to from very far off to consult me

USG 21-10-1999: Gall bladder well distended, wall not thickened, multiple fine Calculi seen.

Impression: Cholecystolitis

Present Complaints: Intermittent Pain in region of Gall bladder, radiating to other side. Pain daily aggravated after eating, evening and night. Right now she got acute pain in the GB

1. Cough since 10 days < morning
Migraine headache since 8 years with severe vomiting when acute.
2. Giddiness, mouth ulcers, sleeplessness, excess salivation, cough with phlegm, Acute colics,
3. Acidity, burning, belching, Severe chest-burning, sour belching
4. Sciatica, bodyache arthritis especially in knees though since 10 y all joints pain, even neck pain- pulling
5. Weakness, tiredness

Pt as a Person

Weight 40 kgs.

Appetite-poor. Desire: Warm Food.

Aversion: Acids, oily food.

Vomiting easy and acute

Urine: urgency of urine and motion daily 4 times

Sleep: Loss of sleep from pain. Sleeps on left side.

Past History: Gums bleeding.

After considering above symptoms and lab reports, I started homoeopathic treatment on 22-2-2000.

Planning And Programming:

Constituional: *Calcarea carb* 200 TDS x 1mth.

Reasons for selection:

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1. Mental symptom: Irritable, Anxiety - anticipatory, likes company
2. Physical symptoms: Sluggish in movements. Stools hard and loose.
3. Thermal state: chilly, catches cold easily
4. Hands cold to touch. Cold feet
5. chAracteristic: sor vomiting
6. Particulars: pain abdomen - pricking < inspiration +++ < heavy meals ++.
Abdomen Heaviness ++ Distension++, weakness +++ Nausea ++

Supportive Treatment: is found very useful in gall-stones: some mother tinctures which can help alongside of the constitutional to dissolve the stones, what we call pathological prescription:

1. *Thlapsi bussa pstoris* 30- daily 3 times.
2. *Berberis- vulgaris* Q + *Hydrastis* Q- 30ml daily 3 times for one month.
3. *Cardus- mar* Q- 30 ml daily 3 times.

Other Remedies:

1. *Chelidonium* 30 -30 ml pills, daily 3 doses.
2. *China* 200- 30 ml pills, daily 3 times.

Acutes: as and when required:

Aconite 30- when severe pain in the Gall bladder along with Mag-phos 6X

Ipecac 30: SOS for vomiting.

Phosphorus 200: SOS for Gum bleeding.

Merc-sol 200: mouth ulcers and salivation

These were given to her, as she was an old lady, with multiple complaints and little mobility. But she had to use little acutes as most of her complaints were helped by the constitutional remedy itself.

Follow-Up 1 Mth Later:

Ultrasonography 29-3-2000:

Gall bladder normal in size and thickness; there was no stone in gall bladder & it was normal. General health improved, weight 46 kgs, no vomiting, good sleep, appetite is good, urine normal, motion normal, Gum bleeding stopped, month ulcers cured, no tiredness. No body ache, digestion good, no acidity, no headache, no pain. All the complaints cured as reported by her. I prescribed some mother tinctures for her general weakness and to recoup from the disease, taking into consideration her age.

Hydrastis Q- 30 ml 2. Alfa- alfa Q- 30 ml

2nd Monthly Follow-Up

Wt= 49 kgs. Cheerful. All complaints better.

Conclusion: This case gave me deep satisfaction. I was very happy to help this old lady and to avoid surgery, which in old age often proves very traumatic.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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Situational Anxiety

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Jan / Feb VOL VIII NO 1.

Dr Ranga Krishnan

'Alum-sil

As known, anxiety is a problem of the psyche. All of us, including children, have different anxieties based on age, sex, occupation and environment. But how many of us understand it and are able to face and control them?. It often leads to frustrations, intolerance to trivial things and even broken marriages. Students particularly, are unable to cope with the pressure of competition coupled with the high standard of syllabus and collapse. Here Homoeopathy offers relief and restores balance. With good counseling relief is faster.

Case 1

Mr P aged 23 years, completed his B Com and joined an MBA program after work experience of six months. His first two semesters were normal. In the third semester he was unable to concentrate in the studies, found difficulty in taking decisions, unable to participate in presentation of topics and was afraid whether he could complete the course within the time frame. This went on for some time till the professor of the Institute noted the changes in him and advised to consult us.

Case Summary: All sort of negative thoughts persist day and night, leaving him very depressed, not able to concentrate in studies & unable to sleep. He was desperate to come back to normalcy so that he could finish his studies and get a decent job. Meanwhile he suddenly felt that somebody was always watching him and following him in the street when he was walking. He felt that everybody was thinking bad about him & pointing fingers at him He tried to read books on Vivekananda and Ramakrishna but it did not improve. The same things he narrated again and again.

Family Situation: He has a strict father who demands implicit obedience. Never had a normal childhood. Always afraid of father. Father was always sarcastic about his MBA course, which he joined against his wish. Mother is a kind lady, quiet and docile. He has a sister who encourages him.

Family History: Vitiligo for three generations with premature baldness. PGF: diabetic.

Past History: Typhoid in 1994 - had a difficult time with delayed diagnosis and slow recovery.

Fever once in three months and took regular medicine.

Played volleyball and basketball in school days but not finding time during MBA course.

Not comfortable in company of girls during group discussion.

Case Evaluation:

Normally a good student, a sudden inability to perform mad him anxious and depressed. This led to delusions. Entangled in the same thoughts made hime more and more anxious and desperte to be normal. Despite zero encouragement from ;his father and his present state, he was determined to finish the course with a bank loan.

My conclusion was that his anxiety led to depression, which led to the delusion He was unable to extricate himself from this vicious cycle of delusion, depression and anxiety,

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which made him more anxious. I saw the intelligence, timidity & apprehensions yet the determination, which is typical of *Silica*. The repeated confusion of the mind of *Alumina* made me put the two together in a synthetic prescription of *Alumina-silicata* (Kent Materia Medica) Gave *Alumina-silicata* 1M single dose based on identity crisis.

Follow-Up:

10-03-97 : He felt calmer and more stable. He did not have wavering of thoughts, there was a drastic change in self; slept better and did not have dreams. He felt complete change in perceptions but was little nervous about the ensuing exams.
Repeated *Alumina-silicata* 1M-1 dose.

He joined summer internship program and found the job to be exciting and demanding. The company allocated to him important research work and he was thrilled. Better 60-70%. No medicine.

21-05-97 : The company gave a very good evaluation of the performance and he regained his confidence and started to study well. He completed the course during May 1998 and joined a good company.

Case 2:

This is a follow up of the case published in the NJH, Jan-Feb 1994 issue. (p 41)

Brief Details of the case:

A lady doctor who had extensive burns was determined not to take any allopathic treatment. For more than a year till she consulted us and managed the pain without proper treatment. We gave *Radium-bromatum* 200 totally 6 doses in a year and most of the wound healed and new skin formed. She joined her husband in Gujarat, towards end of December. In mid 1993, she underwent an emergency surgery with out any antibiotics and took treatment from us for nearly four months. Her Hb raised from 8.3 mg to 12.5 mg, and all her old scars gone. They settled in Bangalore.

1995 Aug/Sept: She went into depression, panicked became over anxious for small things, and was unable to concentrate on anything. She also felt sorry for not having a child. Gave *Alumina-silicata* 1M Single dose based on identity crisis.

Follow-up on 22-2-96. Better mentally and physically except for occasional tiredness. She also adopted a girl child.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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Can you afford to be down in dumps?

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Jan / Feb VOL VIII NO 1.

Dr Neelofer Shaikh

'Nat-mur

A girl, our old patient of 1995, came back to us in 1999 with the following complaints:

Location	Sensation	Modality
Physical since 12yrs < 3 mths	Profuse perspiration of palm and soles -cold and offensive palm and soles would become red hot and numb. Muscles of body would become stiff and numb and she would start shivering.	A/F broken marriage < change of weather < tension < tea
Skin since 1yr	Hot and red with intolerable itching	< evening >cold application
Face	Acne - pustular and Itching	< tension < menses before
Eye - Rt	Black spot in vision	

Patient as a Person

Build - Fair, tall, thin

Appetite - Good

 Cravings - Bland food², cold drinks³, sweets²

 Aversions - Spicy food³, warm food³, warm drinks³

Thirst - 3 for large quantity of cold water

Stools - Occ constipated < bread

Urine - 5-6/day

Sleep - Disturbed < tension of office.

Dreams - Daily events

 Thermal - Hot pt³

Menstruation - 3-6/28-32 days, regular, moderate flow, dark red.

MB - acne, irritability

MD - leg pain

MA - leucorrhoea

FH - Not contributory

PH - Not contributory

Life Story

1971- Born in a close knit Sindhi family. As a child she was quiet and fearful. Fear of dark, cockroaches and lizards. Would get irritated on slightest things and start screaming and shouting. She was good at studies but would get very anxious before exams. Always wanting a change - Restless. Gets bored with routine.

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Response

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1987 - SSC; 1990 - BCom;

1992 - MCom; 1993 - Joined ICICI. Very fussy about her reputation in the firm. She would not get along very well with the boss. Always anxious in the office which would lead to perspiration of palm and sole and sleeplessness. She would visit Saibaba temple in Panvel, where she had a guru. Guru suggested an educated Sindhi boy for her who used to visit the temple with his mother. Pt's MU (NRI) had big name in Panvel because he used to give massive donation to the temple. Her in-laws probably took this into consideration and asked for engagement at TAJ and wedding at JADE GARDEN. This was sponsored by MU. For engagement they asked for Sequeira Macey suit instead of Raymonds. Patient's parents agreed for all these, because they thought it would contribute to daughter's happiness. Finally she got married in Jan '96. On the very first night her husband revealed that he was only interested in money and he had not got the Rs 21 Lakhs he had demanded. She then became a servant for his mother. Marriage was never even consummated. Husband kept taunting and criticizing her about dowry. Never took her out, never allowed her to go out, not even to her mother's place. Once she visited her mother's house but they never came to pick her up; she returned by herself. Thus things went from bad to worse. She even thought of committing suicide.

Finally after 3 mths, she resumed her old job. Giving the pay packet also did not solve the problem. At last she went back to her mother's place. Guru tried to solve things between them but things got all the more worse. MU took it very badly and asked them to apologize to guru and return to the husband, which they could not agree, as probably next step could be immolation of the bride. MU stopped talking to her mother.

1st March 1996 she had rejoined her work. Husband continued to harass her by telling bad things about her character to her office people. Thus finally when she could not take it any more, she asked for divorce, which initially they disagreed, but when she threatened that she will file dowry case against them, they agreed. Thus they were divorced within 6 mths of marriage. Pt felt very bad about spoiled relationship between her mother and MU. There was an intense feeling of being rejected and cheated.

Rubrics

RO 1058	Humiliation A/F
RO 1076	Love A/F disappointed
RO 1038	A/F suppressed emotion
RO 1090	Rejected feeling
RO 1108	Suicidal depression
RO 997	Anticipation A/F
RO 1045	Fear dark of
RO 574	Heat sensation of.
RO 546	Av to spicy food
RO 451	perspiration of soles
RO 661	Perspiration of palms

Remedy : *Nat-m* 10M 1dose

Here no other remedies were required as *Nat-m* fitted the whole state. The whole incidence, which she narrated, was already 2 yrs old, but as she was relating it, you got the feeling that it had happened yesterday. It was still so much alive in the patient's mind.

Follow Up :

13/2/99Anxiety > 40%;

Perspiration palms and soles >75%

Skin itching > 40%.

She is able to work better. Her work, which is in the stock exchange, is quite stressful and she often felt like chucking it up. After the medicine she feels the stress less, is able to cope and so enjoys her work more.

Each subsequent weekly follow up showed further improvement. Today she is functional, looking forward to her future. She is happy and proficient at her job. No medicine given in last 2 mths.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

P | Q | R | S | T | U | V | X | Y | Z |


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Can We Give Birth to Anxiety?

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Jan / Feb VOL VIII NO 1.

Dr Aqsa Ansari

'Staph / Rhus-tox / Nat-mur / Arg-nit / Stram / Nux-vom

Mr MM, aged 35 years, came on 18/5/98 for treatment of warts on his face and neck since 1988, which had increased since last 6 months. He had done cauterization on legs.

Other Complaints:

1. Headache - migraine since 1984, attack coming 1/15d for 24 hrs
< am, sun, motion, bending.
> lying in dark.
2. Cervical spondylosis since 1991
< winter, stress, jerks.
> collar3
3. Hypertension since 1992 ranging from 165-120/110-80
< AF stress.
4. Rt toe bone pain since 1995.
(raised S uric acid 6.5 to 7)
5. Lt Shoulder pain since 1996
< AF dislocation, swimming
> hard pressure

Patient as a Person:

Stocky, weighing 78 kgs
Skin - Multiple moles on face.
Perspiration - Increased non-staining on forehead and legs; offensive odor.
Craving - spicy3.
Thermals - Hot. Likes winter, open air
Aversion - covering, desires cold bath.
P/H shoulder dislocation.
Life Sequence : Born in 1962, only son with two elder sisters and a younger sister.

1978 SSC at 16 yr. Father had problems with partner- a cousin, so patient started working with father.

1984 at 22 yrs completed B.Com and got fully involved with business.

1987 father gradually reduced his involvement and pt took over.

1988 married; wife anxious in nature. Conceived but had 3 consecutive abortions. 1990 conceived and was advised total bed rest. Both of them were very tense. 1991 a son born after difficult delivery hence decided not to have a second child.

Pt hates his sisters' interference in their life. To add to his fury, parents favour and support sisters. They come to stay during every holiday, so the patient feels he does not spend enough time with his wife and child. He says that the parents want to prove to the world that they can do anything for the daughters. He does not tell these feelings to any one except his wife, keeps frustration inside, wants to bang his head as he can't fight.

1995 father who earlier decided to give 5% to each daughter now says 15% to each, and

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this has added to frustration.

Mentals: Suppressed anger leading to frustration. Feels neglected and helpless. Anxiety³ Brooding³, no friends. Attached only to wife and son. Wants to run away.

Follow Up:

18/5/98	suppressed anger	<i>Staph</i> 10M 1dose Placebo for 1wk.
25/5/98	Headache 1/w Warts+ mind+ muscle pain > exercise	<i>Rhus-tox</i> 200 - HS X 7
27/5/98	pt telephones: mind absolutely blank, giddiness	<i>Nih</i> 200 6 hourly X 2d
1/6/98	> 3. Headache 1/w Time for constitutional.	<i>Nat-mur</i> 200 single dose
8/6/98	> 3 headache, slight neck stiffness.	Placebo
29/6/98	warts of chest and neck fell off, others less in size. Pt angry and hurt due to sisters nagging.	Placebo
16/7/98	>3 neck, >3 mind. Warts SQ. Medicine not taking effect. Block. Give intercurrent.	<i>Carc</i> 1M- 1dose
29/1/99	was better. Rt leg pain with numbness.	<i>Rhus-tox</i> 1M X 1 dose. Placebo 1wk.
16/2/99	> 90% numbness and pain. Neck >3.	<i>Nat-mur</i> 200 2nd dose

Case 2: He brought his son aged 7 yrs on 2/6/98 complaining of insecurity. He wants mother all the time, does not allow her to go anywhere; sobs if she tries to. Does not go out to play. Gets nausea when parents want to go out.

