



Learn a remedy through cases-*Opium* II

INTRODUCTION:

We have published a study of *Opium* in an earlier issue including cases. The idea of starting this section started from there. Since then I came across some more interesting cases of *Opium*. The following is the add on compilation.

Dr Victor Jenni of Switzerland, in a comprehensive article on the remedy, (Homoeo Links 4/93) gives a different interpretation to this *Opium*. He calls it an important remedy for "asphyxia of the new born" and provides this key to *Opium*. The question for every child is "Will I survive birth or will I die? In any case I cannot avoid being born and have to go through the danger. The only escape is flight forward or rather downward. The feeling is just the same-just being born or almost dying again."

Rubrics "Desire to escape; fear of death; indifference or resignation". He says that at the time of birth, there may be rupture of amnion but no labour pains; labour starts 24 hours later or is to be induced artificially. The newborn baby is flabby, cyanotic, asphyxic with eyes wide open.

Or the birth process starts well but just when the expulsion of child is to begin, labour suddenly ceases (KR 739) Or the birth is too fast and the child almost falls out.

Dr Jenni says that possible causes for these circumstances are a) fear and fright b) grief and sadness c) injury and over-exertion and d) acute sickness during pregnancy such as influenza, pneumonia, genito-urinary infections etc. In his clinical experience *Opium* is the most frequently indicated remedy for the treatment of above harmful influences during pregnancy. He says



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if a person once in life goes through the *Opium* stage, that state is implanted permanently and hides like a veil, the underlying miasmatic and constitutional symptoms. One should therefore enquire about the state of the mother during pregnancy and childbirth process. He stresses that another indicator is "remembered dreams". *Opium* shows in symbols as: Falling, dreams alternating- beautiful, pleasant alternately with vexatious, vivid nightmares. He tries to escape but fails. Dreams of dragons, beasts and ugly faces.

CASE 1: A 41-year-old woman consulted him for dysmenorrhoea, asthma and psychic problems. In childhood she had neurodermatitis, which developed to asthma. Also allergy of skin from exposure to sun. She had a few episodes of fear of death; once she was almost drowned; on another occasion she thought that her swimming coach was not watching her and while swimming feared she would drown; fear of death from crowds in a railway station as a child. Following a again divorce after 15 years of marriage, she again had that fear of death from being alone. This last episode was set right by a dose of *Acon*. She also dreamt of reacting slowly to external environment, as if everything outside was moving quickly; a queer feeling of her soul being too much on the surface of her body. She said that she was sexually abused regularly by a cousin from the age of 9 to 12y. Her husband physically abused her by beating her.

When she consulted the doctor, it was ostensibly for other symptoms: absent minded; anxiety after waking, felt paralysed and could not move. Dysmenorrhoea worse with bleeding, clotting and membranes. Snoring and moaning during sleep. She recalled that earlier she had tolerated pains very well; once she had scalded her hand but did not feel the burning and pain much. This was a clear case of *Opium* and a dose of 200 was given. After one week: less depressed and more ener-



getic. After a month she slept better and her dysmenorrhoea was less. Other symptoms gradually disappeared and at the end of 4 months she had a fever after a long time with great sleepiness, perspiration and diarrhoea. She could cope with it and later was able to handle her problems better on her own without being depressed. Menses became painless with no clotting.

-Dr VICTOR JENNI

TIPS : "Patients needing *Opium* are extremely ill, but owing to the complete absence of pain, they consider themselves well and do not hesitate to say, "Why do you come and see me? I do not want a doctor". I have heard people say that they want to be left alone, even with high temperature, rapid pulse and fast respiration. We get this condition sometimes in old people with high blood pressure or with advanced deep-seated broncho-pneumonia. No power to raise the phlegm, hardly any cough; there is no pain, no complaints but the patient lies half comatose with stertorous breathing, congested eyes, contracted pupils, hot sweats. There is a lack of reaction. *Opium* 200 or 1M potency may raise these folk almost against their will as it were and bring them back to normal."

