

# My Turning Point

When I was in 4<sup>th</sup> BHMS, and working in a private orthopedic hospital at Pune, I came across a female co-worker suffering from severe chronic asthmatic bronchitis. She was just attending her duty without actually doing her work. She was already on Prednisolone 10 mg BD, Deriphylin R 300 mg BD, Ventorlin BD and changing antibiotics since long without any result. She used to come for duty, but whole day she sat in Knee-chest position with great dyspnoea.

I asked my Sir, how have you continued her on duty? He explained that, she was working in this hospital right from the time hospital opened. That's why I have still

kept her.

So I asked, shall I give Homoeopathic medicine to her? He said, why not?

This was the first chance in my life, to take a homoeopathic case, personally. So, I revised case taking methods and the case which I took was as follows:

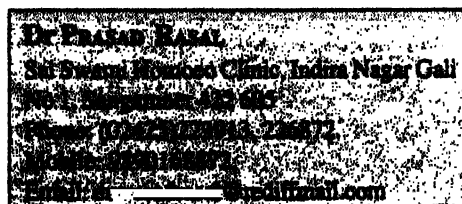
NAME OF PATIENT: Mrs G A G

DOB : 01/08/89

STATUS : M

OCCUPATION : Service in Hospital

LOCATION	SENSATION AND PATHOLOGY	A/F AND MODALITIES	CONCOMITANTS
Respiratory system 5-6 Yrs	Breathlessness.	< Sitting < Movement < Lifting weight < Exertion > Lying down with knee chest position	Weakness Throbbing Aching pain in. chest wall.
Respiratory system 5-6 Yrs	Cough-continuous, aching	< Talking < Cloudy < Damp cold, rainy weather < Evening, < After midnight, < Lying down in supine position. < Smell - oily things. < Tobacco smell < Daytime. > Lying in knee chest position > Fanning.	Backache. Soreness in chest.



## Cases

Respiratory system 5-6 Yrs	Sputum-Frothy, while seldom bloody.	> Summer > Warm drink	
GIT 21 Yrs	Hiccough.		
NOSE	Coryza-watery sometime bloody- During Coryza patient feels hot internally but externally no temp.	> Steam inhalation, warm application. < 7am-12am < 6pm-3am	
HEAD: Supra-orbital, Vertex, Occipital region.	Headache – Throbbing & squeezing type of pain.	> by pressure	
EXTREMITIES	Trembling of extremities. Pain in both ankles. Numbness. Joints tender.	< Standing for longtime. < After walking	Vertigo Giddiness

### PAST HISTORY

1. Pain in right knee joint 3 yrs back.
2. Whooping cough – in childhood.
3. Tonsillectomy – 5 yrs back.
4. Tubectomy – 13 yrs back.
5. H/O Chronic Leucorrhoea.
6. Attacks of Breathlessness

**FAMILY HISTORY:** Father : H/o chronic cough

### PATIENT AS A PERSON

**DIGESTION:**

**APPETITE:** Decrease in last 5-6 months

**THIRST :** Only at night.

### Desire Aversion & Effects:

Eggs: A ++. Ice cream: D+. Meat: A+. Milk: D++.

Salt: D++. Sour: D++. Sweet: D+++

**ELIMINATION:** Daytime normal

**URINE:** 4-5 Times at night

**STOOL:** Constipation on alternate days.

**RESPIRATION:** Yellowish, staining.

**MENSTRUAL FUNCTION:** 2/20 days

RMP/IMP : Scanty bleeding

Metrorrhagia: Dark, brown color.

Leucorrhoea: Staining cloths yellow.

**SLEEP:** Disturbs at midnight because of cough & dyspnoeic attack. Can't sleep for long Again in morning, sleeps for ½ - 1 hour.

**DREAMS:** Snake

### THERMAL REACTION:

**BATH:** Semi-hot. Coverings: Up to Neck. Fan: wants fan continuously.

**Season :** Likes Summer.

### MENTAL STATE

- Wants everything at place otherwise get irritable
- Anxiety causing throbbing headache, wants to remain quiet but not alone.
- Fear of death; what will happen to my son & daughter? Anxious about future+++.
- Fears something bad will happen to me+++.

- Hasty, hurried while walking, working+++.

**PHYSICAL GENERAL EXAMINATION**

Patient is conscious, well oriented, poorly built & poorly nourished.

TEMP: Elevated at night only

RR:32min. P:100/min. Tongue: Red tips clean.

Nails: Clubbing 1st

Eyes: Conjunctiva pale

Skin: Dry

**SYSTEMIC EXAMINATION:**

**RESPIRATORY:**

1. INSPECTION: Normal chest but little bilateral expansion.
2. PALPITATION: Tenderness all over chest because of coughing.
3. PERCUSSION: Resonance all over.
4. AUSCULTATION: Rhonchi well marked.

**A DIAGNOSED CASE OF BRONCHIAL ASTHMA.**

**ANALYSIS OF THE CASE**

After case taking, I read it a number of times, discussed it with my colleagues, repertorised with following rubrics.

**REPERTORIAL TOTALITY**

1. Ailments, anticipation
2. Fastidious
3. Fear, misfortune of
4. Hurry, haste tendency
5. Food & drinks, sweets & salt desire

**RESULT OF REPERTORISATION**

- |                       |      |
|-----------------------|------|
| 1. <i>Medorrhinum</i> | 15/6 |
| 2. <i>Arg-nit</i>     | 12/5 |
| 3. <i>Puls</i>        | 12/5 |
| 4. <i>Ars-alb</i>     | 11/5 |
| 5. <i>Sulph</i>       | 10/5 |

**MIASMATIC INTERPRETATION**

**SYCOTIC:** Chronic bronchial asthma with fixity at physical & mental level.

**HOMOEOPATHIC MANAGEMENT**

**AUXILLARY:**

A) Avoid misri (no reference given earlier).

B) Steam inhalation.

**MEDICINAL TREATMENT**

As I was a student , I hesitated to prescribe Nosode as a First Prescription and was in a lot of dilemma regarding potency selection. Still, after discussion with seniors & colleagues, we decided to give nosode as a first prescription, cautioning her about homoeopathic aggravation.

I selected, *Medorrhinum* 200 -1 dose with Placebo for 10 days.

**FOLLOW UP**

02/01/89 : Amazing thing happened after taking a dose of *Medorrhinum*. She felt absolutely relaxed immediately, which she could not in previous 10 years. She started moving about without any disturbance. Cough stopped completely.

02/12/89 : Absolute no breathlessness. Working with full confidence & strength.

Weakness disappeared. Thereafter I was there for 2 years in same hospital, but I never noticed a recurrence. Even today she is asymptomatic & enjoying her life.

So, because my father was a senior allopath, I had taken admission to get label of a doctor and not a homoeopath. It was only after getting confirmation about the efficacy of homoeopathy through personal experience that I got converted to Homoeopathy. Today, I am practicing successfully since last 12years.

**“Some people dream of success.....  
while others wake up and work hard at it.”**