

The Fearful One

A 38 year old female came for consultation at my clinic at Churchgate on 12/5/1994.

CHIEF COMPLAINT

The patient was apparently alright until 1992 when she developed pain in the lower back. The pain mostly located in the left side of back, was severe in nature with marked morning stiffness. The pain is aggravated by working in water, by lifting heavy things, exertion, in winter and rainy season and ameliorated by warmth and by walking. The patient had taken allopathic treatment with temporary relief.

PAST HISTORY

H/o urticaria, chicken pox, recurrent upper respiratory infection, recurrent vaccinations in childhood.

H/o anemia in 1980.

FAMILY HISTORY

Mother expired in 1992: H/o Cancer of Uterus, renal calculi and hypertension.

Father expired in 1997: H/o myocardial infarction, pleural effusion.

Three Sisters: H/o asthma.

PERSONAL HISTORY

APPETITE: decreased. THIRST: 2-3 glasses of water/ day.

MICTURITION: Normal. BOWELS: Normal.

CRAVING: Sour³, Sweets³, boiled eggs³ and fish¹.

AVERSION: Milk³.

DIGESTION: Occasional, Retrosternal burning.

PERSPIRATION: Profuse-nape of neck³, scalp³-wets pillow.

Also on palms². Perspiration is cold to touch. No smell or staining of clothes.

MENSTRUATION: FMP – 14 yrs. Flow reduced with reddish clotted discharge lasting for 2 days.

Before menses backache², heaviness breasts³ and pimples on face.

THERMAL MODALITY: Ambi-thermal towards Chilly .

SLEEP: Startling in sleep³, sensation of falling in sleep³, cramps in calf muscles in sleep³.

DREAMS: of murder, police, sea² and falling from ladder³.

MENTAL STATE

Introverted personality. Suppressed emotions³. Weeps easily³. Expresses anger³. < consolation³. Anticipatory anxiety³. Fear of Dogs, Cockroaches and Lizards.

Obstinate < contradiction+.

Religious². Likes to travel.

GENERAL EXAMINATION

Pulse –80/min. BP- 110/70 mm Hg. Dark Circles below both eyes.

SYSTEMIC EXAMINATION: Essentially normal.

LOCAL EXAMINATION: Tenderness at region of L5-S1.

SLR 50 degress

X-Ray L-S Spine: Reduction in vertebrae space of L5- S1.

The Non-repertorial approach was taken and *Calcarea-carb* was selected basis of the following totality of symptoms:

1. Suppressed emotions³.
2. < Contradiction³.
3. < Consolation³.
4. Anticipatory anxiety³.
5. Fear of Dogs, Cockroaches and Lizards.
6. Dreams – of murder, police, sea² and falling from ladder³.
7. Cr – Sour³, Sweets³, boiled eggs³ and fish¹.
8. Av - Milk³.
9. Perspiration – profuse, nape of neck², palms². Cold perspiration.
10. Chilly patient.
11. Before menses backache², heaviness in the breasts³ and pimples on face.
12. Startling in sleep³, sensation of falling in sleep³,

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cramps in calf muscles in sleep³.

- 13 Pain in L-S region aggravated by working in water, by lifting heavy things, exertion, in the winter and rainy season's. Ameliorated by warmth and by walking.

PROGRESS REPORT

On 12/05/1994 patient was given the constitutional *Calcarea-carb* as the phase of the disease was chronic in nature and the fundamental miasm was syco-syphilitic in nature.

The potency selected was a moderate 200th, inspite of high susceptibility. –so as to avoid an aggravation. The remedy was repeated frequently and within a short

span of 2 months, patient obtained good relief.

Dr Boericke in his *Materia-Medica* does remind that *Calcarea-carb* requires frequent repetition in order to have a favorable response of the remedy which was confirmed in this case. Also besides this, the repetition will also depend upon the nature of the case, the pathology involved, the sensitivity and the susceptibility of the case, the miasmatic load and any history of suppression. The speed, depth and pace of the disease phenomena must also be looked into in order to judge the repetition.

All these factors were considered in this case in order to repeat judiciously.

A Rapid Return to Work!

Mr ASB 67 yrs, having a sedentary job as NJH Manager, residing at Naigaon, had C/o Duodenitis with P/H of duodenal ulcer when he first consulted us. On 12/4/05 he came to us half bent over and with a cloth tied tightly around his waist. He had sudden severe backache in the morning. A/F lifting heavy wt when out of town 2 days back. The pain was in lumbosacral area and Rt iliac fossa < sitting, > tying the back tightly with a cloth. When examined by another Doctor, he was advised to do MRI and suggested that he may have to go for surgery.

15/4/05: When we examined him, SLR R and L = 45. He was almost weeping with pain. Based on presenting totality, *Rhus-t* 200, 4 hourly in water was started. Having come all the way, he wanted to continue to attend office, but not to sit and work, he should remain standing or frequently go and lie down in the evening. We also consulted our in-house expert, Dr Asrani, SLR R= 50, L=40. He diagnosed as bilateral Sciatica. He said it to be dangerous. He was advised to take rest, avoid sitting,

could stand or sleep but not sit. To wear belt and to take homeopathic medicine.

That first day he could work till his son came to pick him up in the afternoon.

21/4/05: Pt did not feel much of relief. Naturally, because he had worked that first day. But there was no deterioration, which was a good sign.

He was told to be at home and take complete rest for some days. MRI to be done. *Rhus-t* 200 in water doses, be taken 4 hourly after giving 10 strokes to the bottle. He was also given *Calc-fl* 6x 1 pill every 4 hours as a supportive biochemic medicine.

23/4/05: He was 80% better. There was just a residual spotty pain > pressure. He could walk, bend and lie on back without any discomfort.

O/E: SLR R=75, L= 60. He was so much better that he started coming to work only after 2 days of rest. He was given *Lyc* 200 which is his constitutional remedy.

2/5/05. He was >³. SLR R= 90, L=75. And there would be pain only on lifting weights. By May 15, no pain at all. And his MRI was never done! This is the bane of Homeopathic practice. Sometimes expensive investigations cannot be enforced, especially as improvement with Homoeopathy is so rapid.



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