"It also acts equally well in the other extreme of life, in babies during teething convulsions, when the baby goes stiff and is convulsed with a red hot face; it seems to feel the heat and kicks off the bedclothes, wants a cool room and when it is placed in a hot bath, the convulsions become worse and the child may lose consciousness and collapse. Give *Opium* 200 and you will see the tension relax and child recover".

-Dr DOROTHY SHEPHERD

CASE 2: A person, aged 35, came to Dr S R Phatak with the following history. Once when he was working in his office, he went to the toilet to ease himself as his bladder was full but he could not pass any urine. Later he was hospitalized and had to be catheterized. Again after another 6 years, he had the same complaint. Within another 6 months, it recurred and he had to be kept in the hospital for 2 months. Then to his discomfiture, he

found that he could pass urine *only once a day* and for the rest of the time he had to be catheterized. Past history revealed that he used to have epileptic attacks from the age of 9 and hence did not marry. The specialists could not diagnose his case and decided to do surgery. In the operation theatre, he had seizures and the operation had to be postponed; it was at this stage he consulted Dr Phatak. Dr Phatak noticed that in addition to the urinary complaint, he had severe constipation with hard, black, and sheep dung type of stools. Dr Phatak consulted his own repertory. Taking into account two rubrics:

Urination infrequent (p 374) and constipation (p62-63) he prescribed *Opium* 1M three times a day. With the second dose passed urine freely but the constipation did not improve; for this he was given *Plumbum* 30 TDS, a complementary drug, which relieved. (*Opium*-Distension of the bladder, but no power to expel the urine and a catheter has to be used- Dr Nash)

CASE 3: A young woman consulted Dr Phatak for black coloured pores on her face. She became so self-conscious that she started avoiding people. Once she had to go and attend an important social function. An acquaintance at the function asked as to how she developed these pores. This question *embarrassed* the patient so much that next day she got convulsions and they recurred periodically. Dr Phatak prescribed *Opium* for her seizures based on the reportorial rubric "Embarrassment agg, which in his repertory gives *Ambra*, *Ignatia*, *Opium* and *Sulph*. The woman completely recovered. Dr Phatak points out that *Opium* not only covers after-effects of fright but also effects of embarrassment.

CASE 4: DISSOCIATION

A mother brought her 3-week-old child for treatment. The baby girl was un-reactive, gazing upward and never even looked at her mother. She was not connected to anyone around her. Did not react to any stimuli. Ten days earlier the child was lively and moving. It was



noticed that the child found it difficult even to swallow a little bit of water from the bottle kept in her mouth. Her mouth was dry and whenever somebody came near her she closed her eyes. Her body was limp and she had trouble coughing; her face became red and her cough sounded like a scream.

Her respiration was quite high and sometimes she stopped breathing. She was also very sleepy; did not cry and had a vacant look. She could not swallow, could not sleep nor keep her eyes open. She had not passed any stool.

The following rubrics for such *dissociation* were taken for repertorisation:

1. Lack of reaction
2. Cannot look at her mother
3. Muscles do not respond
4. Everything goes slowly
5. Cough suffocating
6. Cough, cannot breathe.

Opium 200 was given and as there was no reaction, 1M potency one dose was given next day; within two or three hours there was some reaction and the remedy was repeated 2 or 3 times over the next 3 months. The child developed severe constipation for which *Opium* LM1 was given and constipation cleared. From that date, the child showed progressive improvement in its reactions and memory and over the next three years *Opium* was repeated in LM potency and one dose of 10M whenever there was relapse of her symptoms. There was a dissociation, which happened whenever the patient became ill or in a stressful situation. Dr Alice Timmerman says that *Opium has no boundaries and what they see is them only*. In her view, the over-development or under-development of one's instinctual, intellectual, physical, emotional drive is the beginning of the more chronic diseases in modern society. In this case there was underdevelopment on the instinctual level. A child in the initial phase must rely on its instincts to develop simple modes of survival. In this case, as the doctor says, there was lack of reaction to surroundings and *Opium* corrected it.

