

Evolving an Understanding of *Thuja*

INTRODUCTION

This is a case of a friend who was an example of determination and courage. Belwin, a brilliant student from Kerela had come to MLDMHI out of sheer love for homoeopathy. In a state which was absolutely foreign to him, with people who spoke a language which was absolutely foreign to him, he started learning and working towards giving homoeopathy at its best to the poor and underprivileged. In a period of around 7-8 months Belwin had picked a local language, Marathi and Hindi, by joining classes and reading up books. He used to love raising questions and arguing about

the concepts of homoeopathy with me and my colleagues. Coming from different backgrounds we had differences but the respect and love for each other was immense.

On that fateful day of 12th December 2004, we lost him to an unfortunate road accident. It has taken us sometime to recover from the loss we incurred in our personal lives. This presentation, of one of his cases, is a tribute to him.

PRELIMINARY INFORMATION:

NAME: Mrs A N D AGE: 43 yrs. SEX: F

EDUCATION: 10th, Shorthand. OCCUPATION: housewife.

CHIEF COMPLAINTS

LOCATION	SENSATION	MODALITY	ACCOMPANIMENT
1) Abdomen- epigastric region since 1-11/2 yrs	Colicky pain ² water brash, Nausea, occ Vomiting Bitter taste	A/F Hysterectomy < smell of food ² > after eating ² > allopathic medicines ²	Ball like sensation in the throat
2) Rectum since 1 1/2 yrs	Burning pain has to strain to pass stools. No blood, no mucous. Stools slightly hard in consistency. Ball like sensation in the Anus	< spicy ² < sitting for long time. ²	
3) Cardio- vascular system Since 1 year.	Hypertension – on regular check up. No symptoms. Stopped treatment on her own.	Tab Zostril 5 mg. O D	
4) Thyroid since 1 year	No complaints. Reports showed decrease levels. Reports not available.	Tab Thyroxine 1/2 OD	Sensation if her body is very fragile.



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5) Musculo-skeletal system-small joints since 1 year on and off.	Stiffness occasional swelling	A/F Hysterectomy	
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PAST HISTORY

1) Bronchaial Asthma 6-7 years back. Took allopathy. Now asymptomatic.

2) Fibroid uterus. Hysterectomy done 2 years ago.

FAMILY HISTORY: 1) Father: Cancer. Mother: Arthritis. Brother: Asthma

PATIENT AS A PERSON

Obese³, wheatish complexion.

CRAVING: Sour³, highly seasoned food².

AVERSION: Milk³.

MENSES: Colour: Brown. Indelible³. Staining. Cycle 4/30

THERMALS: Fan: in summer – 5. In winter 0. Covering: in summer- thin blanket. In winter- thick blanket.

Woolen: Occ in winter. Bath; before operation always cold, after operation- hot all 12 months.

P/H: Chilly

LIFE SPACE

Patient is 43 year old female from Kerala. She belongs to the Malayali Christian community. She was born and brought up in Kerala and educated till 10th Std. She was always average in studies. Her childhood was normal. Her father and mother were both good by nature. She had 6 brothers and her relation with all of them was good. After 10th std did a typing course. In the year 1981 she got married. After marriage she shifted to the Maharashtra. Initially she did not like the place because of the language problem. Later she adjusted and got settled. She has two children: a son and a daughter. For the first few years they were with the grandparents in Kerala. She would miss them a lot and

weep when she remembered them. Basically she is timid, fearful and sympathetic. If she is scolded, she gets hurts and weeps a lot. She gets very scared on seeing dead bodies, blood, accidents and animals. Whenever she sees anyone suffering or in pain of any kind she starts weeping. She gets extremely moved and tries to help them out. In her day to day activities she is very particular about what is kept where. She does not like when things are kept here and there, gets irritated and scolds her children. But anger is not very long lasting. If irritated, she shouts a little, then forgets the whole issue.

Currently she is living with her husband and son. Her daughter is living in Kerala. She is very anxious about her health. She sits and worries about what might happen to her in the future because of her health problems. Lately she has been feeling very vulnerable because of the illnesses and thinks her body is very fragile, which increases her anxiety even more.

