

# A Case of Dysuria

Patient – H Kaur. Age – 46  
First consultation: 25-6-2002

The patient, an obese lady from Delhi, presented with the following symptoms:

- She was suffering from dysuria, for last 6 - 7 years, used to pass very scanty and deep yellow urine once in 24 hours.
- Constitution fatty.
- Perspiration: Copious; body cold and clammy.
- Cramps in calves < walking, < night.
- Pain and tenderness in Lt calcaneal bone for the past two years. Pain < touch < standing < walking. (She was given injection in calcaneal bone which

did not relieve the pain)

- All joints painful. Sensation of constriction in joints while lying at night.
- On standing for sometime, feels pain in hypogastrium.
- Alimentary functions normal.
- Tendency to Rt sided headache, especially Rt temple.
- Periodical loose stools accompanied by vomiting.
- Sensation of puffiness all over the body.

## **PATHOLOGICAL FINDINGS: BLOOD:**

18-6-2002: Serum uric acid 6.7 mg/dl

25-6-2002: *Ruta-g* 200 & *Plumbum* 30 was given.

28-6-2002: Blood urea 23.2 mg/dl

Creatinine 0.98 mg/dl

Urine: Pus cells-10 – 12 hpf;

Epithelial cells 4–6 hpf

29-6-2002: No change during past four days.

*Plumbum* 200 at long interval with placebo 15 days.

19-7-2002: Felt some >. Quantity and color of urine >.

She now passes urine twice on some days.

Calcaneal pain some >. Flatulence > Sweating as usual.

28-9-2002: After 19-7-02 the output of urine became so copious that she became unable to hold the urine. It started passing involuntarily. She was instructed in advance to stop taking the if she feels any kind of aggravation; On stopping the medicine, the output of urine became normal after a few days; which is continues. Fatness, tendency to perspire and the calcaneal pain still persisting; for which further treatment is required.

## **LOGIC FOR PRESCRIBING PLUMBUM:**

The lady was suffering for the past 6–7 years and all

the treatment failed to improve her output of urine in the least, due to

the function of her kidneys has slowed down a lot that is why she was passing scanty urine only once in whole 24 hours. *Plumbum* has this quality in its pathogenesis, as quoted by the masters.

Dr Kent points out that *Plumbum* has marked slowing down of all the functions.

HERING C, in Guiding Symptoms of our Materia Medica, *Plumbum* (Urinary Organs) says: Complete suppression of urine.

CLARKE J. H., in Dictionary of Practical Materia Medica says under *Plumbum-metallicum*– (Urinary organs): Retention of urine.

-Difficult emission of urine, only drop by drop, dark coloured, scanty, albuminous.

The outcome of the prescription is the proof of its affinity.



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## Whether Derived from Purest Gold Or Filthiest of Filth: *Malaria-officinalis*

### CASE 1: Molluscum Contagiosum

A young boy in his teens was brought by his parents for consultation. He was of thin build, wheatish complexion, having numerous eruptions on face and limbs with characteristic pitting on the top. He had these eruptions for few years and not improved under both allopathic and homoeopathic treatment.

His past history revealed that he was frequently subject to febrile illnesses since his childhood. Before these eruptions had appeared he had fever for many days which was not getting alright with any of the conventional medicines. The fever was paroxysmal - would start with chills and rigor, but the blood films had failed to show any malarial parasite.

His **GENERALS** showed: Appetite-Changeable; Thirst: Good. For icy cold water; Cravings: None marked. Bowels: Regular. Urine: Regular. Sleep: Normal. No particular position.

He was prescribed a dose of *Malaria Officinalis* 200, followed by *Placebo*.

*His eruptions soon started clearing and within a few months they all cleared. No recurrence now for a long time.*

### CASE 2: Flatulent Dyspepsia

A middle-aged man with very sharp features and shiny nails consulted me indigestion for 3-4 years. He would pass a lot of wind and felt bloated. His bowel movements were unsatisfactory and cause of worry as he had to go many times to the toilet. He had been on numerous medicines both homoeopathic (like *Nux-*

*vomic, Lycopodium, Podophyllum etc.*) and allopathic and none had given him relief for long. Hearing this, I asked one of my students to take his case in detail.

