



All His Dreams Shattered!!

INTRODUCTION: This case is from the files of Dr Dilip Dixit, an eminent homoeopath from Thane District, Mumabi, ICR. He has a repertoire of 30-40 cases of Hep B.

CASE: This was a pathetic case of a 46-yr old Kerala male. Robust and 6 feet tall, handsome, bearded. He hailed from a good background, but later the family fell on bad times and the ancestral home was in ruins. He was determined to make something out of himself. So he studied, did his B Com and took up a job as a manager in Dubai. Later he moved to Muscut. He worked in the Gulf for 20y. In 20 years he made a lot of money. But he did not care to save. Having seen bad times, he wanted to help others- his friends and his relatives to set them up in life. He was earning well, so against this, he took loans to restore to glory his ancestral home which was at the outskirts of the village. It became a

showpiece that the villagers could gawk at; for him it was a dream come true -his family stood vindicated. His cousins had minor interests in the original property; he paid them off at the market rates, to avoid later hassles about ownership. He completed it with loans. His loans were based on his, heitherto, unlimited capacity to work. He never even saved for his Daughter's wedding, thinking that he would work another year to make up that money.

But then the blow struck! The unexpected happened. His re-employment application was rejected; he was declared unfit to resume work in the gulf, as the yearly routine investigations revealed Hep B. This was a totally unexpected blow. All his dreams were shattered! He had never anticipated or provided for such an eventuality.

He now had no source of income- he could not make money for his family, nor could he sell the house as it was colossal and far from civilization. No one in the family wanted to live there too. His village was quite a small village which urbanization had left untouched. It had no industries, only agriculture. Even if he just gave the house free for someone to live in, they would not



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have the resources to maintain it!!

Truly it had become a white elephant, hanging round his neck with no way to get rid of it. Could not live there himself without treatment and without retirement bank balance: nor sell off, as no one would/could buy. In desperation he camped with a friend in Mumbai to try to get a job and to somehow get back to Dubai. For sustenance he took up a job as a Driver for Rs 1500/-

He had helped hundreds of people in his good days. Even his brothers, he had supported in his NRI status. Now in his need, all deserted him like a sinking ship. They had sympathy but no resources to help him.

He had come here only on leave and now he could not go back. He was a laughing stock. He felt humiliated. He used to drive his own car, now he had to drive someone else's. He felt remorse and guilt. He had severe ties with cousins and other relatives.

He went into depression. He developed headache, malaise. Bodyache. His flu like symptoms kept increasing to 1/w- one cold attack could coalesce into another. He lost appetite, he lost weight. Initially he attributed it to depression. But then the fever came, confirming a serious disorder. His friend brought him to Dixit for treatment in August 2000

SGPT 80 Alk Po4 marginally increased by 10-15
Australia Agen +ve

Pt had turned from chilly to hot

Alcohol intake had increased which < 3 cold, fever and liver pain

Dreams of calamities, earthquake, the house sinking. (This was before the days of Gujarat earthquake.)

Dreams of his own death, relatives death.

All his anxieties were graphically portrayed in dreams.

C2H → C2 H3

PLANNING AND PROGRAMMING:

INTERCURRENT: *Tub-b* 1M

Reasons: Debility, fever, malaise and colds.

CONSTITUTIONAL: *Kali-bi* 200

This whole totality pointed to the *Kali* group.

The anxiety, the dreams of death are covered by *Kali*. Dreams of earthquake were interpreted as anxiety and fear.

Alcohol < is very specific for *Kali-bi*

REPETITION: Repeated doses as here we are dealing with a life-threatening situation, and the immunity has to be quickly brought up, with a strict watch on the investigative parameters. As soon as response is positive, we can gradually taper the doses. Keep it on enough boil as to give continuous response.

TREATMENT:

He was put on weekly *Tub-b* 1M with daily doses of *Kali-bi* 200

Gradually his weight increased, depression went away, and general condition was better. AlkPO4 came down from 180 to 140 to 80. LFT 's steadily became Normal. The last I heard about this patient was in Dec 2000 -that he managed to go back to Dubai! So his investigations must have reverted to normal.

CONCLUSION:

1. The frequently indicated Remedy groups in Hepatitis B are *Nat-p*, *Calc*, *Lyc* and *Kali*
2. Intercurrent is usually: *Tub-b*
3. SGPT gradually comes down.
4. All our 30-40 cases have improved: Generals get better and investigative parameters come down. In some cases we are able to offer only palliation.

5. I want to make one point about the Hep B vaccine. The Gulf countries are very particular about administering this vaccine. I presume it was done in this patient too. He had gone through innumerable check-ups. Then why did he develop the disease? What is the role of the vaccine? I myself and my family have not been vaccinated against Hep B. Homoeopathy builds up general immunity which can withstand not only Hep B but all diseases.