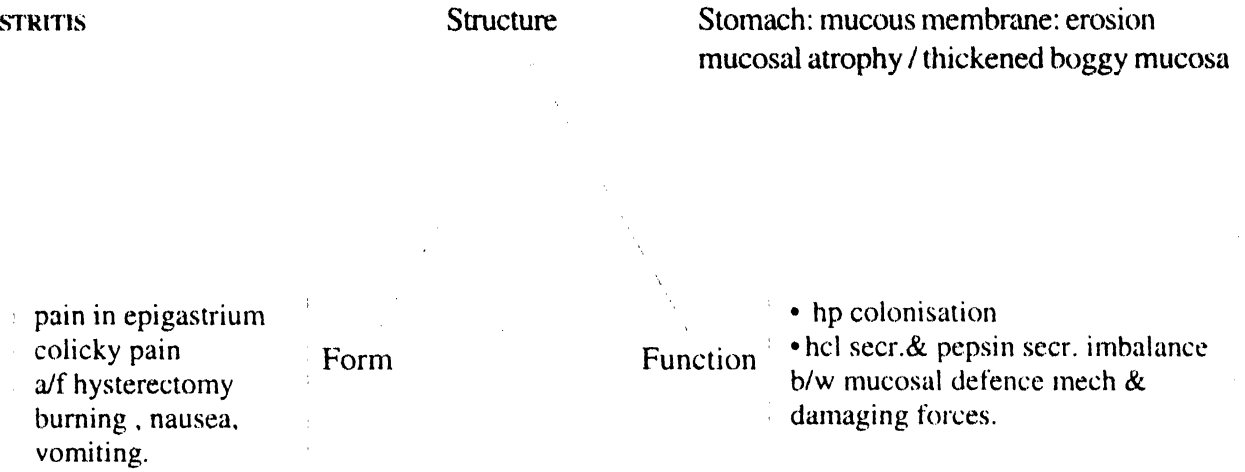
From the above data we came to the following

DIAGNOSIS

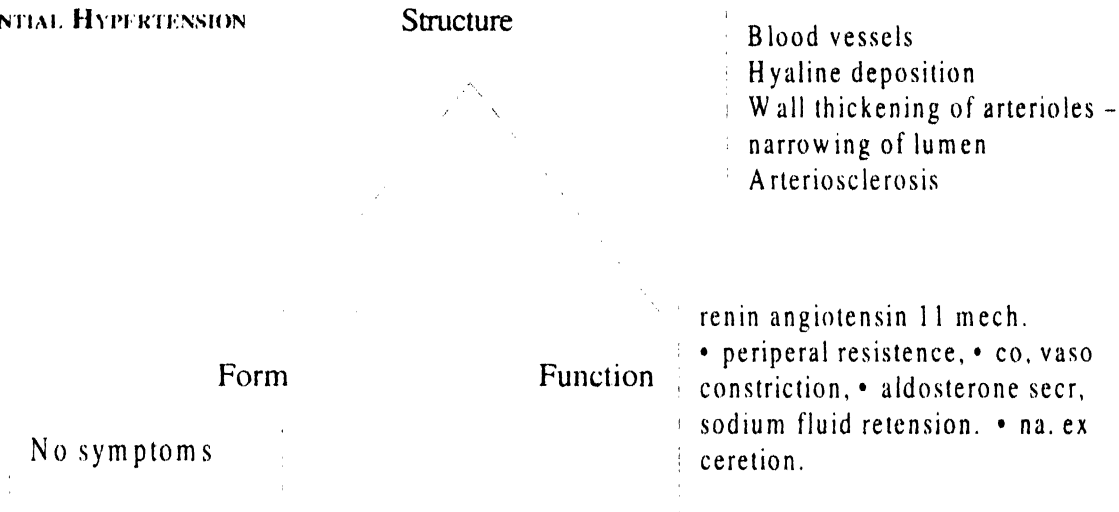
1. Gastritis
2. Hemorrhoids
3. Essential Hypertension
4. Primary Idiopathic Hypothyroidism
5. Osteoarthritis.