Other Complaints:

1. Recurrent cough and colds since 1991 < change of climate, monsoons, with fever 101-103OF < 12-4 pm with less thirst.
2. Indigestion, gas since 1993, 2/w
< spicy
< pm
3. Decreased stamina.

Patient as a Person: Well built, Height 50"; Weight 24 kgs.

Craving - pizzas³ cakes³, spicy³.

Aversion - veg, milk thirst less.

Stools - not regular 1/2d hard.

Perspiration - Increased sweating on face and upper lip.

Nails - white spots

Sleep - disturbed, talks in sleep.

Dreams of ghosts. P/H startled and screams in sleep.

Life Situation: The insecurity of our pt started in utero! Mother had 3 miscarriages before this pregnancy. She dreaded the visit to clinics, cried and sobbed. She had tremendous fear of losing this child. It was a cesarean due to breach presentation and cord around neck. As patient grew, he always saw his parents talk ill about his grandparents. Gradually he developed insecurity and fear towards paternal grandparents and clung to the mother.

Mental Symptoms :

Intelligent, fastidious, dominating. Anxiety school. Wants attention. Fear Mo will go away

somewhere. No friends, attached only to parents. Over sensitive to scolding. Likes to be hugged and kissed. Fear parents going far off, of unknown places and dark, school.

Remedy Selection:

Acute: *Arg-nit*: anxiety³ fear of height³, insecurity³, craves sweets and spicy. Chronic: *Lyc*: intelligent with weak stamina, insecurity, constipation and gas < pm, craves sweets.

Follow Up:

2/6/98	In the 7 days before school reopens, advised to take walks in the evening till school and parents will walk behind.	<i>Arg-nit</i> 1M 1dose
8/6/98	> 3 colds, gas ¹ /w constipation 1/week. Pt walked to school.	Placebo 7 days
15/6/98	> 3 strong for school, colic 1/w.	<i>Lyc</i> 200 1dose Placebo 1 wk
22/6/98	> confidence, allowed parents to go to doctor.	Placebo 7 days
11/8/98	> 3 physical complaints, clinging ³	<i>Arg-nit</i> 10M 1dose
14/8/98	slight <, then gradually >.	Placebo 7 days
8/9/98	Gas <5.30 pm, sweets. >flatus,	<i>Lyc</i> 200 2nd dose.
22/10/98	was >3 till 21/10, fear ³⁺ , dreams ghosts.	<i>Stram</i> 200 - 1dose.
11/1/98	> 3 colds, dreams, constipation 1/2d. Speech hasty.	<i>Stram</i> 1M - 1dose
15/1/99	Mother says pt has become over confident, naughty. Teachers are complaining. Nausea and cough < am,	<i>Nux-vom</i> 30-3 HS
29/1/99	> 3 naughtiness.	

Review After 6mths Treatment:

> 25% in 1st 3months

> 25% in 2nd 3 months. Now pt can stay alone and sleep alone. Father accepts they themselves were responsible for his insecurity. On 20/1/99 patient got more courage after seeing TV programme little wonders.

Conclusion: *Nux-vom* toned down the extra effect of Homoeopathic medicines..

Editorial Comments: This case is a live demonstration of the effect of parents thinking, action & reaction, insecurities and hatred that affects the child's mind so maximally. Thus the onus is on the parents to keep their discussions and quarrels within the confines of their room and away from the vulnerable children. At that age give them the freedom to love the whole family; it is not their age to make decisions about likes and dislikes.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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CASES **MATERIA MEDICA** **GENERAL ARTICLES** **ABSTRACT** **MISCELLANEOUS** **Q & A**

Gold (En) Remedy For Anxiety With Suicidal Disposition
NATIONAL JOURNAL OF HOMOEOPATHY 1999 Jan / Feb VOL VIII NO 1.

Dr V Sundaram

'Aur-met

In April 1997, Mr. X 45y approached me to treat his wife Mrs. Y aged 40, who was in a profound state of melancholy and depression; she sat silently whole day. Her husband said that for the past two years there was complete breakdown of all her activities. She was unable to discharge her duties either as a wife or as a mother, nor perform any household work. She felt hopeless, always in anxiety and made several attempts to commit suicide. No treatment had helped. He had to take care of her, not only in the household matters but also keep a vigil against suicidal tendencies.

I asked Mr. X to leave my chamber for a few minutes. Then I inquired about her problems. In a feeble tone, she revealed her husband's entanglement with an unmarried girl 22y, residing nearby, which was hitherto very close to all her family and helped in the education of her sons. (Probably a tuition teacher?) But soon an intimacy between that girl and her husband developed to the extent going to cinema houses and restaurants and returning at late hours. She could not control her husband nor question about this affair. As this affair progressed she became weary of life, resulting in horrible depression, with absolute loss of enjoyment in anything. She lost all meaning in her existence and made several suicidal attempts. After her revelations, she paused for a moment with great anxiety; then asked whether she could confidentially say something about the sexual activities of the husband. On my assurance, she said that she could not perform certain sexual desires of her husband, of which he was very fond. She disliked such acts. The resultant anxiety of her conscience, her husband's bad mood on account of her non-performance and his pressurizing her to do the same, resulted in depression and tormented her much.

I consulted the following repertories to arrive at the similimum:

1. Synthetic Repertory

- Pg 55 Anxiety *Aurum-met*
- Pg 69 Anxieties, Conscience, as if guilty of crime. *Aurum-met*
- Pg 96 Anxiety, suicidal disposition. *Aurum-met*
- Pg100 Anxiety, Weary of life, with *Aurum-met*

2. Synthesis Repertory

- Pg 14 Anxiety *Aurum met*
- Pg 17 Anxiety, Conscience, anxiety of delusions-performing, Pressured thoughts, tormenting partner's bad mood; she is to be blamed for her. *Aurum met*
- Pg 22 Anxiety suicidal disposition with *Aurum met*

Ref:

1. *Pocket Manual of Homoeopathic Materia Medica: William Boericke Pgs 96 and 97*

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2. *Materia Medica of Homoeopathic medicines by Dr S R Pathak, Pgs 82 and 83.*
3. *Lectures on Homoeopathic Materia Medica by J T Kent Pages 194 and 195.*

I prescribed her Aurum-met 1M. A slow and steady improvement started in all spheres of activities. In 3 mths, she is fully restored to health. Now she, her husband and all members of her family are extremely happy and leading a very normal life.

(Editor: Did the husband put a closure to his affair, so essential for the mental health of the wife?)

Back

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |



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CASES | **MATERIA MEDICA** | **GENERAL ARTICLES** | **ABSTRACT** | **MISCELLANEOUS** | **Q & A**

I Want Mama!

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Jan / Feb VOL VIII NO 1.

Dr Meena Mankani

'Petroleum

This is a case of intensive treatment to a young woman over a 5 yr period. Here only one crucial phase of the treatment is being presented, wherein the process of cure was greatly facilitated. So if there are some lacunae in the data, please bear with me.

Case in Brief

A 25-year-old delicately brought up mother of 2 kids, who yelled and cried for her own mama whenever her kids wailed for her. She came seeking help from me 5 years back since she was, in her own words "baffled by all the responsibility hanging on me every moment." A pampered and extremely over-protected delicate darling from the higher strata of society, the only response she learnt from a life full of overwhelming luxuries, was to "call out for her Mama" at every discomfort the "baby" felt. These circumstances were not conducive to her growth and maturity. Her marriage to an equally rich family left the "baby" totally lost and miserable. Owing to her diseased state of helplessness, at any drop of the hat, the "all-knowledgeable, all-wise and all-time available on phone" Mama was desperately sought for; the latter, of course, was glad to do the honours.

When I initially took her case, I was extremely confused owing to the multiplicity of the factors responsible for the present diseased condition. I did not know where to start. So I followed the policy of wait and watch and kept her on placebo. I would call her frequently and listen to her talks and at one point a clear picture of her case started emerging.

She once came to me in an extremely panicky state. What I gathered from her excitable and sing song ramblings was that, just a day earlier her parents had left for Madras for her father's cataract operation. They were to return in a week.

But our young lady wanted her parents back immediately. She had already spoken to them for six times, & went on crying continuously. No amount of reasoning could pacify her. She wailed loudly, "Ever since I have seen them off at the airport, I have developed severe chest pains- as if my chest is contracting all the time."

Palpitations from every ring of doorbell or telephone, since she felt "I have got bad views of my parents." This was accompanied by many watery stools, with aggravation of the palpitations before and during stools. The palpitation would immediately stop after a stool. Her blood pressure was 110/70 mm of Hg and her pulse 92/min. Her hands and feet were cold.

Dr Gary Weaver had put it very nicely in one of the issues of SIMILLIMUM. He says, "My experience has led me to conclude that when an individual is at the lowest ebb, what is exhibited is the true state, i.e. THE DISPOSITION IN A MENTAL AND PHYSICAL TOTALITY."

So was the case here. I had to select an appropriate remedy and prescribe, but yet the remedy eluded me. Suddenly, one rubric flashed in my mind - a rubric that I had casually read in the Repertory. My "must read 2 pages of Repertory a day" resolution came to my rescue.

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At that time I was using Synthetic Repertory: the rubric on page 608 was, "INCONSOLABLE, anxiety about his family while on a short journey, from." And the only remedy against it has *Petroleum*.

And now I am confused all the more? How can I give her *Petroleum*? She has no typical skin problems that remedy is so well known for! What do I do?

I then looked at the other components and one by one I found *Petroleum* covering all the striking aspects of the case. It was there in the rubrics: "CHEST, pain, crampy" (KRP 855) and "CHEST, Palpitations, Stool during (KRP 877).

But the crowning glory was the relief in the already recorded symptom: her intense riding sickness.

The other relevant rubrics:

- SR pg 76 Anxiety, family about his
- SR pg 497 Fear, evil, of
- SR pg 18 Ailments From, anticipation, foreboding, presentiment
- K R pg 613 Diarrhoea, excitement AGG
- SR pg 574 Helplessness, feeling of
(Explaining her state of infancy)

Now, feeling quite assured, I gave her one dose of *Petroleum* 50M, one powder dry on the tongue, and asked her to go home, relax and sleep. From here the case took a dramatic turn for the better.

She indeed went home and slept well for a couple of hours and got up calmer. She rang up Madras to find out as to how her parents were. When told that they were fine, she rested assured.

The tranquil wind helped soothe the physical discomforts and soon all her presenting physical ailments along with her riding sickness disappeared.

Besides a lot of active counseling, she required a series of 2-3 other appropriate Homoeopathic remedies in order to lift her to a reasonably "adult" state. Her mother was also very strongly warned against singing her harmful cosy lullabies for her "not-so-tiny baby". And the results that we see today are most gratifying. She continues to be under my care, mostly on placebos.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |


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CASES **MATERIA MEDICA** **GENERAL ARTICLES** **ABSTRACT** **MISCELLANEOUS** **Q & A**

Encounters of the Hysterical Kind
 NATIONAL JOURNAL OF HOMOEOPATHY 1999 Jan / Feb VOL VIII NO 1.
 Dr Rama Hariharand
'Puls / Arg-nit / Dysentry-co

Case 1:

This is a case where the undercurrent anxiety was present throughout the case but surfaced as a symptom after months of unraveling physical disturbances.

Mrs. AB is my 65-year-old aunt whose husband died 25 years ago. She now lives with her only daughter.

Chief Complaint - Continuous and loud eructation's since 6 months. When I visited her in Feb 98, my cousin was desperate. Detailed investigations and visit to consultants revealed no major disease. Many kinds of therapies given (incl H) but to no avail. This fat, jolly aunt of mine who used to bake the most fabulous cakes and biscuits and who had never allowed her widowed status to interfere with her warm and affectionate lifestyle now lay weak, sad and forlorn. I had to do something. *ASAF, Iod, Arg-nit* tried by a colleague in various potencies to no avail.

Upper GI Endoscopy had revealed a relaxed condition of Gastro-esophageal sphincter, which herniated into the cardiac orifice each time she swallowed. It was not hiatus hernia as there was no heartburn.

First clue: her loud eructation's were better lying down! Also considerably better by evening - both eructations & vertigo.

Other Symptoms: H/o IHD with low BP, cardiologist ruled out as contributory.

THERMALS - Hot patient.

DESIRE - sweets

Her APPETITE, THIRST, SWEAT, STOOLS and MICTURITION were normal.

Very active around the house looking after her daughters kitchen, the garden, attending music concerts nearby and going for her regular walks. Very well informed, kept abreast with all the magazines and TV serials.

F/H - M severe DM, F senile dementia at 93 years, just before dying,

Both Brothers: glaucoma, MGF-DM,

M uncle- Ca mediastinal gland,

M uncle - CAD, M uncle (m) DM, M 2nd Uncle: glaucoma.

Paresis of the lower oesophagus was a good start and so I consulted the Rep- Synthesis version 5.2 by F. Schroyens. Following rubrics taken initially.

Pg 1545 evening >

Pg 605 paralysis oesophagus

Pg 631 eructation's lying >

I sat for hours sifting through various Materia Medica. Finally a remedy emerged *Alumina*. She responded to single doses of *Alumina* 200, fortnightly for two months, later SOS. In 6 months, eructations were history and only the occasional giddiness remained. A reputed ENT and a neurophysician again ruled out any pathological focus.

Now what surfaced was FEAR OF VERTIGO, preventing her from again participating in



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household chores, gardening and walking. She just sat at home and was melancholic.

She preferred open air, was afraid of closed or narrow rooms and by evening she wanted some one to talk to. But her fear of anticipating the giddiness prevented her from going out, so she was peevish and miserable (cantankerous and stubborn + + +, according to her daughter, despite the entire household loving her!). That particular period in their lives was hectic-one child in final BCom along with Inter CA; second child in 10th, my cousin switching to a part-time job so that she could look after her mother and the husband was struggling with a new business in a down sliding economy.

Pt felt alone. Wanted her daughter's opinion for everything, including how much sugar and maida to put into the cake-she, which had taught baking to 2 generations of housewives! Come monsoons & her sinuses were blocked, and some white phlegm easily expectorated in mornings but foul. Hunger every 2 hours till lunch.

Sadness worse evening, better open air & talking to somebody.

Repertorial Rubrics:

Pg 1717	wet weather <
Pg 1550	open air >
Pg 30	company, desires evening
Pg 14	anxiety anticipating an event (vertigo)
Pg 105	fear in narrow places
Pg 617	appetite increased
Pg 998	expectoration white
Pg 995	expectoration, odours offensive, fetid

Puls and *Arg-nit* were the forerunners. I chose *Puls* as it covered a broader spectrum of her problems. *Puls* 1M -1dose and waited for 6 weeks. My cousin frantically called one night and said her mother's stubbornness and fear of giddiness continues, although her sinuses had vanished! Could I please help her out with some more magical sweet pills as the kids were having exams and her mother was not prepared to do any chores due to the fear of giddiness? I immediately sent *Arg-nit* 1M and a week later a relative remarked how she had seen my aunt go for her walk and even watering the garden! She is visiting me currently and has already promised to bake her special chocolate cake much to my son's delight!

Editor: here we will have to sort out why the first *Arg-nit* given by a colleague did not have any impact. I think that phase was of *Alumina*, which paved the way for *Arg-nit*. *Puls* were only an acute remedy for the sinuses.

Case 2:

Here was a case that had the major ingredients of anxiety, fear and hysteria. From the watchman to the compounder, everyone knew Mrs. CD, a 53 year old, smiling, shawl-clad (whatever be the season in Chennai!) sometimes replete with socks, muffler and flask if the temperature went a shade under 25°C! She used to be accompanied by her soon-to-be-retired husband, who was uncomfortable by his wife's antics.