-Dr ALICE TIMMERMAN, Homoe Links 4/2000

Want of sensitiveness to external impressions is a keynote of this remedy.

TIP: "The effects of large doses of *Opium* are complete insensibility, relaxation of muscles, pin-point pupils, the jaw may hang down, a mottled, bloated and purple face, hot sweat and stertorous breathing and the pulse is slow and full. This picture resembles some forms of cerebral Apoplexy. I have given *Opium* 1M in not a few cases of apoplexy with these symptoms and in ten to twelve hours the picture completely changed, the face lost its flush, the skin became cool and dry and pulse normal; the respirations were quiet and peaceful and the excessive flow of blood to the brain had been arrested."

-Dr DOROTHY SHEPHERD

CASE 5:

This doctor was called by a nurse for a two-week old baby, which was not able to drink from her mother's breast. The baby had only one or two sucks and then stopped and fell asleep. The child woke up only three times a day at 8 hourly intervals; when she woke she did not cry for feeding. The doctor was told that the child never cried at all. On examination, it was noticed that there was a very marked general muscular hypotension, open mouth and half-open eyes during sleep. The girl lay on her abdomen unable to raise her head. On pulling her up into a sitting position the head fell back. The following rubrics selected:

1. SRI 101: Asks for nothing
2. SRIII 114: Sleepiness overpowering
3. RG 106: Head, unable to hold up
4. RG 98: Head falling backward while sitting
5. RG 208: Eyes half open
6. RG 347: Mouth open during sleep
7. SRII 560: Relaxation of muscles
8. SRII 559: Reflexes diminished

The remedy was *Opium*; a dose in 200th potency was given. The symptoms were aggravated for 2 weeks, after which there was rapid improvement. The child was responsive to her own needs and hungry for feed



every 4 hours; the sleepiness disappeared and in a period of 3 months the child was normal in all respects.

-Dr PETER MATTMAAN-ALLAMAND-Hom Links-4/92

CASE 6: INTESTINAL OBSTRUCTION

An 80-year-old lady consulted for bloating abdomen - like a balloon; it was hard; there was faecal vomiting; there was acute abdominal pain; total obstruction for several days; pulse was weak. On examining the rectum the doctor found hard faecal matter. An olive oil enema and hot cloth's application to the abdomen were ordered. *Opium 30* was given hourly. By next day morning the vomiting had stopped. The pain was better and ballooning of the abdomen was less. Thereafter the remedy was repeated two-hourly and in 2 days the patient passed a normal stool with large amount of gas. In a few days she was fully recovered.

-Dr DOROTHY SHEPHERD- A Physician's Posy

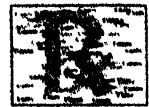
CASE 7: It is also to be recognized that when a person has been subjected to a severe shock, *Opium* will make him *forget the incident during sleep*, but he may remain *afraid while awake*. *Arnica* on the other hand, *dreams of the fright during sleep and forgets it during the day*. (D Shepherd) She cites several cases of shock experienced by the patients where *Opium* has been curative.

A child, getting into a car got her fingers crushed by the door when it was slammed. Though the crushed fingers healed rapidly, the fear of motorcars, the fear of sudden noises and slamming of the doors of rooms would alarm her. She would tremble, become white and pale and almost go into a fit; she became thinner and was losing weight. Usually *Opium* should be administered immediately after the shock. Dr Shepherd however decided to try it also in this case and gave *Opium 30* three times a day. By next week the child became much happier and brighter and gained some weight and in a month's treatment she had completely recovered.

CASE 8: A child had seen a stranger run over by a car in the street. After this she then started getting peculiar attacks of breathlessness and gasping and inability to swallow. After a time a nervous laryngismus stridulous followed. What is peculiar was that these attacks would occur *only in the daytime and not at night*. These attacks had continued for one year at the time Dr Shepherd was consulted. The child looked miserable, scared and ill. Doctor gave *Opium 30 TDS* for several weeks and the child fully recovered.