The analysis was done of the symptoms on the basis of the structure, form and function in the following manner:

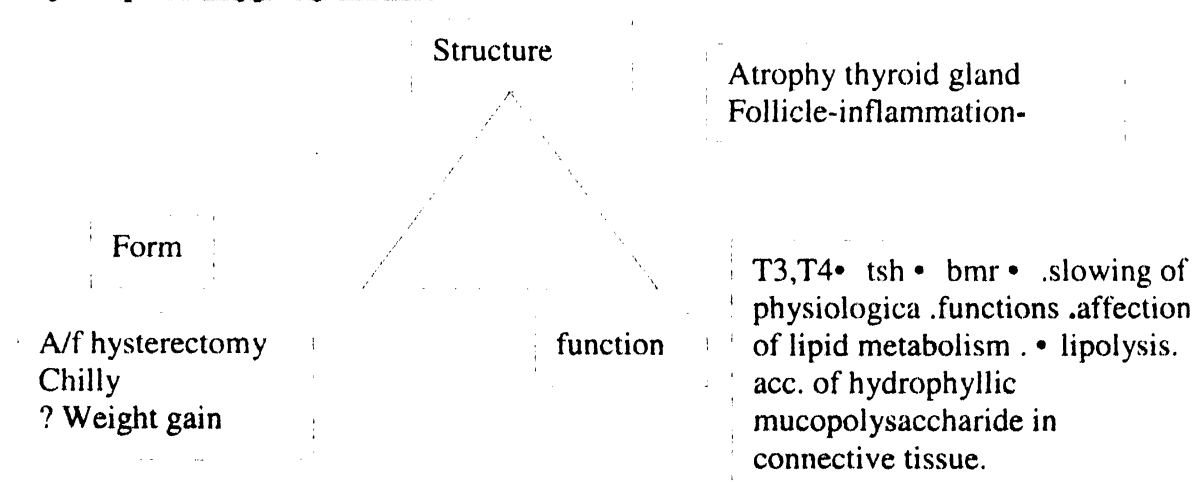
1. GASTRITIS



2. ESSENTIAL HYPERTENSION



3. Primary Idiopathic Hypothyroidism



4. Bronchial

Asthma

structure

tracheo bronchial tree airway
.inflammation
broncho spasm, hypertrophy of
bronchial muscle, increase size of
mucous glands.

form

Breathlessness

Starts with coryza
cough

< cloudy weather
sputum: white, sticky.

function

- Mucous secretion
 - Release of mediators
- Hyper responsiveness of air
way

TOTALITY OF THE PATIENT

- 1) A/f hysterectomy – suppression (surgical).
- 2) < Scolded being, admonition = weeps.
- 3) < Anticipatory anxiety.
- 4) Fearful – on seeing dead people, accidents, blood, animal.
- 5) Anxious about own health.
- 6) Sentimental.
- 7) Weeps easily, brooding.
- 8) Menses: black, stain – brown.
- 9) Aversion – sweets, milk.
- 10) Craving – sour, pickle.
- 11) Ball like sensation in rectum and throat.

REPERTORIAL TOTALITY

- 1) A/F hysterectomy – suppression (surgical)
- 2) < Scolded being, admonition – weeps
- 3) < anticipatory anxiety
- 4) Fearful – on seeing dead people, accident, blood, animal
- 5) Weeps easily, brooding.
- 6) Anxious about own health.
- 7) Plug like sensation.

POTENTIAL DIFFERENTIAL FIELD

- 1) Menses black
- 2) Menses staining
- 3) Craving sour
- 4) Aversion milk
- 5) Aversion sweets
- 7) Sycotic miasm