She was scared of the dark, being alone, death, news of death, cancer, heart attack, dogs, large expanse of water, closed lifts, small-closed rooms, crowds, noises, to cross the road, to travel by auto rickshaw/ bus as passing vehicles frightened her esp. trucks and buses. If by chance she travelled by bus, she had to sit by the window but could not see outside as she felt the trucks and other passing buses and vehicles were almost going to come on to her. She had no problems traveling by train but reaching the station was nearly impossible. So long distance travel was impossible.

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Anxiety And Anxiolytics

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Jan / Feb VOL VIII NO 1.

Dr K Raju

'Stram / Picric-acid / Syph

Anxiety is a Latin word meaning: Feeling of fear, apprehension, dread, uneasiness, concern, eagerness and a troubled state of mind.

Everyone experiences anxiety. It may be related to finance or health, examination, seeking a job or interviews. Pphysical symptoms are tachycardia, profuse perspiration, weariness and tension. When the problem is solved, the anxiety disappears.

Long standing anxiety may be associated with chronic ailment- gastric ulcer, asthma, cardiac problems etc. Profound anxiety taking shape of terror, known as panic attacks, will require psychiatric treatment. Milder forms may benefit by medicines and counselling. ANXIOLYTICS is a Latin and Greek combined word meaning agents that reduce anxiety.

Case 1:

A woman aged 60 years, lost her husband from a heart attack nine years ago. She now lives with her only son. She is talkative with religious mania. Till her husband's demise, she was wholly in charge of household matters. Since then her daughter-in-law has taken over, yet pt is submissive, co-operative and helpful. She stays in a separate room of the house, causing her fear, as she is afraid of being alone and darkness. She needs light for the whole night. One night she refused to sleep in her room and wanted to sleep with her grand daughters. She was allowed.

I prescribed *Stramonium* 200 three doses on alternate days. Her talkativeness & fear of being alone diminished. After a fortnight the same symptoms recurred. *Stram* 1 M-2 doses once in 3 days given. Patient improved to level of sleeping alone in darkness.

Case 2:

A 15-year-old girl studying in 10th saw a scooter accident two years ago: the fear experienced then gradually builds up to anxiety and fear of failing examinations. *Picric-acid* 30 daily one dose AM till better. In 15d examination fear vanished.

Case 3:

A 20-year-old newly married, fair & tall woman, after Honeymoon started getting unwanted thoughts, and aversion to sex, building up to dread of night with palpitation. *Syphilinum* 1M -1 dose every fortnight- required 2doses. Better.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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Why I could not achieve?

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Jan / Feb VOL VIII NO 1.

Dr Vishpala Parthasarathy

'Lyc0

As we have seen, Anxiety is the curse of a professional life but when it reaches panic attacks, it messes up your career graph. Promotions are rejected to avoid added responsibility and pressure.

I remember a case of Dr Sonawala's, where the man opted to remain a clerk all his life, because being an officer would entail responsibility. For him even a sexual act was a tension. Next day he would present himself at the clinic, with stomachache, backache or even diarrhoea!! This was an extreme case, and I do not think he improved much, because he did not want to improve. Anxiety was a shield to keep him at bare existence level.

But in a second case, the patient had normal ambitions & yet let go every other promotion, because it involves more presentations. Stage-appearance was synonymous with panic attacks. Then in a third case, it interfered with life to the extent of giving the patient - hypertension and giving his son acute school phobia; thus producing 2 patients from one situation. These certainly cannot be left alone, and maybe Homoeopathy is the answer. Where it is not possible to change the environment, there too it is possible to help: counseling and Homoeopathy are a potent combination. But each case will get well on its own merit and on its ability to adapt.

For this issue, the second case is going to be discussed step by step, the grappling with the selection of the remedy and of course the resultant amelioration. WITHOUT ANY CHANGE IN THE ENVIRONMENTAL FACTORS.

Case:

A young man of 42, but looking much younger, came in early '98. At first sight I tagged him to be about 35. He had come down from USA, primarily to consult me for his PANIC ATTACKS. There were no physical complaints. This makes it easier; you know you are dealing with pure, pathological anxiety. There is no ambiguity. Patient also knows that he has a psychological problem for which he needs help and will have to bare his soul, tell the whole history, to get proper help.

History: Straight on I ask him to detail his life situation right from the beginning. He narrates the entire story, comprehensively with little interruption from me except to clarify or nail down points. It took almost an hour but the picture evolved clearly. I am going through the interview exactly as it happened, and will put in brackets my conclusions and comments, so that by the end of it you know the exact thought process & the solution.

The Story :

He is younger of 2 sons. Father hails from Karnataka, educated in the UK; after which he came to Bombay in 1954, for a job with an Advertising firm, met a Maharashtrian girl, a PhD, working with Indian Women Scientists Association. They fell in love and got married in 1956. First son born in 1957; second, our patient, in 1958. Family was complete.

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Father had firm views on sons' upbringing and applied for boarding school in 1958 itself. Father was a bit of a recluse, introvert, angry and moody. Mother was the opposite - sane, cool, outgoing and the cementing force of the family. Happy childhood. In the 4th standard he was sent off to boarding school at Ajmer. Brother was already there. Remembers being homesick. Gradually settled down and liked Boarding, yet holidays at home - both summer and winter - were major happy events. In addition, once a year the parents would come down to Ajmer. He was good in studies and school-life was generally good.

[At this point, he remembered one recurrent bad period, covering the fortnight preceding holidays, which was buried deep in his consciousness] They never had a phone at home. His father, being the recluse he was, hated having one. Fa's motto was give your best while in office and cut off when go home. Therefore, through all his promotions, he persistently refused a phone at home. At their social strata, this was a source of acute embarrassment to our patient. This would surface just before term end, when children would start exchanging Tel nos with promises to keep in touch during holidays. As this period approached, our patient would become withdrawn, avoid contact with others and keep to himself; all so that he would not be asked to give his Tel no. *[Tendency to avoid or not meet problems head on; to be drowned by problems, and let them remain unresolved, began early in life]*

"How did your brother tackle this?" I asked. 'Oh! Very normally. He would just tell people 'you know what a quirk my old man is - refuses to have a telephone in the house. So give me your Tel no and I'll call you'. This little event aptly highlights the major difference in the 2 personalities - just like in the father and mother. Except that our patient is a better version of the father - pleasant looking, very polite, and able to talk freely about himself. *[At each stage, I make it a point to explore family-relationships and attitudes, to understand the dynamics of the situation and the evolution of the personality and his responses to specific situations. I call this nailing down.]*

To continue with unfolding of the life events:

Br always had a large circle of friends,, which our pt would clamour to join, and Br would avoid. Thus they went through school. Br finished in '74 and pt in Jan'75. Meanwhile in Oct '74, Mo was deputized to Germany for 2½ yrs; she went with Fa's encouragement. After ISC, pt spent 6 mths with Mo in Germany as he had holidays before colleges began. Family holidays and small excursions around Germany on his own, contributed to his growing up. It was a Fun period. Br was already in college so could not come for a long period. In June '75 he returned to Bombay and joined Sydenham College. For those 2 yrs, the house was run by servants for cooking and washing. Fa held the purse strings but was clueless about actual costs. Boys left after breakfast and came back only at dinner, to avoid long periods with Fa - moods and all!

1979 he finished BCom. The final year he did by correspondence, since meanwhile he had developed a passion for flying and joined a flying club; was quite involved in it and had no time to attend regular college. Later he quit flying, as it was a risky hobby, and if something did happen, his parents would be shattered. *[Consideration for other's feelings. This comes up often in his life.]*

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
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How will you handle this case? - What Will You Do Next?

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Jan / Feb VOL VIII NO 1.

Dr Vishpala Parthasarathy

'Ph-ac

Counselling is the focal point of my practice today. With the world experiencing an emotional topsy-turvy, we have to be like the rock of Gibraltar, to whom the patient can turn to in times of great distress, confident that he will get the best advice possible. And for us, what better reward, then a patient saying: 'Doctor, I am perfectly alright, all thanks to you' and that too in a matter of 24-48 hours.

My acquaintance with counselling started when I was with the late Dr ML Dhawale. Once in a case of sterility, after taking the case and scanning all abnormal investigations, MLD told her: "Your work is your baby. Stay committed to it." Somehow that one sentence penetrated. She went away at peace with herself. No advice of trying GIFT, adopting etc, the advice usually given to such patients.

It was then that I understood counselling is advising the RIGHT action in that PARTICULAR CASE, at that PARTICULAR TIME.

From that day to this, has been a rich rewarding haul. I would like to share my learning with you.

Case 1 of this How Will You Handle it series:

Here, I am going to give the case as it happened - sequence by sequence and you have to plan your action, hypothetically, at each step. Then move to the next page for solution (a); then plan the next action, compare with solution (b) & so on. Only in the final stage shall we do the remedy. Counselling mainly solved this case. The remedy had only a minor role to play. Ready? Get set...Go!

Stage A:

The case was taken by my assistant (we will call her the Primary Care Physician - PP). She brought the casebook to me. Information available:

First Page of the SCR:

Female, aged 24, married 6 mths.

H 28, a businessman. Marwari family.

Fa: business. Mo: Housewife

Br 21. Si 18 - in school

Chief Complaint:

Since October 98- Evening rise of low-grade fever, every month for 2 days. Fever with burning soles, polyuria & vomiting.

No excessive perspiration, no appetite, no thirst.

■ *Since Aug 98*

- Gas, loud belching, pain chest and poor digestion 2-4 /wk: No burning. No constipation. Worse milk.
- Urticaria -3/w < sun, tension, bad news.

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▪ **Since Feb 98 -**

- Monthly Headaches. Frequency is on the rise. AF Sun & loss of sleep.
- Colic 2/w

▪ **Since Jan 98 -**

- Tremendous weakness & exhaustion < slightest exertion, walking, lifting heavy wt.

Wt - 43.5 kg. Lost 4 kg in 1yr. So, what is so unusual about this case? How will you zero in and prepare your interview?

Stage B:

Yes everything you thought of so far is right:

1. A newly married girl has no business being so ill.
2. First, with evening rise of fever, rule out Koch's
3. All complaints started this year. There must be some problem with her marriage. But then why since one year when she has been married only 6 mths. Was it a marriage without parental consent, or forced on her? Koch's ruled out. It was a love marriage - she is a Sindhi married to a Marwari. She was formally engaged one yr back.

Now the possibilities:

1. Husband is not good to her.
2. In-laws are not good to her.
3. Regrets marriage

Stage C:

In-laws stay in Rajasthan and come only once in 2-3 mths.

Pt lives alone with husband. Husband is very good to her. If she is ill, he even helps out in housework.

Another complaint surfaced: Since June 98, has irregular periods-would come every 55-60 days, with scanty flow, irritability, weakness and leg pain. Now since last 3 mths daily massage on abdomen has normalized the flow. Stage D:

- Explore sex life.
 - Either an inability to cope with husband's demands may manifest as illness.
 - Or a busy husband, returning late, tired, not paying enough attention, may lead to loneliness and attention-seeking symptoms.

Normal sex life. Now what? Ask her point blank: Tell me about you and your problem.

Actually this is the first time I spoke to her. So far the PP who took the case was doling out the answers to me.

Pt answers very slowly: Normal. (PP said: she has a lot of confusion. She herself says she feels confusion in the head.

Qs: What else you want to tell me about your nature?

Normal.

Anything else you want to tell me?

No, everything is normal.

So, dead-end. What are you going to do?

Stage E:

This line of Qs not leading anywhere, so I just asked her what exactly her problem is. She said I just cannot get up. I am so tired and exhausted that I just cannot cope. I am so tired. Pt looks also very low & unhappy as if lost everything. She clinches this by saying no appetite, I just want to drink something all the time, especially fruit juice. Now your remedy clearly emerges. Can we just give it and hope everything will work out?

The remedy is clearly *Phos-acid* 200 - 3 doses were given. But is this enough?


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Case 11: The subdued one!

NATIONAL JOURNAL OF HOMOEOPATHY 2006

Dr Vishpala Parthasarathy

'Puls / Tub-b

Mr PR, 36 years, creative director by occupation came with:

Chief Complaint Since Nov 2005: Pain in chest from left to right, a dull ache and heaviness in epigastric region. Occasionally the pain in retrosternal region also travels to lumbar back. Pt feels he cannot burp, would feel better only if he could burp. It started after late working hours and irregular timings to eat. < spicy food, < after lunch, < excessive food < 7: 30pm. He had to take antacids everyday.

USG Abdomen: accidental finding of multiple mobile soft calculi within gall bladder. Largest stone measures 0.7 cm in size. No obstruction to the biliary tree. Hida scan of the liver and gall bladder reports normal liver size. Uniform uptake of the dye is seen. GB visualized and contract normal after the meal. Normal GB Function.

Other Reports

S. Creatinin: 1.28

S. Amylase: 37

CBC: Hb: 15.2, WBC: 6800, RBC: 5.38, MCV: 73(N=82-92), platelets: 3.14 lakhs.

Blood sugar: fasting: 85, PP: 111.

SGOT: 19, SGPT: 24, T.Bil: 0.89, D.Bil: 0.33, Total protein: 7.10, Alb: 4.30.

Prothrombin time: 14 sec (control 14 sec), INR: 1.0

Other Complaints Occasional throat pain → fever 99. throat > warm, thirst +, feels chilly in the night.

Patient as a Person

Height: 5'10" Weight: 68 kgs. Wt loss of 10 kgs in 4 months due to diet advised by the gastroenterologist

Skin: P/H allergic to mosquito bite.

 Hair loss³ → alopecia vertex

Tongue: coated and moist.

Palms are warm to touch

 Perspiration: palms³. non-offensive and non-staining

Appetite: normal

Thirst: less - 6-8 glasses/day

 Desires: spicy³, sea food³, salt has to be normal.

Habits: beer occasional but stopped absolutely since 4 months. P/H tea 5 cups a day but now reduced to 2 per day.

Sleep: disturbed due to anxiety and worries

Dreams: unremembered

Thermals: likes winter.

Fan: S++ . W+ . Covering: S- , W+ . Bath with warm water through out the year.

C2H3

Sexual Function: once a week. It has reduced from twice a week 4 months back.

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Diet and Daily Routine

7:15-7:45: Yoga
 8 tea biscuits
 9: 45 Breakfast: 2 chapattis and vegetables or omelet and bread.
 10:15 Leaves for office
 2: 20 Back home
 4:30 Tea
 6:30 Poha/dosa/sandwich.
 9:45: Dinner - 2 chapatis, veg, daughter's rice
 11:30 Sleeps

Life Situation 2/12/1970 Born; elder of 2 brothers. Father was working in a Pharma Co; now retired since 5 years. Born and brought up in Mumbai - Dombivli. Average student. Played a lot of cricket.

1991: Studied from JJ Institute of applied arts as BFA. Was a gold medalist. After passing changed many jobs in advertising firm.

2000 Shifted to Dadar from Dombivali. For the house, he had to take a large home loans. So pt went to Dubai and took the family along. So expenses were more and couldn't pay the loans. Very stressful period.

2002 Came back to India, did a job in Bangalore. Not very happy with the environment.

2004 Came back to Mumbai and took up job over here. Nuclear stays with wife and daughter. Financial responsibility towards wife, daughter and to some extent towards his parents who are alone. Feels most stressed about repayment of housing loans. And about his daughter's health, as she falls sick very often. Broods over it and creates panic in him which disturbs his sleep.