CASE 9: A 50-year-old lady's periods stopped suddenly after her son had died in a car accident; she was shaky and frightened and was easily upset. She would worry herself to death when her husband went out in his car. She forced him to sell it out of her fears. Still she went on brooding over the death of her son and always saw the accident before her eyes *during the day*. Dr Shepherd did not know how to treat her and had she known about *Opium* at that time she felt she could have cured her. This is a case, *which did not receive the remedy needed*.

CASE 10: A young unmarried lady of 25 years consulted Dr Chimthanawala for her amenorrhoea for the past 2 years. She would get her periods only on taking hormonal tablets. Menarche at age of 14 years and regular menses. She had constipation and passed stool once in 2-3 days. When she was only 2 years old, her mother died due to postpartum haemorrhage and the new born child also died the next day. Her father later married a widow with two children of her own. The stepmother was initially kind to the patient but later on became critical and would scold the patient even for petty things and beat her. The patient could not study beyond 12th because of domestic difficulties plus she was not studious by nature. But she was not allowed to learn any other skills like embroidery, which she very much liked. She was scolded in front of her younger sister and she could not also complain to her father for



fear of being reprimanded again.

Her menses stopped after one such severe episode of humiliation; the bridegroom's party, which came to see her for marriage liked her, but her stepmother did not like it and out of sheer jealousy she insulted her in front of them, which made the proposal fall through the marriage. This insult was etched deep in the patient's mind and she became apathetic, lethargic and indifferent; she also got colicky pains in her abdomen.

Initially she was given *Ignatia* 200 one dose and SL for 14 days; as there was no improvement the potency was raised to 1M and 3 doses were given which resulted in her getting menses. However, there was no menses at the next period due. *Natrum-mur*, chronic of *Ignatia* also did not have any effect. The case was studied again and taking the cause as insult she suffered before strangers and relatives, the rubric *-reproaches, ailments from*, was consulted and *Opium* was selected as the only anti-syphilitic drug, with other symptoms of constipation and dullness of intellect. *Opium* 200 was given and on the third day the menses appeared and since then her menses became regular.

-Dr KASIM CHIMTHANAWALA- Homoeo Links 1/93

Dr Dorothy Shepherd says that during air raids on London during the Second World War, she came across several cases of shock followed by fear when the patients were thrown out by bomb blasts. Some of her cases are given below. (This may be relevant also for cases where there is shock due to earthquake and also in Afghanistan where there was continuous bombing - Editor)

CASE 11:

A woman aged 39, always nervous, was thrown down some steps in the stairs by a bomb, which exploded nearby. Her menses stopped completely for 15 weeks; she came to Dr Shepherd to ascertain whether she was pregnant or not. Based on the etiology, *Opium* 30 BD put her right in a few weeks and her periods became normal.

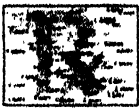
CASE 12:

A woman was similarly thrown by the blast of a bomb against some railings in her house and was consequently dazed and shaken for a few minutes. For the next four months her menses were irregular; they would leave off for four to five days and then come on profusely for eight to ten days; and go off for another short period only to repeat the cycle. The patient was a nervous woman. Dr Shepherd gave her *Opium* 30 BDS for a week and then the regular 28 day cycle of menstruation was established again and remained so since.

-Dr DOROTHY SHEPHERD

CASE 13: An 8-year-old boy was having fever frequently with attacks of cold. Under Homoeopathic treatment the physical symptoms would disappear but his mental state became worse. He was not doing well in school and could not comprehend what the teachers said or asked him to do; he was restless, impatient and sleepless. He would wake up as soon as his mother moved. He became homesick very fast. (Delusion, *home away from and must get there; homesickness*). He always asked when they would return home. He did not mix with other children and when the teacher asked him a question, he would not answer and would disturb others by talking, even if his teacher scolded him or warn him. (*Indifference?*). He could not concentrate and forgot easily. He learnt his lessons early but could not remember them. When in trouble, he complained of stomachache and from this his mother would conclude that something had happened (*AF fright*). He could not distinguish between a Rs 50/ and Rs 500/- note; a car had the same value as a bungalow.

