

A Straight Amelioration

Mr Shri Ram, 38 y, Hindu, married, is a shopkeeper by profession. He came for treatment on 19/08/99.

CHIEF COMPLAINTS

Vomiting for the past 2 months
Salivation. Anorexia for 2 months
Frequent urging to urinate
Paleness of Conjunctive.

PHYSICAL GENERALS

Appetite: Less
Thirst: Normal
Craving: Indigestible things
Aversion: NAD
Aggravation: NAD
Amelioration: NAD
Vomit: x 2 months

URINE: Frequency increased, dark colored

STOOLS: Hard, unsatisfactory, tendency to constipate,

FOLLOW UP

Date	Symptoms	Remedy
27-08-99	Patient shows apthae, which were present earlier. No change in stool. Lassitude in the morning Salivation is better. > so no further repetition.	SBR
06-09-99	Feels better. Appetite better	SBR
15-09-99	Better	SBR
07-10-99	Better	SBR
19-10-99	Better. Hb = 11.5 g	SBR
24-11-99	Better. Advised USG	SBR
17-12-99	USG shows normal study Patient free of all complaints	

2/day

PERSPIRATION: NAD

MIND

Fear of dark.
Weakness of memory.
Sensitive to noise & easily startled from noise.
Feels better when busy in work.
Ailments from anxiety.
Sleep: Weakness in the morning after sleep.

FAMILY HISTORY

Mother: Diabetes Mellitus
Dreams: Not specific.

CASE ANALYSIS

After repertorising, *Calc-carb* 200 – single dose, was administered, followed by *SBR* (Placebo).

REPERTORIAL ANALYSIS COMPLETE SYNTHESIS=CS

Weighted Rubrics covered

Rubric grades

- Mentals: Fear, dark of
- Mouth: Salivation:
- Mentals: Memory, weakness of
- Mentals: Sensitive, noise
- Mentals: Starting, noise from
- Mentals: Occupation, diversion>
- Bladder: Polypi
- Prostrate: Enlargement

- Generals: Weakness morning
- Rectum: Constipation, ineffectual, urging and straining
- Rectum: Constipation, insufficient, incomplete stool



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- Stomach: Desires, lime, slate pencils, earth, chalk, clay

- Mentals: Ailments, from anxiety

Calcarea-carb emerged as the leading remedy with more marks and hence selected as the Rx

INVESTIGATION

USG on 27.07.99

Impression:

1. Fatty infiltration of liver

2. Hydronephrotic changes R kidney due to right ureteric stone.

3. Prostatic hyperplasia grade 1

Advised: IVP and Repeat scan after 4-6 wks.

IVP/USG done by government Medical College shows Osteoid osteoma & Polyp in bladder USG on 17.12.99

Impression: No sonologically detectable morphological abnormality is detected. Please correlate clinically to rule out obstructing ureteric calculus. □

A Case Of Hydradenitis Suppurativa

In day-to-day practice, the dominant medical school considers many diseases chronic and incurable. Their treatment is not only ineffective but also injurious. In contrast Homoeopathy is safe and efficacious. This case proves this point.

CHIEF COMPLAINT:

Mrs C, aged 32 years, presented with eruptions in the axilla, folds of mammae and neck. The eruptions started 8 years back and is now severe since 3 weeks. Began as vesicular, became pustular with intense itching, followed by burning and scratching. When fully matured, oozes thick yellow and slightly bloody discharge. Heals with blackish discoloration. Itching worse perspiration++ which furthers new eruptions. Better warm bathing+++ , walking in open air++. Antibiotic therapy (ciprofloxacin 1-0-1) with every attack. But the complaints return within one week, with greater intensity. Ayurvedic treatment for one year also gave no relief.

OTHER COMPLAINTS: Recurrent heartburn and distension of abdomen for 2 years, worse sweets+,

especially if taken in the afternoon, better warm drinks++. Recently the patient developed swelling and pain in both knee joints, treated allopathically. Also suffers from dysmenorrhoea. Patient looked very pale on examination. As is often the case in any chronic complaint, patient also become anaemic. Hb was 9 gms % on investigation.

PAST HISTORY:

Recurrent attacks of difficulty in breathing especially in cold environments (Her native place Wynad, is a very cold place. Now she gets complaints only when she goes there) and starts with an irritating cough. This complaint was worse during both pregnancies.

FAMILY HISTORY:

Father died at 62 of cancer 4 years back. He also had Diabetes and Hypertension.

Mother and elder sister suffer from respiratory complaints.

OBSTETRIC HISTORY:

Two premature deliveries with Hypertension, Hyperemesis and difficulty in breathing

PATIENT AS A PERSON:

Obese, Wt 75 kg, Ht 5' 2".

Dark complexion with coarse, dry skin.

Appetite: good. Drinks 7-8 glasses of water. Prefers



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