REPERTORIAL RESULT

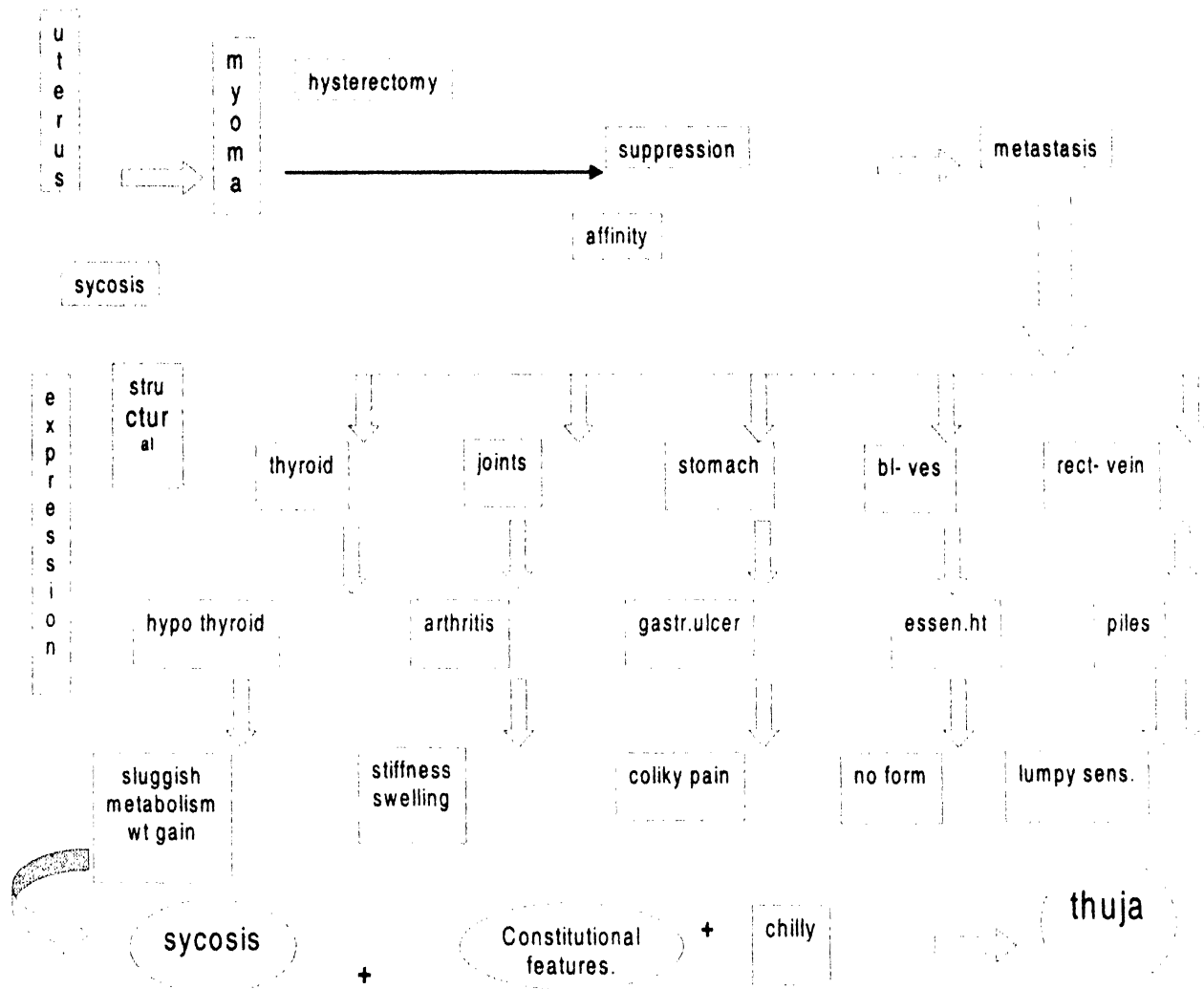
Calcarea-carb 15/7, *Lachesis* 15/7, *Pulsatilla* 18/7, *Silicea* 19/7, *Sulphur* 15/8, *Thuja* 11/8.

PATIENT IS CHILLY, THE REMEDIES FOR DISCUSSION ARE

- 1) *Calcarea-carb*
- 2) *Silicea*
- 3) *Thuja*

Since there was a lot of suppression in the form of hysterectomy (surgical suppression), predominant sycotic miasm, the peculiar feeling given by the patient in the form of “FRAGILITY” and the “ANXIETY”, it was leading her into, *THUJA* which was selected as final prescription.

CONCEPTUALLY THE CASE COULD BE REPRESENTED IN THE FOLLOWING MANNER



FOLLOW UP

Thuja 200 was infrequently given. After the 1st dose she presented with status quo, so 2nd dose was given. After the 2nd dose she improved on some of the sectors. So a third dose was repeated after which there was an overall improvement in the patient. So

then she was kept on *Placebo* for a week, after which she came back with a fluctuating response, so the 4th dose was given after which patient reported to be better significantly on the all the sectors and later further improved under *SL*



One of the many things no one tells you about aging is that it is such a nice change from being young.

Ah, being young is beautiful, but being old is comfortable.