Fears to take risk in taking up a new job. He is the only earning member which bothers him.

Pessimistic: goes into negative mode, though motivates himself. Wants to give best to the family, especially daughter. If daughter is not well he becomes very anxious. Puts him on back seat, affects his work.

Very sensitive. Affected by any incident on the road.

Likes to go for a long drive.

Emotional State

Irritable but does not express. Brooding³ over his loans and future of her daughter.

In childhood fear of dark³, now > +.

Worries³ < trifles.

Anxiety about health of family.

Plans a lot but most of the times fails to execute.

Plan

Acute: *Puls*

Reasons: Impressionable, leaning, anxious.

Evening agg. Thirst less

Intercurrent: *Carc*

Reasons: Anxiety, worries³, Responsibility excessive, wants to do best for the family.

Follow Up Criteria

1. Dull ache chest
2. Heavy abdomen
3. Flatulence
4. Hair fall
5. Sex 1/wk
6. Anxiety about daughter health
7. Broods/worries
8. GB stones

Treatment and Follow Up

Date	Symptoms	Remedy
------	----------	--------

21/2/06	Anx, impressionable, leaning								Puls 200 1P Stat
28/2/06	1	2	3	4	5	6	7	8	SL
	L3	+	0						
7/3/06	L1	0	0		+	1/w	0	+	Tub-b 1M 1P to nullify effect of allopathic medicine
	H/o sore throat. Took allo medicine. Now 0								
14/3/06	2/w	L1	0		+	1/w	0	less	SL
	Feels much better								
28/3/06	Occ	0	0		L6	1/w	0	0	SL
	Feels much better and relaxed. Is able to take normal food and not worry unduly.								Under Observation.

Case: 12

Remedy: *Dulc / Sep / Med*

Diagnosis: Chronic cold, leucorrhoea

[Back](#)

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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Case 39: The Corn vanished by Homoeopathic 'scalpel'?

NATIONAL JOURNAL OF HOMOEOPATHY 2006

Dr Pankaj Patel

Dr Vishpala Parthasarathy

'Sil / Antim-crud

Ref: Palghar OPD/2006 August: Ma Prasad Ravikumar, 17 yr student of 10th Std, came to us on 30 August 2006, with a spotty stitching-type pain in the Rt heel since 3 mths, after frictional injury by stone. < walking bare foot. < pressure from sides > walking with footwear. Now intensity of pain increased, specially when he goes to new places. He is a very anxious type, worries while waiting for train, bus, needs to pass urine frequently. Since 2 yrs he has lachrymation < winter, < draft of air.

Patient is normal built with wheatish complexion, fearsome, anxious-looking, and palms are cold to touch. He has delayed wound healing and white spots on nail with. excessive perspiration on palms and soles.

Patient is normal built with wheatish complexion, fearsome, anxious-looking, and palms are cold to touch. He has delayed wound healing and white spots on nail with. excessive perspiration on palms and soles.

Appetite: Normal.

Craving: Curd++, Egg++, Sweet++, Milk++.

Aversion: Fish++

Life Story: Patient is from Bihar, from a poor socio-economic strat, Father is 47 yrs, Truck driver, very strict, beats the patient if he is does not listen or studies. At that time patient, used to get scared, trembling of extremities, never argued with father due to fearfulness. He even got anxious when Father just talked with him, so patient always avoids father. Mother is calm. Pt is much attached to her. He has one brother whom he loves very much. Patient's Maternal Uncle also lives with them who pampers him so he was much attached to him. Patient passed 10th Std, average marks. He dose not mix with friends due to shyness and used to not meet them due to fathers strictness . He never took part in stage performances because he felt shy, trembled, with palpitation and lack of confidence.

Patient by nature is shy in presence of girls; when girls approach him or came near him he cannot speak a single word! He even feels uncomfortable in a group of 3-4 people while eating. He is usually calm, quiet and timid, anger only when he is asked repeated question. Since childhood due to father strictness, he has become fearfull, fear of being alone, of dark++, esp at night, requires someone to accompany him, Ghost stories++, snakes++. Now he has left school, because he has no interest in studies. Since 1 yr he works in garage.

Mental State

Fear: Ghost stories, snakes, alone, night.

Anxious anticipatory---stage, performance, on seeing girls, new places, talking with new persons. Somatization-- - trembling, palpitation.

Timid

Behaviour: Shy, timid, reserved.

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Thinking: Fixed, sluggish.
Decision making: Confidence decreased.
MMD: Decreased.
Performance: Blocks, motivational, self.
Sleep: Normal
Dreams: NAD.

Thermal: Season likes: winter. Fan-occasional. Covering: full 3 in winter season, covers head to toe.

Woolen: ++. Bath: cold due to habit. C3H2

Past History: Cellulites 4 yr back lt leg l.

Physical examination: General: NAD.

Systemic: NAD.

Rt foot : Horny, rounded, depressed pit, tenderness++, indurations++.

▲ Corn

Evolutionary Hahnemannian Totality: Structural phase, Sycosis.

Miasmatic Expression: Psora--- emotional-fearsome. Behaviour- timid. Particular-chilly patient. **Cr:** Curd++ Egg++ Sweet++ Milk++ **Av:** Fish++. Profuse perspiration. Sycosis-emotional-anxious, Dependent, anxiety, anticipatory. Behaviour - non reactive, reserved, delayed wound healing.

Reportorial Totality

Timidity: Public place appearing about.

Shy

Dependent

Fear alone at night

Fear animals snake of

Fear approaching other of

Fear crowd public places

Fear dark trembling of hand

Desire, egg

Aversion fish.

Perspiration, profuse.

Reportorial Totality

Timidity: Public, about appearing in

Fear: Alone of being

Fear: Animals, of snakes

Fear: Approaching: others, of

Fear: Crowd: public places, of

Fear: Dark

Desire: Eggs

Aversion: Fish

Perspiration: Profuse

Perspiration: Single parts

Remedies: , *Calc* 11/6, *Stram* 5/3, *Gels* 10/4, *Phos* 9/5, *Sil* 9/5.

Potential Differential Field

Timidity: Public, about appearing in

Perspiration: Profuse

Fear: Approaching: others, of

Desire: Eggs

Aversion: Fish

Remedies: *Sil* 7/3, *Graph* 6/4, *Chin* 5/3, *Colch* 5/3, *Phos* 5/3.

Constitutional Remedy: *Silicea* covers qualified mental along with characteristic generals.

Sector remedy: Rt extremity, corn painful, < touch, *Antim-crud* 30

Follow-Up

30/8/2006: SL 7p HS and SL pills * 7 days, prescribed as case was not yet worked out.

27/9/2006: Frequent urination >+++ , Heel pain SQ. *Antim-crud* 30 1P HS. SL 6P HS * prescribed for 7 days.

4/10/2006: >+++ No Pain, corn size decreased, >+ anxiety. *Antim-crud* 30 1P HS. SL 6P HS * 7 days prescribed, repeated.

5/11/06 Pt is much better. No corn on foot. We have asked him to continue treatment so we can watch the changes in the mentals.

Case: 40

Remedy: *Mag-carb*

Diagnosis: Headache, Leucorrhoea

[Back](#)

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
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Spectrum of Hepatobiliary Diseases

A Homoeopathic Perspective (A Hospital Study)

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Jan / Feb VOL VIII NO 1.

Dr Alok Pareek

Dr RS Pareek

Liver is one of our most important and fascinating vital organs directly associated with the life processes. Embarking on a study of this great chemical laboratory with innumerable, complex, vital physiological processes, one is amazed with the genius of its creator.

Peeping into the History

The study of disorders of liver and biliary tract is as old as the earliest history of medicine. The earliest mention of liver as 'YAKRATA' is found in ancient Indian Atharva Veda around 1500 BC. Several centuries before Christ, Sushruta had given a remarkably complete description of liver diseases. The stony hard liver associated with dropsy is said to have been recognized by Erisistractus of Alexandria in 300 BC.

In the Modern Era: 1685 - The first authentic follow up study of a case of cirrhosis of liver was done by John Brown

1965 - The discovery of Australia Antigen by Blumberg in 1965 revolutionized the study and clinical classification of viral Hepatitis.

Embarking on the study of the liver is like entering into a tropical forest. The humidity characteristic of the rain forest is also characteristic of the liver. It is the body's heat centre-with a temp. Above 400 C.

An appreciation of anatomic aspect of the liver and biliary tree, from gross level to individual hepatocytes, is important to understand the spectrum of clinical manifestations of liver disease. The dual blood supply unique to the liver and the portal venous system makes the liver an intermediate filter for most of the venous drainage of the abdominal viscera. This often leads to secondary hepatic involvement in many extra-hepatic diseases and makes the liver a relatively common site for solid tumor metastasis.

The Homoeopathic Perception

While strolling through the thick tropical forest of liver comprising hepatocytes, their complex blood supply and biliary fluids, we should not confine ourselves to the glandular structure of liver but come out of it and study its relation to the man as a whole. **Here comes the Homoeopathic perception where liver as an organ has its entity only in association with the individualized personality of the patient as a whole.** Inseparable connection between this organ and life has been felt since the earliest man and hence the word 'Liver' is derived from the verb 'to Live'. In German, 'die Leber' comes from 'Leben' meaning literally 'that which makes live'.

So Homoeopathy subscribes to a study of somatic symptoms & study of the 'Psychic' symptomatology of the liver.

**Liver and the Mental Sphere
(The Psychic Symptomatology of the Liver)
Liver and Depression**

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Response

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The liver man is characterized by a lymphatic or phlegmatic temperament- of a gentle nature, at ease with himself. He gives the impression of elasticity.

When liver no longer plays its proper role, good humour changes to weakness of spirit and depression. The patient becomes obsessed by fear- afraid of life; incapable of carrying out the simplest task. These patients become obstinate, argumentative and depressed. Infective hepatitis usually has intense depression associated with it. Aurum, Natrum, Phos, Sepia and Sulph, so rich in emotional symptoms are also related to different aspects of the liver functions. Kent relates the depression of Aurum not only to the heart but also to the liver.

Liver and the Physical Sphere

Unconquerable tiredness and dullness.

Humidity and heat are two elements which serve as a guide in the physiology as well as pathology of the liver. If the liver no longer regulates and controls the metabolism of water, then there is a tendency for the water to set itself free, resulting in oedema and serous effusions. Disturbances of biliary functions are related to the element of heat. That explains the greater frequency of Hepatitis in summers and in hot countries.

A paper entitled "At four o'clock in the morning" prepared by Karl Konig in 1958 tells about the connections between the 12 hour cycles of liver functions and somatic symptoms like cough, sweating, diarrhoea coming on at this time of the day. Remedies related to these symptoms are those with a definite organotropic relation to the liver. Karl emphasised the somatic symptoms traceable to disturbances in the cyclical changes from the assimilative to the secretory phase of liver functions.

A Study on Hepato-Biliary Diseases Conducted at Pareek Hospital & Research Centre June 95- January 97

Total number of documented cases: 186.

The cases studied included:

- Acute hepatic failure,
- Infective Hepatitis,
- Chronic persistent hepatitis. Cirrhosis of liver with portal hypertension including Indian childhood cirrhosis and persistent Hepatitis B. Antigenaemia.

Inference of the Study

1. *China-off, Hydrastis, Lycopodium, Mercurius-sol, Magnesium-mur, Nat-sulph, Nux-vomica, Phosphorus and Sulphur* were the most indicated general constitutionals with +ve response.
Potencies used 200 C-10M
2. *Carduus-m, Chelidonium-maj, Myrica and Andographis-paniculata* were the most useful clinical remedies.
These organ remedies in physiological doses play a great role in enhancing body's natural forces in healing. They were used in mother tinctures and in drop doses.
3. *Andographis* and *Calcarea-ars* helped in the younger age group of patients- especially in Indian childhood cirrhosis.
4. Hepatitis B nosode proved very helpful in cases of chronic persistent Hepatitis. Hepatitis B and C. It was used in a single dose as an intercurrent remedy where:
 - i. History of blood transfusion or surgical procedures in the past.
 - ii. Exposed medical and nursing personnel were greatly benefited.
 - iii. Depression was noticed in all cases benefited by Hepatitis B nosode.
 Potency used 200 C (single dose)

Clinical Cases

(1) A case of Fulminant Hepatic Failure

Miss K age 18 years, who has been on tablet Regesterone for irregular periods for last three months, suddenly developed high fever in January 97. The fever did not respond to simple allopathic treatment. Icterus noticed a week later.

Investigations:

Serum Bilirubin 12.8 mg/dl SGPT 2360 u/L Alk Phosphatase 293 u/L

She was now treated for Infective Hepatitis. The Jaundice further deepened, her condition seriously deteriorated. 3 days later she went into Coma. Shifted to the Intensive Care Unit for maintenance of vital functions. The allopath by this time had given up any hope. At this stage patient's father consulted me asking if Homoeopathy could help.

1st Day in I C U-----Deeply icteric unconscious patient, High grade fever, not responding to external stimuli.

2nd Day in I C U-----Morning (9 am) I visited the patient for the first time. The deep comatose state and stertorous breathing made me give a single drop of *Opium* 1 M between her lips.

Evening (7 pm) -no response noticed. I gave a single drop of *Opium* 10 M as a last hope.

3rd Day in I C U----- In the morning I received an encouraging message from her father- she has started blinking her eyes.A

Gradually she started responding to I C U management- recovered consciousness and fever receded.

Discharged from I C U on the 11th day as a follow up case of Fulminant Hepatic failure with Serum Bilirubin 14.6 mg/dL

SGPT 812 u/LA

Alk Phosphatase 74 u/L

Now prescribed *Chelidonium-maj* 30 C BD.

16-2-97 *Carduus MQ* 5 drops twice daily before meals as an organ remedy.

5-3-97 General condition better. Serum Bilirubin 3.2 mg/dl. Same treatment continued.

21-3-97 Serum Bilirubin 1.7 mg/dl. *Chelidonium* 30 C stopped. *Carduus-m Q* 5 drops BD ct.

4-5-97 Serum Bilirubin 0.9 mg/dl *Carduus-m Q* stopped.

Prescribed a single dose of *Phosphorus* 200 as a constitutional medicine.

5-8-97 Serum Bilirubin 0.8 mg/dl

S G P T 38 u/L

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Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

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P | Q | R | S | T | U | V | X | Y | Z |


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CASES **MATERIA MEDICA** **GENERAL ARTICLES** **ABSTRACT** **MISCELLANEOUS** **Q & A**

A Potpourri of Cases

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Jan / Feb VOL VIII NO 1.

Dr (Mrs) Sheila B Rao

' *Carc / Carc*

Case 1:

A six-month-old male child was brought to me on 9.8.97, with frequent, greenish, offensive and blood tinged stools since last 3 months. Allopathic medication did not relieve. The child was basically breast-fed. The mother was extremely anxious about his health and got his stools examined every alternate day. As the report was nearly the same inspite of being on allopathic treatment (pus cells, cysts of *E Histolytica*) her anxiety kept increasing.

She reported that he sweated a lot, mainly on head, upper lip, back and chest. He was playful and friendly during examination. On the basis of the character of stools, profuse perspiration and friendly nature, I gave him *Calc-carb 200/ 2* doses and *SL* for 15 days. Mother kept reporting on telephone that the stools continued for 4 days in terms of frequency, consistency and colour and then started settling down. He started taking his feeds well and was growing normally.