He was always remembering the old house where they lived earlier and would want to know when they would go back to that house. He would steal money to buy chocolate but would give an impossible story. (*Lies, never speaks the truth; untruthful*). He would encourage his friends to steal sweets when their mothers were absent. (*Lack of moral feeling*). He slept on the



abdomen with the pillow above his head (*Cut off from the world*) and rolls on the floor (*Delirium, bed and escapes, springs up suddenly from*). He was sensitive to reproaches. He is afraid of a black cat (*Delusion, animals sees frightful; Delusion sees images black*)

There was nothing special about the mother's state during pregnancy except that she dreamt of going to toilet so dirty and full of excrements everywhere (*AF Embarrassment*)

Opium was prescribed by Rajan Sankaran on the basis of these mental symptoms and was cured.

-Dr RAJAN SANKARAN seminar rept, Hom Links 2/93

Dr ML Tyler writes in her *Drug Pictures* "Lying and thieving are the characteristics of *Opium*. Nothing that the *Opium* victim says can be trusted: more especially so when the drug need is imperative and the drug is difficult to obtain"

CASE 14: A 8 years old girl had a slight attack of diphtheria, which initially responded to *Merc-prot* Discharged as cured, as there was only a slight prostration. However the next day the doctor found the girl full of agony of suffocation from the deposit of membranes in the trachea and lungs. There was relapse after the child got a cold. Despite administering all indicated remedies there was no relief and the child's condition became worse. Then the doctor put the child on *Opium* 3rd potency every 10 minutes and after a few hours the membrane loosened and came away. The timing for repetition of the remedy was gradually tapered off and by the second day all the membranes obstructing came away. The Doctor prescribed *Opium* on the following indications: suffocative attacks during sleep; cough with dyspnea and blue face with profuse perspiration on the whole body. -

Dr E W CROOKS as quoted by Dr TS Hoyne

TIP: *Opium* is indicated in pregnancy, when the movements of the fetus are very violent. Also for complaints after delivery, if occasioned by fright.

CASE 15: A 22-year-old lady lost a lot of blood during her confinement and developed the following symptoms 12 hours after delivery: Complete loss of consciousness; frequent and violent convulsions; eyes staring, pupils contracted, immovable; face bloated and red-blue; face and whole body was burning hot with stertorous breathing; pulse wiry and easily compressible. *Opium* Q in water cured. -Dr T S HOYNE

CASE 16: A schoolteacher aged 26 suffered from insomnia. She was a nervous and worrying type. She was sleepy more in the daytime and in the evening before going to bed. As soon as she was in bed, the sleepiness vanished; she would remain awake for long hours. She was not restless nor did she twitch or jerk. The only marked symptom she had was that her hearing was very acute; she said that she could hear every noise within a mile of her-dark barking, roosters crowing etc. The doctor gave her 3 powders of *Opium* 30 with instructions to take one powder at bedtime and the others when she heard the clock strike. She took only one powder and fell asleep a short while thereafter. She had one or two similar episodes of insomnia afterwards and every time *Opium* 30 helped her.

-Dr ELLA M TUTTLE quoted by Dr Nash

CASE 17: A young girl suffering from epilepsy had a peculiar pastime of drawing a pair of eyes whenever she came across a blank sheet of paper. She was fond of and at the same time, had fear of horror films. During consultation, she vividly recalled one such film and said that after seeing that film she had a recurrent dream of a hideous looking old woman with very big eyes. Here the exact description of the woman in her dream gave the connection with her hobby. Dr Rajan Sankaran referred to the rubric "Delusion, eyes enlarged" (*Opium* is one of the remedies in second grade - Enlarged). This peculiar dream along with other symptoms led to the remedy *Opium* which cured her.

-Dr RAJAN SANKARAN- The System of Homoeopathy