His past history revealed that the patient had always been very sensitive to cold since his childhood. This sensitivity to cold had subsided ever since he had been having his complaints of dyspepsia.

It is prepared from the decomposed vegetable matter (artificial toxin) taken from the marsh during the dry season. This vegetable matter is then allowed to decompose in glass jars filled with water. This drug was first prepared by G W Bowen of Indiana in 1862. Later Boericke and Tafel prepared it.

At the age of 10 years he had suffered with typhoid. When he was about 12-13 years old he had an attack of pneumonia. About 4 years back he had suffered with Malaria. Soon after he had got rid of malaria he had started suffering with these complaints. The family history was strongly suggestive of cancer. This patient also have this fear that as he was not responding to treatment, was he moving towards cancer? viz marked "Fear of Cancer".

**GENERALS-APPETITE:** Changeable, sometimes more and sometimes less; **Thirst:** Good. **Desires:** Cold drinks. **Urine:** Normal. **Sleep:** Good.

The student of who took the case said he felt the patient was suspicious in nature as he would always cross check what he had said and what was being written. But my observation of the patient and his body language did not match with that. I have often seen (as for example we see in the cases of *Lachesis*) that all the patients with suspicious nature have a fluttering, glance that is to say that when answering the question put to them, they glance around in differing directions before answering/or while answering. This means that they are



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not sure of the person sitting opposite them. This furtive glance will only be seen by the movement of his or her eyeballs moving side to side. This was not so in the case in front of us, rather he seemed to be an extremely cautious person. I asked the patient how did he do his work in the office. He said that he always plans out and does the work accordingly so that there are no errors in it. This confirmed my understanding.

Further inquiry about his habits he replied that he had never stuck to one job for long and would often change them. Even in his nature he felt that his moods would change often. He also could not hold on to any decision for long (Changeability).

#### ANALYSIS:

The patient clearly had a tubercular appearance as evidenced by his sharp features, shiny nails, his sensitivity to cold. This feature of his was his soil and this continued unabated till we find a suppression of his original state with which he was born after the appearance of malaria. Even though he had typhoid at the age of 10 years, his sensitivity to cold had not been affected by that. Later he had suffered with pneumonia an explosion of his tubercular background. It was only after the appearance of malaria that we find changes in his soil as his sensitivity to cold gets suppressed and is replaced by a new set of symptoms of GIT. It is this junction that needs to be explored, where we find contamination developing in the soil, where we find a sudden change in the direction of the symptoms. This is the most important area that needs to be covered whenever we have to prescribe in any chronic case. I call this CROSSROAD PRESCRIBING, where patient's symptoms take a new direction.

The essence of the disease we call malaria is changeability (there is an intermittent febrile condition, with stages of chill, heat and sweat, in other words the pattern is always changing). The disease has also left its imprint on the patient as we can see in the physical level his changeable appetite; his state of mind also reflects this.

At this moment while I was explaining the case to all my professional brothers the patient suddenly said that at times when his stomach complaints get better, then his problem of cold (coryza) increases. This shows his suppressed tendency still manages to show up at times and shows his strong vitality. He was prescribed:

*Malaria-officinalis* 200 unit dose, to be followed by *placebo*

#### FOLLOW UP:

The patient responded very well to the drug and has gradually been improving in all his GIT complaints with the return of his suppressed tendencies. The case is still under observation.

#### COMMENTS

It will be helpful if we bear in mind that we should always take a detailed history of the cases which come to us and while doing the anamnesis watch out for such turning points or as I call them the CROSSROADS.

I share my experience with the profession with one of the lesser known with the above article and especially stress upon the aspect of changeability which is not only a key feature of the disease (as we learn from our study of Clinical Medicine) but which, I have found after carefully going through all my successful cases of this drug, to be an important feature of the symptomatology and the Personality profile of the drug *Malaria-officinalis*. I would also like to point out that Craving for Cold drinks and Lemonade or Sour are also strong indications in favour of *Malaria-officinalis*.

And finally . . . Let me be thankful for . . .



For too much e-mail,  
Because it means I have friends who are thinking  
of me.

Send this to someone you care about,  
and when you think your life is so bad,  
read this again