25.9.97	Cough, itching of throat, restlessness, fever	<i>Belladonna</i> 1M/SOS
20.10.97	Post measles vaccination - frequent greenish stools with mucus and blood. In my absence, patient was given <i>Sulph 1M/1</i> . Condition <. Stools with blood, mucus, offensive, involuntary, thirst less	<i>Puls 30</i>
17.11.97	Condition <i>SQ Aloe 200/3</i> which <i>AMEL3</i> after 2nd dose.	

By the age of 10 months (12/97), the patient had started walking, talking in single words and knew very well what he wanted and could ask for it orally. He became a very expressive, intelligent, cheerful, playful child. He also showed precocious intellectual growth. On the basis of this precocity, *Carcinosin 1M* was given. Since then patient has continued to grow well. His milestones have passed off uneventfully. Depending on acute totality, I had to give him a few doses of *Belladonna 1M*, *Cham 1M* followed by *Carcinosin 1M*. To this day, I have given him 3 doses of *Carcinosin 1M* and he has been maintained on *SL*. His precocity continues and at the age of 1 year and 11 months, he started interacting and expressing well with people in fluent spoken English. He has also displayed a sense of keen observation and analytical powers.

Case 2: Mental Depression

A 42-year-old married female consulted me on 23.6.98 for anxiety, sleeplessness and palpitations since September 1977. Her troubles started after her mother's death from Ca breast with metastasis. She looked after her mother during her illness and had seen the suffering. This had caused the fear, sleeplessness and palpitation. She was under psychiatric treatment, which she discontinued on her own in March '98. In June '98, her

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brother-in-law died of heart attack. Since then anxiety increased, leading to internal chilliness, sudden starts, chest pain, palpitation < PM, uneasiness, twitching of muscles during sleep. Sleeplessness - wakeful till 2.30 AM. Anxiety is compounded by the fact that her husband is abroad and she has the responsibility of her 3 children. She is a working woman as well. When her anxiety increases, she feels like taking deep breaths. There is a sense of heat from ears. Fear of darkness, ghosts as if possessed by mother. Fear of Ca. Has become more timid with variable moods. Light sound disturbs. Leucorrhoea - creamish and profuse.

23.6.98 I gave *Carcinosin* 1M/1 & SL for 15 days taking into consideration marked anxiety and fear of Ca & FH of Ca. 7.7.98 >3 Sleeps well, Anxiety - O, SL 15 days 21.7.98 SL for 15 days 4.8.98 AF death of colleague of Ca breast. She remembered her mother: fear3, sleep < PM, Weeping - *Puls* 1M/3 + SL/15 days 19.8.98 >3. SL for 1 month 18.9.98 For the first time leucorrhoea was profuse, brownish, offensive, indelible. *Medor* 1M/1 SL for 15 days. Since then she has shown considerable improvement. Her fears and anxieties have disappeared. She has been maintained on SL. 12.11.98 The patient again complained of anxiety, palpitation and sleeplessness - *Puls* 1M/3 & SL. Since then she is asymptomatic.

Editor Remaining 2 cases kept over for next issue

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
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CASES	MATERIA MEDICA	GENERAL ARTICLES	ABSTRACT	MISCELLANEOUS	Q & A
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 Sepia and Rheumatoid Arthritis - A Case Study
 NATIONAL JOURNAL OF HOMOEOPATHY 1999 Mar / Apr VOL VIII NO 2.

 Dr (Ms) Meena Mankani
 'Sep

A 24-year businessman, married 3 months, came with his wife, sharp at the appointed time of 9AM. This 5'10" and 97 kilos man, had an acne- scarred, bloated face, with dark circles beneath the eyes. Abdomen also was protruding. (S 747 Pendulous). He spoke confidently and politely with gesticulations (S 114 Gestures talking, gesticulates while).

Chief Complaints:

In 1987 while playing in school he injured his Rt ankle. The pain persisted and did not yield to treatment. By 1988, most of his peripheral joints were affected. All routine investigations were normal except for normocytic anaemia. He was simply put on steroids and anti-inflammatory drugs. He lost around 32 kilos by 1989. Mantoux test came mildly positive. He was treated for Tuberculosis of the joints. Anti-TB drugs helped him to some extent. On 23/05/90 the RA factor showed positive. Since then, he is on regular intra-articular corticosteroid injections supplemented by oral anti-inflammatory analgesics giving temporary relief. He came to me on 20/12/96.

Complaints - excruciating pain in all peripheral joints, AGG Rt acromio-clavicular joint, RT elbow, Rt Knee and Rt ankle (Side, Rt - S 1679). He must constantly move and play vigorous games like squash. The more he plays, the better he feels.

(S1633-Motion, violent Amel and S 1633- Motion, rapid Amel)

But within 10-15 minutes of lying down, he gets so stiff that he has to call someone to assist him even to change sides. (S 1672 - Rest Agg)

Impossible to get up from bed in the morning and 2-3 persons have to literally lift him from bed. The stiffness and pain gradually decreases after he moves about a little (S 1632-Motion, continued Amel) and after he has had a hot bath (S1702 -Warm, becoming Amel). Then he takes his regular dose of painkillers, after which he is ready to face the day.

This daily morning suffering makes him not want to get up at all but just while away his time (S 23 - Bed, remain in, desires to, morning). But no matter what, he attends to every demand of his business without fail (S126 -Industrious).

Lab Investigations-

Haematology reports on 13 and 15/12/96

- Hb - 10.6g/dl (N 12.8 - 18 g/dl)
- RBC - 5.22 (10)6/mm³ (N)
- WBC 17,900 cmm (N4-11,000cmm)
- ESR 52 mm (N in male - 0.9 mm)

X-Rays-

In Nov 96 and April 97

All X-rays of cervical spine, chest, LS spine and knee joints NAD except for sacralization of the L transverse process, evident since 1987. 02/05/95 A total body bone

scan - NAD.

Radiological progression of RA:

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1. Periarticular osteoporosis
2. Loss of articular cartilage (joint space)
3. Erosion
4. Subluxation and Ankylosis

Associated Complaints

1. He is a B-thalassaemic. His Hb A2 level on 24/04/88 is consistent with the diagnosis of B-thalassemia trait.
2. Recurrent attacks of ulcerative colitis. Hospitalized 3 times in 5 yrs.

Personal and Family History

1990 Malaria.

Severe Acne as a teenager (S 497 Face, eruptions, acne).

Father, 57, has diabetes.

Mother 53, has IDDM: and has mild rheumatic pains. C-reactive Proteins (CRP) - positive RA factor -negative.

Patient as a Person

Our patient is the youngest among 2 brothers and 1 sister. All are obese. (His brother weighs 117 kg). He himself also has a large appetite. Once he starts eating, he would eat 7-8 pieces. He is a vegetarian and loves cheese³ (S 1595food, cheese, desire) and potatoes². He doesn't like to drink water although his mouth remains dry (S539Mouth, dryness, thirstless). Sleep restless due to aches and pains. Always uncovers feet due to burning soles. (S1262Extremities, Pain, burning, foot, sole; S 1380 Extremities, Uncover, inclination to, feet). Sexual life is quite satisfactory. He smokes and indulges in drinking wine off and on.

Life Situation and Mentals:

He had to leave his education after his Matriculation due to persistent health problems. Being an average student no interest in studies. After that, whenever time permitted, he helped his father and elder brother in ceramic fixtures.

Very stubborn as a child (S154 Obstinate). Even now he wants his way or else gets very angry (S8 Anger, contradiction, from). Everyone in the house gives in to him considering that he is sick. With his wife too, it has been smooth sailing since she is submissive, caring and affectionate.

He is very social and mixing. He loves to eat out and fool around with his friends, which he cannot do to his heart's content owing to his diseased condition. This depresses and frustrates him.

(S83 Despair, existence about, miserable).

S 202 Unfortunate, feels.

S 171 Sadness, health, about)

His frustrations get compounded because he feels that his joints are unhealthy owing to hereditary factor, as his mother also suffers from rheumatic pains. (S 104 Fear, joints are weak, that) and hence feels that he will never get well (S 83 Despair, recovery, of)

He weeps worrying over his health problems (S17 Anxiety, health, about; S194 Thoughts, disease, of). He worries as to what would happen to him in future (S194 Thoughts, future, of the). His dreams are generally about his day to day dealings - friends and business.

On Examination

- Rt Knee, elbow, ankle and shoulder joints very tender
- No joint deformities. No nodules
- B P - 130/80 mm of Hg
- T-99 OF Pulse-84/m
- Smooth shiny nails
- Few small warts on front of neck
- Tongue slightly cracked in the centre and indented +
- S 8 Mind, Anger, contradiction from

Analysis And Remedy

Selection:

Sepia covers every rubric mentioned so far. But the most distinguishing features of the case pointing unmistakably to *Sepia* are: These distinguish patient as a person and not the

- S 1633 Generalities, Motion, violent >
- S 619 Stomach, Appetite, ravenous
- S 1595 Generalities, Food, cheese, desire
- S 539 Mouth, Dryness, thirstless
- S 1380 Extremities, uncover, inclination to, feet

active disease process. Although the remedy selected must have in its pathogenesis, the pathological totality of the patient as well, yet it is generally the Non-Pathognomic characteristic totality of the patient that

represents the Deranged Vital Force and hence sets the curative similimum apart from so many other seemingly similar remedies.

Prognosis Assessment: Good

- Functional index is only of moderate restriction
- No joint destruction or deformity.
- Young age
- A strong will to fight and survive
- Strong, clear mentals and physical generals

Prognosis could have been much better in the absence of the heredity factor.

Treatment and Follow-Up

1. Folic acid 5 mg daily to combat the adverse effects of the inherent B-thalassaemic trait
2. One dose of Sepia 1M on 28/12/96, followed by placebo
3. Report after 2 weeks: much better in his pain and stiffness. Could get up from bed in the morning without much help. Instead of 3 combiflams, now he can manage on 2.
His next course of intra-articular corticosteroid injections is due next week. He hopes that he would not need it any more. Placebo.
4. Report after 2 months: did not need his steroid course. Much better. Not desperate; stiffness and pain much better. His appetite has reduced considerably - can remain hungry for sometime and eats within limits. He has lost 3 kgs. He is very cheerful and hopeful of getting well completely. He does not lose his temper as much as before. Placebo
5. Report after 2 weeks: He came in a very bad condition. All pains worse +++. Had gone to a hill station for a vacation and indulged in a lot of wrong food, swimming and alcohol and now is almost back to square one. Besides, he had a bad cough with stitching pain on the Rt side. T1020F. Pulse-112/m. Very restless. Wept during consultation. Desperate again and feels that he can never get well. He was thirstless though his mouth was dry.
6. Urine and stools were normal. The chest X-ray NAD. Clinically the condition seemed to be that of pleuritis. The totality taken now:

- S 83 Mind, Despair, recovery, of
- S 208 Mind, Weeping, Telling of her sickness when
- S 539 Mouth, Dryness, Thirstless
- S10434 Chest, Pain, Stitching, Coughing on
- S 1015 Chest, Inflammation, Pleura

He was now given Sepia 10M in water in plussing doses every 3 hourly. Gradually he started improving at all

levels. In 2 weeks time he was so much better that he could discontinue all his anti-inflammatory analgesics. Sepia 10M was continued in daily doses in plussing.

7. In July 1997, he had an iced drink in a party and the very next day came down with severe tonsillitis and severe pains in the head and all joints. His ASO (Antistreptolysin O) was 400 IU per ml. Higher level represents Beta haemolytic streptococcal infection.
He was now put on Sepia 50M in water in plussing doses. In 4 days he got completely all right and was put back on placebo. Since then, whenever he gets a slight relapse of pain and stiffness, he is put on plussing doses of Sepia 50M for 4 days and then back on placebo. At the moment he is free of any pain

whatsoever. He has lost around 18 kilos and is much more active than before.

Current Assessment:

(Clinical and Lab Findings)

Clinical: Free of pain and stiffness. No limitations at all. Cheerful and hopeful. Laboratory: Haematology reports on 22/07/98

- | | |
|--|------------------------------------|
| ▪ Hb - 11.3 g/dl (Normal 12.8 -18) | Date : 25/07/98 Observed |
| ▪ RBC- 3.9 million/ mm (Normal 4.00-6.50) | Value: 95.0 mg/dl |
| ▪ WBC-6900/mm ³ (Normal 4,500-10,000) | Normal Value: 50-200 mg/dl |
| ▪ ESR 22mm at 1 hour (Normal upto 16) | |
| ▪ CRP Positive | |
| ▪ IgG - 1450 mg/dl (Normal 800-1700mg/dl) | |
| ▪ IgM - 95mg/dl (Normal 50-200mg/dl) | |
| ▪ RA - negative | |

The ESR is negligibly high. The RA being negative and the IgG + IgM (Rheumatoid factors) also being within normal limits, the possibility of any rheumatic mischief at the moment is low. Yet we know that the joint trouble still persists to some extent which is evident by the CRP test being positive. The Hb will always remain on the lower side owing to the B-thalassaemia factor.

Points to Ponder

The case as yet is not completely cured. As per the Hering's Law of Cure, there has yet not been any externalization of the internal disorder. The vital force has yet to throw out the internal toxicity from some outlet that it may choose. It is only when that level is reached and cleared that we can perhaps say that we have cured the case. That may take some more years and careful repetitions. Till then we have to wait and watch.

References

1. Davidson's Principles and Practice of Medicine
2. S=Synthesis Repertory

[Back](#)

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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I was not their real daughter!

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Mar / Apr VOL VIII NO 2.

Dr K N Kasad

'Magh-sulph / Thuja

Dr (Mrs) X, MD, aged 31 yrs, had a severely painful chronic disease for which she was advised Steroids by various specialists. Desiring to avoid steroids, she telephoned me to ask whether I could help. Many consultants - Allopathic and Homoeopathic, had recommended her to me. A MD in Modern Medicine, she was well aware of Iatrogenic Disorders resulting from allopathic drugs and had opted for Homoeopathic treatment.

On 18.2.95 the patient came with her mother, looking pathetic and miserable. She was limping and her neck and body tilted to the left side. She could manage to sit down in the chair only with great effort and shrieks. After taking the case history, she was given a proforma for filling in further details of her life story. After this a 2nd Interview would be planned to be held at her house, due to her physical condition.

Interview - 1

She was an MD doctor in Community Medicine and since 1993 worked in a Hospital as Marketing Manager, Quality Control

Married on 21.11.91.

Menstrual History:

Menarche- 11. Normal ovulatory cycles of 7/28. Heavy Bleeding for 7d.

Calcium supplements from 4th day on. Conceived in June 1992 - took Ciprofloxacin for ear infection in the first 15 days of pregnancy. So M.T.P advised and carried out on 30.07.92. On 06.08.92 spontaneous evacuation of some membranes; heavy and erratic bleeding continued. A second D&C with Hysteroscopy done on 30.09.92 because the endometrium was persistently thickened. E.B. revealed secretory endometrium, no Ca, no products of conception. Bleeding profuse from 3rd day following D&C; not amel by progesterone. After many months of treatment with LH-RH, nasal spray, natural Oestrogens and injectable progesterone, a normal cycle was re-established on June 1993. Conceived again in September 1993, only to learn that the foetus was dead on 16.11.93. D&C for I.U.F.D could be performed only on 22.11.93 on account of Diwali. Normal regular periods from December 1993 till August 94.

The present illness started from 24.11.93 after D&C. Excruciating pains +++ all over, ACHING, HARD PRESSURE, HOT SHOWER amel - feeling as if someone is wringing her body. Aggr at night, Brufen-600 helps partially. Cannot sit up. Muscle fatigue+++.

Cramps+++ amel Brufen-600. RESTLESS WITH PAINS. SPASM - neck, left head, ear, left shoulder around left trapezius, nape. AGOINZING PAINS. Chilliness with low-grade fever. Spasm right sternomastoid muscle - left and right trapezius, pectorals, triceps, branchioradialis, hands, and fingers. STIFFNESS, SPASM - KNOTTED - cannot lift a glass of water. Cord-like muscular spasms, as if in knots. Aggr FAN, COLD CLIMATE and HOT HUMID WEATHER, cannot lie in one position - RESTLESS. Amel in Pune - DRY WEATHER, HOT FORMENTATION, lying down, AM, support. Sudden onset. Limping while walking with a tilt to the left ie torticollis to the left side. Amel from accupressure but not from accupuncture. No response to host of painkillers, anti-inflammatory agents, tranquilisers etc. Mag-phos CM and Bry ameliorated a little along with Muscle 6 and laser treatment.

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Investigations:

Blood: CBC: L-40-50; M-10-11; ESR-N; WBC: 3000; gen-N; ANA- Negative

CMV: +ve

EMG: N. MRI- cervical -dorsal spine: N (Cytomegalo virus).

IgG: elevated: 1.2. IgA: Negative.

RA Test: Negative.

DNA: Negative. LE: Negative.

T-cells: reduced.

Na- Reduced. K- N. Mg N

The specialists were unable to give a clear diagnosis of the disease.

O/E: normotensive-110/75; Euglycaemic. No organomegaly.

No Lymphadenopathy. No neuralgic signs.

Baggy lower eyelids. Cold hands/ feet.

RS./CVS/ PA normal.

Neck- torticollis to left. Joint movements restricted, especially of finger joints. Tenderness all over. *Pathetic look. Scars of suffering obvious as she limped to the clinic.* Throat: N. Thymus not investigated. Stiffness and spasms all over, especially in neck, nape and finger joints and left ankle; Extensors more affected than flexors. Muscle biopsy advised but the patient declined lest she develop paralysis.

Family History:

Father -84 supra-ventricular tachycardia Mo: 67- Pulmonary TB, Diabetes-M, obesity, hypertensive Encephalopathy and 7 abortions (3rd and 4th months). Diabetes and hypertension- maternal side-MGM, MU & MA.

Life Story and Self- Description as given by the Patient:

The patient described herself as quick tempered, but at times unsure of herself and hence subdued. Tends to be shy in crowds and extremely sensitive. Likes to make friends but on a selective basis. Has 2-3 close friends. Though enjoys intellectual conversation, gets easily bored. Tends to think and worry too much, with great fear of future. Detests dishonesty, hypocrisy, conventionalism and sweet-talking. As she is very orderly and neat in her habits, she feels jittery and uncomfortable in dirty and untidy surroundings.

Loves music. Has a very loving and understanding relationship with her husband. Very attached to her parents but holds diametrically opposite views on many issues. Respectful of her in-laws but finds them very narrow-minded and orthodox. Hence she is not close to them mentally and emotionally. Enjoyed working and was well respected in the hospital from the top to lower level and the staff wanted her to return to work. She is prepared to help others but at the same time does not like over-possessiveness in friends and would like to keep to herself at times.

She said "I feel responsible for my work, parents' health, which is not good, my husband's career and future, health of her husband's family and other household responsibilities. I feel often that too much is expected of me (except my husband who is not at all demanding) and I wish I had more physical energy to cope with everything. I like to do things and hate sitting in one place for long. I love to travel and move around but I feel that I take up more than what I can manage and hence get irritated when I fall short of my own expectations. I want to slow down my pace and spend time for myself. I am impulsive and extremely emotional and sentimental and easily upset by other's sufferings; now irritated at my own illness."

Food: prefer vegetarian food and detests bitter things. Milk, curd, oily and fatty things, pulses, spicy foods bulk food with too much roughage, nuts, chocolates, meat, pork, cream do not suit her. Carbohydrates, thin dal, cooked vegetables, fish, chicken in small quantities, buttermilk suit her. Loves hot tea, hot food and cold drinks.

Loves moderately cool and non-windy environment. Extremities usually cold and the nose turns cold at the first change of weather and during rains. Prefers to wear socks at night. Likes heat and dry weather. Fan aggravates = blocked sinuses and headache. Takes warm bath always unless it is very hot and humid. "I do not sweat profusely, only in axillae and lips; no smell and no stain. I do not drink lots of water and if I do, I excrete it in next 20-30 minutes. Though I like swimming and outdoor activities I feel tired soon and

catch cold easily. Sleep is disturbed if something is bothering me. Lack of sleep is my greatest enemy and if I have slept less, the next day is miserable. I get irritated, extremely tired and get refreshed only if I make up for the loss of sleep. Early waking up or interrupted sleep causes terrible acidity and gastritis. Have been constipated since childhood but it has become worse in the past 10 years".

" In September 1994, MC was delayed for 15 days and once started it did not stop till November, when once again I started LH/RH+ oestrogen+ progesterone and normal withdrawal of bleeding took place on 28-1-95. Again bleeding persisted for 6 days and was ameliorated only with Hamamelis and Bursa- pastoris Q in 2 days. Since then I have stopped all hormonal therapy. Next period is due on 25-2-95. Menses are profuse, odourless, bright red or maroon, no clots and at times stains but delible.

There is aggravation before menses= generalised water retention, backache and abdominal pain radiating to thighs, ecchymosis, chilliness and coldness; pains spasmodic and crampy, which get ameliorated with the flow in the next 24 hours. LMP on 28-1-95. Low grade fever and treated with mycins. " The quality of my life has gone very low. Doctor, please help me."

After studying the above life story, the remedy was clear in my mind but I abstained from administering it, for the data interpersonal relationship were lacking and I wanted to probe the life situation further, so as to be certain of the remedy.

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |



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CASES	MATERIA MEDICA	GENERAL ARTICLES	ABSTRACT	MISCELLANEOUS	Q & A
-----------------------	--------------------------------	----------------------------------	--------------------------	-------------------------------	---------------------------

An advanced case of Rheumatoid Arthritis

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Mar / Apr VOL VIII NO 2.

Dr N L Tiwari

'Calc-fl

Dr (Mrs) BGP, 46-year-old Ayurvedic physician, was brought to us by her husband, Dr GJP. She was suffering from Rheumatoid Arthritis with metacarpal joint deformity and pulmonary interstitial fibrosis, since Dec 1984

PRELIMINARY INTERVIEW:

She developed pain in all small joints in 1969. Sudden stiffness & swelling.

1. Deformity Rt proximal metacarpal jt.
2. Cold and dry cough, diagnosed as Pulmonary Interstitial Fibrosis.
3. She had taken Ayurvedic Treatment (Swarn Bhasma) and was taking cortisone 11/2 tab daily (1/2 tab TDS) without much relief.

Husband was very keen to start Homoeopathic treatment and taper off the cortisone. As the patient was on cortisone from 1979, whatever balance the system had achieved with the other treatment would be upset by tapering off the cortisone, leading to respiratory failure and certain death. When this was explained to the husband, he could understand the whole dimension of the case.

Initially, the point arose as to whether we should take up the case at all; and what Homoeopathy could achieve-cure or palliation. The point, which swung the balance, was that in spite of taking cortisone for last 5 years there was no evidence of Cushingoid features. This signified positively that the susceptibility was not seriously tampered with. That strong point led us to accept the case.

Case History:

A detailed inquiry was done to get evolutionary totality of the disease and reaction of the patient to the disease.

The whole process started in 1969 and continued in a progressive manner resulting in Deformity and Interstitial fibrosis. In spite of this illness, she was attending her clinic regularly, discharging her responsibility at home in the kitchen and attending social functions, though it did tire and exhausted her.

Her husband is a general practitioner. She has two sons - one was in final year of LCEH and the second studying in Gujarat in the Xth std..

Family History:

Mother died of Tetanus in 1958.

Father suffered from cerebral haemorrhage. She has 2 brothers and 2 sisters who are in good health. She got married in 1965. Father-in-law expired in 1965- of myocardial infarction. Mother-in-law also expired in 1981 at the age of 75 because of same complaint. Brother in law expired in 1964 from sarcoma.

She completed her BA in 1961, Diploma in Ayurveda in 1969 and started her practice in 1970.

Physical Generals:

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Craving: sour2, takes strong tea. AVERSION: Banana, sweets.

Menstruation: Menarche at 14 years. No complaints.

1st delivery 1965

2nd delivery 1969

Menopause 1979

Physical Examination:

Rt. ulnar deviation

Rt. thumb deformity (Proximal intertarsal joints deformity)

Varicose veins ++ Rt. leg more than Lt

Cyanosis nails ++

Investigations:

22/1/84

Hb. 11.5Gms

WBC 9800/ cmm; N - 60; L - 36; E - 04

ESR westergreen 103mm at end of 1 hr.

Uric acid 6.9 mg %

ANA +ve

X-ray chest PA view

Lungs on either side showed honeycomb appearance. Amongst the many causes RA is one which can give rise to such appearance.

Analysis:

Boger's point of view was taken as it was a case of Rheumatoid Arthritis with advanced pathology i.e. Interstitial Fibrosis of lungs and deformity of proximal metacarpal joints.

Totality:

1969 Rheumatoid Arthritis

P 1978

A Interstitial Fibrosis

T

H

O 1984 - Varicose vein- vasculitis

L Degenerative

O Process

G Fibrosis

Y Vasculitis

Thermal C2H2

Suppression, but motivation +++ Person's will power ++

Two drugs were coming close -

Calc-fl and *Kali-bich*.

Kali-bich was ruled out on - evolution of mind, reaction to evolution of disease, absence of anxiety and insecurity, and nature of discharge and inflammation.

Overall Assessment:

Assessment of the Susceptibility - poor Sensitivity - moderate

Structural change - irreversible

Dominant miasm - Syphilitic

Fundamental miasm- Syphilitic

Potency Selection - 30

Treatment and Follow-Up:

Calc-fl 30 HS daily

Prognosis - Palliation is possible

The case in under our treatment from 1984 to date.

Cortisone was tapered within 3 months

Calc-fl as deep acting chronic remedy was given 30 HS then daily dose and multiple doses; potency was raised to 200 and again back to 30

For acute exacerbation of Interstitial Fibrosis: *Ant-ars* 30, 200, 1M

Coccus-cacti. 30, 200

Kali-bich 30, 200 from time to time

Thuja 30, 200, as intercurrent.

To overcome suppression of susceptibility by steroid often a multiple dosage schedule has to be followed, with various acutes, according to the need of the hour.

Last Prescription:

Thuja 1M daily

Ant-ars 1M 1P=6, 4hrly

Investigations were repeated from time to time. ESR came down to 45 and X-ray of chest shows considerable improvement and so did her functional capacity.

Conclusion:

1. In Homoeopathic practice selection of case is very important. Physician must know what he can do in a case and what he cannot and keep in mind the scope of Homoeopathy in dealing with cases of advanced pathology.
2. Tapering of Cortisone requires judicious assessment of susceptibility and tapering off should be done slowly while taking care of the acute exacerbation, with acute remedies and intercurrent.
3. For management of complex case it is necessary to take evolutionary point of view.
4. Boger's view is suitable for advanced cases of pathology i.e. Time and Tissue Affinity, Pathogenesis Pathology and the patient as a person.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

P | Q | R | S | T | U | V | X | Y | Z |

Select MM:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |

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Can Still's Disease (JCA) be cured through H...?
 NATIONAL JOURNAL OF HOMOEOPATHY 1999 Mar / Apr VOL VIII NO 2.
 Dr Mirza Anwar Baig
'Puls / Sulp / Aur-met

Still's disease or Juvenile Chronic Arthropathy (chronic juvenile polyarthritis, rheumatoid type juvenile arthritis) is a rare disease of `Psoric' origin. It commonly affects the under-16. Although these cases look like rheumatoid arthritis, they are usually Seronegative or RA-negative.

The exact cause and pathogenesis are not known. Types of cases:

- Begin in childhood and progress to adult type, often with nodules and RA factor.
- Begin with peripheral arthropathy with a marked tendency to ankylose, with RA -ve but ANA +ve, usually affecting young men.
- Some remit in adolescence leaving less disability than in adult RA.
- Still's disease is difficult to diagnose.

Differential Diagnosis:

- Rheumatic fever
- Streptococcal infections
- SLE
- Psoriatic polyarthritis and
- Infectious arthropathy.

Symptoms: fever, lymphadenopathy, and splenomegaly, with maculo-papular rashes and marked leucocytosis.

Aetiological Factors:

Aetiology unknown but affected by many factors, including infection, toxins or antibodies, psychogenic, emotional, and systematic disturbances. Disease was unknown before the era of "Alexander". History reveals that majority of the Alexander's army contracted this mysterious disease; and that this was the actual reason for his return.

Case:

Master J A of Sultanpur, 11 yrs, was admitted to Sanjay Gandhi Research Institute, Lucknow (DOA: 7/12/95, DOD: 16/12/95). Diagnosed as JCA with cardiomegaly. Treated at hospital with Naprosyn and Prednisolone. Declared incurable at discharge. He was brought to Mafkhar Clinic (Bandra) on 26.2.97 in a hopeless condition.

History:

FTND and healthy until 8 years. He was calm, quiet, well-dressed, shy, eyes sunken, coffee-coloured skin, yielding, and non-complaining child.
 At 8 yrs, he developed pain in calf muscles and knee joints with fever. During fever, thirst increased for cold water with restlessness. Fever started with chilliness at 4 to 5 pm. Allopathic treatment helped.
 2nd attack in winter: Fever with chilliness in the afternoon with pains in all joints, with occasional swelling. Pains wandering, AGG < walking & ascending.
 Appetite - decreased. THIRST - decreased.
 Stools - clear, twice or thrice daily. TONGUE - coated white.

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Desire - open air, spicy food, eggs AVERSION - milk.

Past History - nil.

Family History - Maternal uncle- Koch's

Follow-Up: *Pulsatilla* 200/three doses, along with biochemic salt given on 26.2.97 and 1.3.97 No response.

On 4.3.97, I saw the case. He had already deteriorated, was very weak and looked as if he would die. As if sensing this, he looked sad, but his face showed no anxiety or fear of death. Originally he may have been a *Pulsatilla*, as his constitutional remedy. But now the situation was different; his vitality was sinking due to effects of disease and drugs. This formed a strong sycotic neoplastic miasm and was the hurdle to the response.

Follow-Up:

Thuja 200 [1] dose, followed by *Pulsatilla* 200 in repeated doses. The follow up was encouraging.

6.3.97: Patient better, no fever, appetite good, weakness reduced, mood happy. Placebo.

8.3.97: Relapse of fever. *Pulsatilla* 200 did not help. *Sulphur* inter-current given followed by *Pulsatilla* with good response.

11.3.97: Patient started walking. No joint pain or swelling.

18.3.97: Fever relapsed again, with joint pains and night AGG. And depression. Thus emerged the totality of *Aur-met* - with night aggr and depression with joint- pains. *Aur-met* 30/4 doses cleared the pain but fever persisted. Child was observed for two days but the fever did not come to normal.

20.3.97: Fever < afternoon; child sleeps during fever. Waited for 2 more days.

23.3.97: No fever. Placebo.

26.3.97: No fever, appetite improved, desires spicy food, placebo continued.

29.3.97: Patient better. Placebo.

8.4.97: Fever again, but no joint pain. *Bacillinum* 200/one dose with F/H of TB.

12.4.97: Placebo continued.

22.4.97: Placebo continued.

29.4.97: Fever again, with pain in the neck and hands, hiccough before fever paroxysm, and during sleep. Case repertorised. *Pulsatilla* again emerged with maximum marks. 10M single dose.

5.5.97: Patient better. Itching of eyes + lachrymation (old symptom). No Rx.

13.5.97: No other complaint. Placebo.

20.5.97: Marked improvement in every respect, except itching of the eyes. Placebo continued.

27.5.97: Itching persists. *Sulphur* one dose. Itching became little less but fever appeared; *Bacillinum* was administered, fever went down but itching persists. Elimination process. No medicine.

7.6.97: Child was better except for itching of the eyes. No medicine. But I asked myself, how long I should allow this itching? His father wanted to go home to UP, but was afraid of his fever relapsing. He was ready to do anything for his son. After carefully observing the appearance of the child, his behaviour and his ambition, I suspected a malignant force behind his relapse. A dose of *Carcinosin* 200 was administered. This resulted in a severe aggravation.

This time his fever was very high and was of the exact kind what he had for the first time, two years back. Possibly *Carcinosin* had stimulated his leukopoietic system and his immune system.

The fever had the exact modalities and peculiarities of *China*.

Intermittent fever-high with chill < forenoon

Thirst before chill.

This was old symptom, which had returned. *China-off* 200 -one dose given on 5.7.97. The patient felt better. Thereafter no relapse. *China* was repeated on 15.7.97, after which patient felt perfect in every respect. Placebos followed this prescription for six weeks.

2.9.97: Patient developed mild constitutional ailment with dry cough, very much like the *Phos* cough.

Phosphorus 200/ single dose, was administered on basis of symptoms.

3.1.98: Chest cough and cold for which *Pulsatilla* helped.

24.1.98: Patient left for his native place and is healthy till today.

28-1-98 AF Exposure to cold wind -fever with joint pains. *Agaricus* 200-1 dose >. This

was followed up with *Carc* 1M -2nd dose.

20-2-98 Mild Fever. Placebo

16-4-98 Well Placebo.

His father has been communicating off and on about his progress.

***Editor:** This case has had a zig-zag cure, with medicines given too frequently. Particularly the China-off seemed unnecessary. But maybe the fever was so high that too wait seemed too troublesome to this already weakened patient. Maybe Still's disease has so vitiated the susceptibility that this course had to be followed. But the result is certain, so the case is worth reporting.*

*This case is important from another point. It demonstrates the difficulty in actual practice of the wait policy, so graphically described in the article: **Second Prescription** in this issue.*

The third noteworthy point is the courage of the author in reporting this case, knowing that penning this down is going to earn him some brickbats on the Follow-up schedule.

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[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) |

[P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [X](#) | [Y](#) | [Z](#) |

Select MM:

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) |

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-------	----------------	------------------	----------	---------------	-------

Will I ever Walk Again?

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Mar / Apr VOL VIII NO 2.

Dr Vibha Shah

'Mag-phos / Medh

Mr M MG, age 55 yrs, came to our clinic on 3-12-97, walking like a duck, which he found very embarrassing. Since one month, he developed pain and swelling in his Lt ankle with a cracking sound which was

< Walking

< Evening

< Flexing

. Diagnosed as Ankle arthritis.

He also had Rt knee pain on walking, since 25/7/98

Associated Complaints:

1. Circulatory - Low BP.98/65 mm HG.
2. Resp - Sore throat - irritation and cough < dust, cold drinks, talking +++
3. Extremities - Burning feet > night, cotton socks, AC. < touch
4. Vertigo < looking down.

Patient as a Person:

SKIN: White spots on body

HAIR: Dandruff and hair loss

APPETITE: good

CRAVING: juicy; salt extra, for low BP

STOOL: No complaints

URINE: No complaints

SEX: N

THERMALS: Likes cool and pleasant weather. Does not mind summer. Fan direct < shoulder ache. Cover wants. Has a cold bath in Bombay.

More towards Chilly. C4H

SLEEP: Unrefreshing. Groaning in sleep with sneezing

Life Situation:

1942: Born at Dehradun. Parents came to Mumbai after his birth.

1949: Paternal Grand Father passed away. PGM lonely, so pt stayed on at Dehradun.

Elder brother and he both studied there.

1957: Passed SSC in Dehradun itself.

1964: Graduated as an Electrical Engineer from Birla Institute at Ranchi. Came to Mumbai

1966: Married

1970: Started business

1981: Wife actively involved in Business, which is very unconventional for a Marwadi family. 1997: Grandchild - Stillborn. He dreamt of it (? Clairvoyance) 36 hours before the event. That whole period was very traumatic. They went & stayed at that time with daughter who is in USA, and found the husband not so suited. Worry about that continues. He is very close to his daughter, not so much to the son who is quite "khadus" - argues a lot and lot of fights.

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Mental Disposition

Quiet. Now since last 4-5 years he has become irritable, because of expanding business & work pressure therefrom. Affectionate, but not overt. Finds it difficult to be demonstrative. Fear of being alone, and looking down- gets vertigo. Fastidious³. Good Memory.

Dreams: Premonition: death of M, and grandchild. Robbery.

Aspiring for a contract after which he got it.

In this case, the diagnosis was troublesome, because of the location of the complaint:

Investigated for

Blood Sugar: F - 76 mg%; PP - 95 mg%

Uric Acid: 5.4

C reactive Protein: negative

In 1999: Bodyscan? Osteoporosis.

Diagnosis was still not clear. ? Gout, but uric acid- N.? Ankle arthritis. Meanwhile pt could not walk, had to take a stick and was very troubled.

Rubrics Taken:

- | | |
|---------------------|-----------------------------|
| 1. K11 Clairvoyance | 6. K1237 Dr: clairvoyant |
| 2. K42 Fastidious | 7. K1096 Feet pain- burning |
| 3. K43 Fear alone | 8. K484 Cr: beer |
| 4. K254 Sleep | 9. Ro830 Lameness |

Unrefreshing

5. K 70 Quiet Disposition

Remedies After Repertorization

Phos 7/14

Ars-alb 5/10

Puls 5/10

Calc 5/6

Nat-m 3/6

Lyco 3/7

Mag-m 1/3

Selection Of Remedy Not clear at the start. Only as the case progressed, did the remedy/ies become clear. This case worked out to *Phos*, but it was not a pure *Phos*. Only after some pitfalls, we came to *Mag-phos* as the Constitutional Rx

Follow-Up

Date	Symptoms	Interpretation	Medicine
3-12-97	Ankle pain. Sycotic Miasm. Clairvoyant. Anxiety marked , Hot, cr juice		<i>Medh</i> 1M [1]
10-12-97	Pt came limping.	To cover any injury aspect and arthritis, a combination of injury group remedies given. The only time we give a combination is with Injury group.	<i>Arn</i> 30+ <i>Ruta</i> 30 + <i>Rhus-tox</i> 30 TDS
17-12-97	Limping >50% Ankle support helps	Ro 830: Lameness- <i>Ruta</i> , <i>Rhus-t</i>	Ct all 1P=2 <i>Nat-mur</i> 30,200
7-1- 98	Better generally	From now on, the treatment went a little zig-zag- we were thrown off the track by his	<i>Mag-phos</i> 6x <i>Nux-v</i> 30

		normal uric-acid.	
14-1- 98	Better 10%	Wait and Watch	Placebo
21-1-98	No further amel		<i>Nat-mur</i> 200[1] <i>Rhus-tox</i> 200 3p Alt HS
By Feb	No further amel	I decided that this was a form of Gout	<i>Ledum</i> 200 HS
6-3-98	Pain > 50 % but then SQBody pains > pressure	His constituional decided and given	<i>Mag-phos</i> 200 tds
20-3-98	Total Body bone scan: osteoporosis	Ro 168- Calc-ph 3 Calc-fl 1	<i>Mag-phos</i> 200 tds Calc-ph 6x 3/7
25-3-98	>2 Can walk. Can squat and stand since 2 days.	> <i>Mag-phos</i> 200 BD	<i>Calc-phos</i> 6x BD
11-4-98	Well, except weakness	Off to USA for 1 mth	<i>Calc-phos</i> 6x BD ct
25-7-98	> exc old injury back acting up	Nerves	<i>Hypericum</i> 30 HS/SOS
1-8-98	> Back> Sleep>	> IC	<i>Medh</i> 1M -2nd dose
5-9-98	Again acute attack. Pain ankles and burning	Acute	<i>Ledum</i> 200 BD
5-10-98	>	Constitutional	<i>Mag-phos</i> 200
14-12-98	> 3		Placebo
5-4-99	Continues to be well	Occ IC and Constitutional given	

Editorial Comments:

Discussion: this case has been taken up to show how:

1. We can be thrown off the track by within N- limits readings of Serum uric-acid. Then no remedy really makes a dent.
2. There was a combination of problems - gout, ankle arthritis and osteoporosis.
3. Therefore a 3-pronged attack was required - *Ledum* for the acute gout followed by constitutional *Mag-phos* which completed the cure.
4. The pathological remedy *Calc-phos* in physiological doses was carried on for 3 mths.
5. Yes a zig-zag cure, but the results proved that the approach finally worked.
6. Yes, we know that a number of remedies were used which did not work. But we wanted to demonstrate what sometimes actually happens in practice. All cases, whether we like it or not, do not fetch us the classical response. There is no point in reporting ONLY such true to picture cases. The idea has to be to learn from our mistakes and benefit.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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Casual Remarks led to Similimum

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Mar / Apr VOL VIII NO 2.

Dr Rama Hariharan

'Kali-carb

Introduction: Here are two cases where chance and spontaneous remarks of patients only led to the similimum and better health. Till then I was treating them with no relief.

Case 1:

On 4-6-96, Mr AB, my neighbour's 26-year-old driver, complained of pain in the knees, elbows, shoulders and hips since one year. The knee pain has persisted off and on ever since he fell off a bicycle in childhood. Now the pain had gotten bad. It was worse standing, walking for long, sitting cross-legged and > slow walking. Other joint pains come and go with no specific modalities.

Patient as a Person:

He hates summers, sweat +++ and gets constipated in summer despite a large intake of water, fruits, vegetable and greens. Aversion to sweets, no alcohol, tea, coffee or cigarettes.

Past History: chickenpox and jaundice.

Family History: Not significant

Mind: Ever smiling, he loves the company of family and friends, though is a little reserved with strangers. He is very sensitive to anything said or done to him which he thinks unjust; this happens often. He becomes angry then and walks away from the scene with his whole body trembling. But he never shows his anger and hates fights. He wanted to be a driver since childhood, taught himself to drive and learnt car maintenance.

Towards the end of the case taking, he casually mentioned that there was burning during urination though the flow is unimpeded. He also said how he missed his wife who had gone to her village for the delivery of their first child, and was not expected to return for many months. The intensity and character of his anger and sensitivity to other's remarks, trying to always be a gentleman, clinched by his remarks about missing his wife and the burning, led me to prescribe *Staph 200* - 3 mornings.

19.06.96 He came in smiling - only a little hip pain remained. SL

26.06.96 Intense pain in knees after getting drenched in the rains *Rhus-tox 200* TDS for 3 days followed with *Med 200* 1 dose to remove the miasmatic block.

Till date he has no complaints.

Case 2:

A 52-year-old thin, wiry lady, always neatly dressed, constantly complained of pains in all her joints. She was my mother's maid since many years. The joint pains were present since approx. 15 years.

< Cold, rains

> Warmth, hard pressure.

She had numbness, sometimes.

Always chilly; suffered from blind piles when younger. This mother of 4 girls and grandmother of 5 did have a history of Dysmenorrhoea but was now menopausal since 4

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years.

Mind: Extremely hard working, she was also very clean and scrupulously honest. Despite her children being well settled in life, she was not at all demanding from them; but "keeping up with the Jones's" was an all consuming passion. She ate and lived very frugally with a very silent husband and was never satisfied with whatever was given to her and was eternally in debt. She worked in 4 houses, going twice daily to each house, sometimes even thrice. No work was too much for her. But she was eternally envious about her neighbour's lavish life style and felt she herself was under paid. Whenever my parents would suggest that she retire or work in lesser number of houses she would be offended and work even harder.

The case was repertorised from Kent's

Rubrics:

39	Envy
42	Fastidious
56	Industrious
61	Lamenting
909	Pain, sacral region
1047	Pain, joints
1348	Cold <

The so-called indicated remedy was chosen and given many times but there was no change. I retook the case several times, tried *Sulph, Med, Tub, Rescue Remedy* to "break the case" but the relief would only be partial and temporary. This went on for 2 years. Last year when I was visiting my parents, she casually mentioned that she felt as if her stomach was full of water and that her aches and pains were so excruciating that she was getting weak. Still she refused to quit or cut down her workload as she had "given her word" to all the houses.

Suddenly the remedy emerged... KENT'S REP pg 540: stomach, water, sensation full of. *Kali-carb* is given in block letters. I gave *Kali-carb* in 200 potency OD X 3 days. 1 month later she asked for some more of "that last medicine" as the aches and pains were still there but in lesser intensity. So *Kali-carb* 200 was repeated OD X 3 days and again the next month. The following month, she had stopped working in 1 house, switched to cooking in another and even brought a young acquaintance to replace her at my mother's place!! She still meets my mother often and volunteers to come when there are too many guests or to take care of the house when she is out of town, but no longer comes for routine work.

[Back](#)

Select Cases:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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I Worry about Health!
 NATIONAL JOURNAL OF HOMOEOPATHY 1999 Mar / Apr VOL VIII NO 2.
 Dr Raji Govindrajan
'Cocculus

Mrs M aged 44, married with 2 children, and came to me on 24.11.97 with a complaint of pain in the Lt knee for the past one month.

X-RAY of 14.11.97 showed

1. Early osteo-arthritic changes
2. Joint spaces normal
3. An oestolytic lesion in the femoral surface of the patella

Knee pain < bending with occasional pain in Rt knee. Patient was anxious about arthritis anticipating gradual deterioration. But was not worried about the pain, which is not severe.

Other Complaints:

Hypertension - 1½ yr. on drugs.
 Headache - six years
 < Sun
 < Gastric
 < Travel
 < Loss of sleep

Personal History: Youngest in a family of 9 sisters.

Food: Prefers warm and moderately spiced.
 Appetite: normal
 Thirst: normal
 Stools: regular
 Urine: regular
 Sweat: below normal
 Weather: uncomfortable in summer
 Sleep: good generally. Feels tired, weak and gets headache on missing sleep

Past History: Chickenpox, Mumps, when 12 yrs old

Family History: M - BP, F - Filariasis,
 Uncle - Cancer of lungs,
 MGM - TB of lungs, Sisters - arthritis

Patient spends time coaching school students in maths at home. No specific ambitions or disappointments.

Anxiety about health, arthritis in particular. About accidents etc, when husband and children go out. Of automatic lifts.

Travel Sickness - +++ - by car, train and bus
 Does not enjoy travelling at all due to sickness.

Analysis

Anxiety about her health and about her family members, early OA changes, complaints



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from loss of sleep ++, travel sickness +++, headache due to travel or loss of sleep are clear indications of her constitutional remedy - *Cocculus*.

The Rubrics

Schroyens

- 16 Mind anxiety about health
- 18 Mind anxiety for others
- 19 Mind anxiety for loss of sleep
- 261 Head pain, gastric
- 267 Head pain, riding carriage
- 268 Head pain, riding on cars
- 269 Head pain, loss of sleep from Head pain sleep loss of, night watching from
- 270 Head pain from exposure to sun
- 1241 Extremities pain - Lt knee then Rt knee
- 1692 General travelling ailment
- 1682 General loss of sleep

Treatment

24.11.97	<i>Cocculus</i> 200, 6 doses OD, SL 9 doses OD, <i>Calc-phos</i> 6x BDS
11.12.97	Felt better 30%. All parameters normal. Reduced BP drug to alternate days Rx <i>Cocculus</i> 200, 6 doses OD, SL 9 doses OD, <i>Calc-phos</i> 6x BD
06.01.98	BP normal. Lt knee painful on flexing. No headaches Rx <i>Cocculus</i> 1M one dose. SL for 14 days
26.11.98	Was fine all these months. Mild pain for the past one week. No other problems Rx <i>Cocculus</i> 1M one dose. SL for 14 days
15.12.98	Pain better by 50%. Was in need of one more follow-up Rx <i>Cocculus</i> 1M one dose. SL for 14 days
20-2-99	Is well even today. She has been followed up for 15 mths.

[Back](#)

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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P | Q | R | S | T | U | V | X | Y | Z |


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Potpourie Of Cases- Part II

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Mar / Apr VOL VIII NO 2.

Dr (Mrs) Sheila Rao

'Graph / Calc-carb

Mrs R K, 43 yrs, came on 18-6-97 for multiple joint pains. The pains started after MTP, followed by tubectomy, 16 yrs back. First commenced in the toes and fingers and then went to the shoulders, elbows and knees. She was treated for R A with steroids for many years without much relief.

Modalities:

Pains are < motion-first and continued

< sour food, winter, rains, touch

> hot water fomentation

Pains persist throughout the day with stiffness and swelling of wrists, inter-phalangeal joints; now she had spindle shaped fingers.

Past History:

1. Early menopause at age of 30 yrs.
2. She developed dryness of mouth and eyes, which was diagnosed as Jorgen's Syndrome. Prescribed Dysolene, Dolonex and moisal eye drops and other allopathic medicines.
3. Recurrent vomiting bouts once in 2-3 months with pain in her abdomen and loose motions; aggravated eating at night and fried food.
4. Recurrent ulcerative stomatitis.
5. Hypertension for the last 2-3 years.
6. Hospitalized for 3 months for pleural effusion.

Patient As A Person: Appearance: Dark complexioned, short, obese patient with a round face; multiple warts and luxuriant black hair. Slow and indolent in her movements; slow in relating her complaints with a dead pan expression.

Appetite: Normal.

Aversion: sweets

Craving: salty, spicy3 sour, chicken.

Perspiration on face.

Bowels: normal.

Sleep only with Tab Restyl.

Covers with blanket even in summer.

Averse to extremes of climate. Wants fan. C3H2

Life Story:

She has four children. Is quiet and reserved while speaking. She is very anxious about her health. When angry, she clenches her teeth, which causes pain in her left ear. Sensitive, weeps easily and aloud. Afraid if her husband comes late. Stubborn. Depressed because of illness: feels that she will not get well.

No major financial or family tensions.

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Treatment & Follow-Up:

18-6-97	Chilly patient with recurrent vomiting; aversion sweets; anxiety, loud sounds, obesity, oedema face, multiple warts <i>Graphitis</i> 200/3 doses + SL
3-9-97	GIT > 3. Oedema of face, joint pains SQ Trigger finger- 3rd finger with hand s to be manually extended. Occ Burning in throat < eating as if food stuck in throat with dryness of mouth. <i>Phytum</i>
2-8-97	Heaviness of body , with pain in knees and heels and chest with choking sensation < walking; sleep less; ulcers in mouth with dryness Itching sensation 18-8-97: SQ. Vomiting -1 week back
18-8-97	SQ. Vomiting -1 week back Took allopathic treatment. Sleep Less. Itching in nose. <i>Graphites</i> 1M /3 doses
1-9-97	General Amelioration >3 Joint pain ++ 3 < 1st motion, rain > continued motion; anxiety and restlessness SL
3-10-97	SQ lethargy, does not feel like working, anxiety <i>Calc-c</i> 200/3
17-10-97	pain > 3; lethargy persists but becoming more alert. <i>Calc-c</i> 1M/3 With this, patient reported improvement for quite sometime along with <i>Rhus-tox</i> for acute pains. The patient, who used to weigh 61-64 kgs, started losing wt.
15-4-98	Vesicular eruptions on both feet with burning and itching and oedema in ankles with acidity. <i>Graphites</i> 1M/3 + SL and <i>Rhus-tox</i> 1M SOS.for joint pain.
13-8-98	> 3 -skin problems. Blackish pigmentation remains. Vomited previous night; constipated. Jt pains > 3 <i>Graphites</i> 1M/3
2-9-98	Sleep less. Nodules at the base of rt index finger; itching in left foot and pain in left heel. <i>Graphites</i> 1M/3 + SL
29-9-98	SQ; sensation of fullness of body; Perspiration ++; pain in knees < ascending; feels will not be able to balance herself. Hairfall. Sleep less. <i>Calcarea-carb</i> 200/3
Since then the patient >3; Has been losing excess wt and now weighs 55 Kgs. No episode of vomiting and constipation. Dryness of mouth persists though less. The joint pains are> 3. She is able to walk more freely. <i>Rhus-tox</i> 1M helps when joint pains acute. The feeling that she will not get well has also disappeared. Her main anxiety now is her hair fall.	
13-4-99	She came for pain in her wrists She was given <i>Calc-carb</i> 1M /3 +phytum which > in 5 days. She is still under treatment but has shown good response.

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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Life: a balancing Act

NATIONAL JOURNAL OF HOMOEOPATHY 1999 Mar / Apr VOL VIII NO 2.

Dr Vishpala Parthasarathy

'Nat-m / Cimic

A lady, 63, came to me from Madras on 25-8-98, with her husband in tow, who also performe had to start Homoeopathic treatment. Her main suffering was

Location	Sensation	Modality	Concomitants
Neck: Rt sideSince 10y- 1/m-severe	Pain, Dull, continuousCervical Spondylosis	< draft. Cold > Exercise	
Joints <Rt ODknee, hips, shoulders, elbows, wrist	Arthritis Pain	< Walking < Stretching > Tabs	Fear, fall will
Low Back Since 10y >1 1999	Numbness, Tingling Discomfort	AF Fall < Bending backwards > massaging > Stretching	X-Ray - N
Rectum 10-12yr OD	Thread wormsItching AnusFissure, Piles Occasional bleeding	< early morning	Stools hard, irregular, unsatisfactory
Circulation;	BP140/95 Hypertension	Waking on 5.30-6am	Headache dull, behind eyes > Vomit > Tab Minipress
Since Jan98 Now in control R T Since 7yr OD Nose Chest Rt cheek	Recurrent colds with sneezing3 Block, dry Wheezing-asthma Sensation of blob	AF Dust3 pollen < AC draft >open air < am 5.30-6 & 7 pm > pressing > passing a bloody blob -expectoration	

Pt as a Person.

Stocky. Wt gain 18kg since '84

Skin: Allergic to Nylon, plastic and leather.

> Candid. Cracks feet

Nail: Brittle. Ridged.

Eyes: Astigmatism. Bags under the lids

Teeth: Caries, gums bleed.

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Perspiration: Gen3 profuse3 full body
Appetite: N. occ acidity with nausea
Thirst: Increased
Stools: Constipated, piles, non-bleeding
Micturition: increased frequency at night
Craving: sweet3
Aversion: oily food
Thermal: chilly2 C4H
Menstrual History: Menarche - 14yrs
Menopause - 1985
Cycles - regular, profuse, clotted,
dark-red, stains indelible ++
MB - Dull Backache and
Dysmenorrhoea > MD
Climacteric - hot flushes. Leucorrhoea

Physical Factors: Likes medium weather, clear skies, open air, covers at night, bath warm.

Mind: Irritable. But now with age, has cooled down by 50%. Weepy3 when angry.
Loves people. Loves helping. Fastidious
Fear dark esp between 3-5 am.
Sleep: 10-6am. Disturbed only rarely. Occ talks, gets nightmares, is frightened 1/w
Dreams: Someone falling in the sea, water, struggling to come out and finally succeeds.

Life Story: Born in 1935. She was the eldest of 2 brothers and 3 sisters. Father was in railways, therefore transfers were common. Mo was very strict -wanted them to be perfect in everything.

1957 M Sc Zoology-Botany at the Institute of Science.

Did a job at KC College for 5 yrs to educate a friend who wanted to be a doctor.

As a child she was thin and fearful. But gradually she changed and became an extrovert, jovial, in spite of difficulties.

1967 Married. Tube block. No children. Yet accepted it as fate and went on with life, cheerfully.

1977-84 Mumbai. H had a job with Rallys

1985 Madras. H joined as President Shaw Wallace.

1996 Retired. Now live in family bungalow, jointly with FIL, MIF, and BIL who live downstairs while they live upstairs.

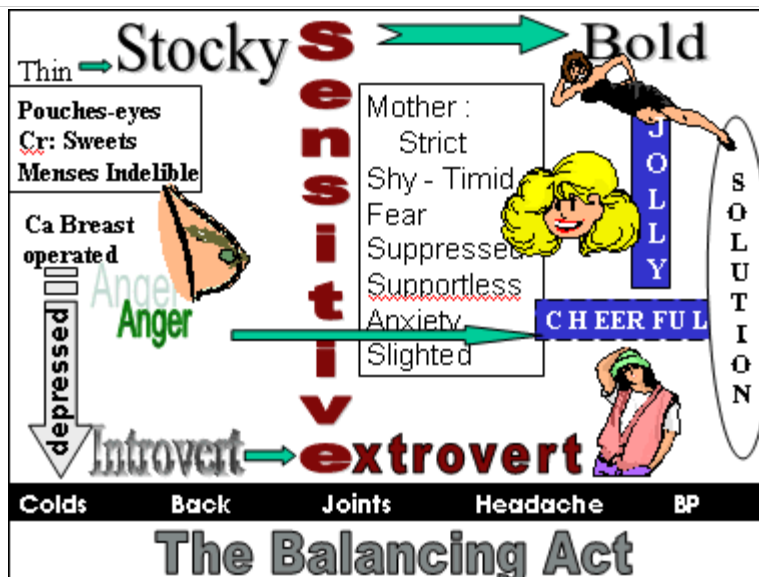
1997: At this point in their lives when they were just settling and adjusting to a new mode, they suffered a major loss. The person they had entrusted with their investments ran off. It was a severe blow, esp as that person was their friend. Pt got over it quicker than the husband. He stays at home. Always an introvert, it has now been accentuated. Does not go out much nor join her for her activities, in spite of being retired. She loves to be out and doing many things.

She has recently even begun to learn painting. Always a helpful sort but now after own Ca, helps Ca-patients on a regular basis.

Husband has had 3 heart attacks +2 strokes. Plus Diabetes. So it is a cause for worry; but she thinks he should take life a little more cheerfully, as she has done.

Also feels he can share more with her. This is her main complaint.

Structure See Chart



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Back

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A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
P | Q | R | S | T | U | V | X | Y | Z |

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RA: The Price To Pay
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 Dr. Ajit Kulkarni
 'Kali-carb / Rhus-t

The Plan of Presentation

- I. Perceiving the totality of sickness through:
 - a. Physical complaints
 - b. Life space investigation of the patient including the inter-personal relationship.
 - c. Deriving the mental traits leading to the development of the personality structure.
 - d. Physical examination (systemic and local).
 - e. Diagnosis of the disease with proper investigations.

II. Analysis and Synthesis of Data

III. Structural presentation

IV. Planning and programming of Treatment

V. A brief follow-up of the case and Conclusion

Mrs. K. Female, DOB-5/12/1933, 55 years.

Status- Married

Religion: Hindu-Brahmin.

Spouse: 58 years. Vegetarian.

Education: Matric.

Siblings-3 1-male and 2-females.

Date of Consultation: 23/5/1988.

Chief Complaints

Location sensation Modalities Concomitant and Pathology

1) Joints	Pain	< Touch	Weakness
Knees, shoulders,	Sharp	< Rest during	Oedema
Wrists, elbows,	Swelling	<Night	Above upper
phalanges	Stiffness	<3 am onwards	Eye-lids
Since 2 years		>rubbing	
Gradual onset		>motion	
2) Lumbar	Pain	>Warmth	
Region	stiffness	>Lying on back	
		<Morning	

Associated Troubles

GIT	Hyper acidity	< Frustration
		< Stress Antacid

II) Patient as a Person

Average built. Height- 5'.2". Weight - 54 Kgs.
 Perspiration- scanty. Teeth- caries.
 Digestion - Appetite - poor. Acidity+ A.F. - Vexation

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Thirst- frequent, for large quantity at small intervals.
Craving- Sweet³, Highly seasoned², Ice- cream²

Menstrual Function:

Menopause - 7 years back without any trouble. P/H -regular menses.

Pregnancy, Labour and Puerperium :

P/H- Morning sickness ++ first four months
Five abortion- four induced (as they were female babies).
Sleep - Unrefreshing. Disturbed ++ A.F. anxiety, vexation.
Awakens- around 3 a.m. than sleepless.
Dreams - Dirty water, drowning in water, frightful.

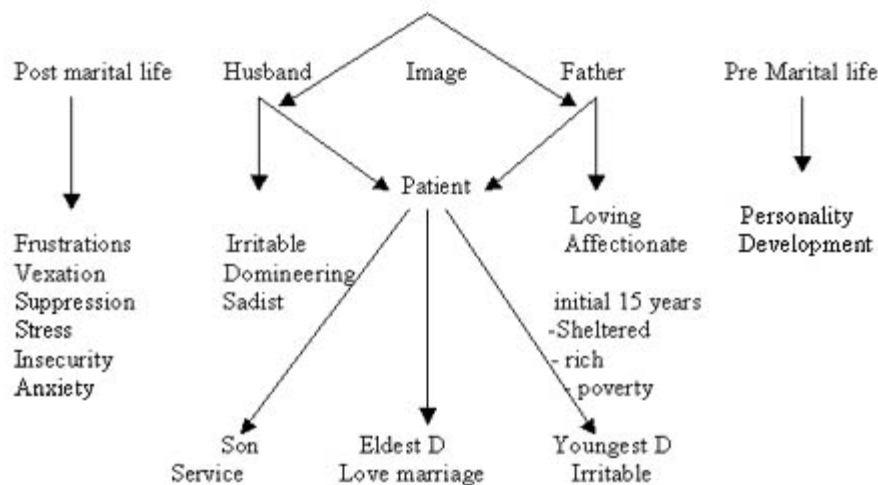
III) Life Space Account

The family consisted of parents, one brother and two sisters. Father was the farmer in the village in Satara District. Patient was the eldest in the family. Childhood pleasant as family was rich, father was extreme attachment with the parents esp. with the father as he pampered the patient.

The 1948 tragedy of communal riot was the catastrophic event for the whole family. Burning of the house and property resulted in sudden poverty. Although father somehow sustained this blow, mother went into the phase depression. Her age was 15 years old when the event occurred. She vividly remembers the hardships the family had to undergo subsequently. Father's toil was painful to the patient. She also did the service in order to run the family(from 1950-57).

In 1957, at the age of 24, patient got married and started residing at Satara. Soon husband compelled the patient to leave the service against patient's will. She described her husband as a perverted, eccentric fellow who has given a lot of trouble to the patient.

Structural Presentation:



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