



Acute Epididymo-Orchitis Post TURP

Abstract: Complications of surgical procedures can be easily taken care by Homoeopathy, this is what the author wants to convey through this short case.

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Patient Mr SMP, aged 58 yrs, male came on 10th Nov 08, with complaints of swelling, redness, pain, right side of scrotum. Urine Routine showed abundant pus cells, Post TURP.

PROBABLE CLINICAL DIAGNOSIS: Acute Epididymo-orchitis

ODP: Patient came on 10th Nov 08 with painful urination, pain in scrotum with redness, it all has taken very long as he is in Govt Service and about to retire, he is more worried because all the leave he has to take now is Leave without pay(LWP) and the Surgeon has asked him to get admitted again after doing Urine Culture and Sensitivity, so that they can start him on antibiotics. He is worried and says, "itna paisa kaha se lane ka" and said "ab uap hi dekho kya karna chahiye". He was so anxious about his chief complaint that this time he got his Urine routine and Culture Sensitivity test done at three different laboratories of the same urine sample as he was doubtful of the earlier reporting.

CHIEF COMPLAINT

LOCATION	SENSATION	MODALITIES	CONCOMITANT
SCROTUM,	Pain throbbing, sore	< Touch, Rubbing, >right side, Rest, Lying still	Nil

PAST HISTORY: Patient said that he was admitted for Prostate enlargement and within ten days of the surgery (TURP) he developed difficulty in urination with redness and pain in scrotum and was treated with Allopathy. He was advised by his Surgeon to take Homoeopathic medicine as he did not have relief either in pain, nor in his urine complains and also his Urine routine report always showed abundant Pus cells inspite

of best of the treatment.

EVALUATION

SR	SYMPTOM	REASON
1	Impatient	Wanted to get relief soon as it had taken long time.
2	Anxiety,	LWP, thus he was missing his business about salary as was not going on work.
3	Fear, Poverty of	Cost of the treatment he was taking was increasing day by day.
4	Fear, Starving of	Where will he get more money for his treatment and also the health deteriorating.
5	Doubtful	Did same test at three different places with the same sample of urine.
6	Inquisitive	Same as no 5 also inquiring with us in details.
7	Light desire for	He wants some way out of the situation that he is into.
8	Fear disease impending of	He was worried that the disease had taken very long and would turn out to be more harmful.
9	Fear Disease Termination, of a fatal	Where he had said "Bara hoil ka nahi "achcha hoga kya" (Will I be alright).

PROBABLE REMEDIES

Sepia, Bryonia, Nux-vomica, Sulphur, Calc-carb

FINAL PRESCRIPTION: *Calc-carb*

POTENCY: *Calc-carb* 200 single dose on 10/11/08.

SL 4 pills TDS

Patient was having good susceptibility and the disease was of acute nature.

REMEDY REPETITION: Single dose was prescribed.

Remedy Name	Calc	Sep	Bry	Nux-v	Sulph
Totality	14	12	10	10	9
Symptom Covered	9	7	8	5	7
[C] [Mind] Impatience:	2	3	2	3	3
[C] [Mind] Anxiety: Business, about:	1	1	1	3	1
[C] [Mind] Fear: Poverty:	2	2	3	1	1
[C] [Mind] Fear: Starving, of:	1	2	2		1
[C] [Mind] Doubtful:	2	1	1	1	1
[C] [Mind] Inquisitive:	1	1			1
[C] [Mind] Light: Desire for:	2				
[C] [Mind] Fear: Disease, of: Impending:	2	2	1	2	1
[C] [Mind] Fear: Disease, of: Termination, of a fatal:	1				

Follow up after Two days.

FOLLOW UP

12/11/08 Anxiety, > talking relieved.

Did not utter about his leave without pay matter.

Pain less by 50%.

Infact asked to give him Medical certificate so that he can join his job. Confirmed doubtfulness by getting fresh Urine routine test done at three different places.

Seeing the curiosity to join his job, impatience, doubtful nature still persisting *Calc-carb* 1M single dose was prescribed followed by SL Urine report was informed on phone on 12/11/08 and was shown on 13/11/08 - Pus cells 25 - 30 / hpf which earlier was abundant.

17/11/08 Chief complaint >³ was kept on SL.

22/11/08 Chief complaint >². Patient said "tichki marlya sarkhe watte"

Had got his Urine report done at one place only which showed Pus cells 15 - 16 / hpf.

His anxiety, doubtfulness, impatience was not noticed.

So was still kept on SL.

Learning from the experience of this case

1. Acute cases also need to be worked, with prime importance paid to the altered state of Mind.
2. Do not get baffled when particulars are not found in *Materia Medica*
3. And most important do not rely on the reports, is what we learn here as same urine sample in Culture and Sensitivity report showed different micro-organisms.
4. Homoeopathy works FASTEST confirming Aphorisms 1 & 2.

REFERENCES,:

Repertory: Synthesis, Complete

Materia Medica: Clarke's Dictionary



I Want a Mother in the Home

Abstract: Dr KENT was a philosopher and scientist of high order in the world of medicine. According to Dr KENT's Philosophy, the physicians who could practice within the framework of philosophy will bring success and glory to the science.

Whenever we approach new cases we consider all factors like patients and their family history, present complaints, physical generals and mentals. But some cases depend only on mental symptoms which have been proven in the case below.

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CASE

A 37 year old lady came to me on 21st May 2009 with the chief complaint of cracks, both heels, since 7 to 8 years.

LOCATION	SENSATION	MODALITIES	CONCOMITANT
Both heels Started on right then left	Deep cracks, painful and small cuts on heels, as soon as one crack or cut heals again another crack reopens; right > left, no bleeding Character of Pain: Pricking type of pain, pain goes upwards,	Cracks < Winter < Rainy season Pain < Touch < Water > Tight bandaging	Nil

PHYSICAL SYMPTOMS:

APPETITE: N
 DESIRE: Meat, non-veg, all kind of food
 AVERSION: Milk
 PERSPIRATION: Normal
 THIRST: Normal
 SLEEP: Good, No dreams
 TONGUE: Clean and moist without thirst
 TEETH: Normal
 CONSTITUTION: Fat, tall, smart, chubby cheeks, smiling face, nose short, eyes lustreless, hair long and thick
 MENSES: Menarche: 14 years
 MP: Regular: 28-30 days cycle, bleeding 3-4 days, dark clotted blood.
 Pimples on face before menses, appetite increases before menses
 PAST HISTORY: Pulmonary Koch's 20 years back
 FAMILY HISTORY: Mother death due to Leukaemia
 Father: Healthy
 Step uncle: Having same problem – cracks on

the heels

OBSTETRIC HISTORY

G₃P₃L₂A₁: G1. FTND. Male Child. BF. Good
 G₂: MTP
 G₃: LSCS done- baby overweight. Female

MENTALS

Patient is very talkative; professionally she is a teacher, speaks English and knows more than one language. She had the present complaints since 7-8 years. Before visiting me she consulted a skin specialist, and was told that this is a case of Arsenic poisoning and will never get cured. After examining her, even I felt its a case of Arsenic poisoning and suggested her to take up a blood test to test Arsenic poisoning. Yes! The case came out to be +ve for Arsenic poisoning with upto 0.8 %.

I was concerned after this test.

According to her past history she had an attack of Pulmonary Koch's. Also considering her family history, it was concluded that while

prescribing in this case, primary importance should be given to the miasm.

Accordingly, Dr KENT's philosophy of the suppressive treatment be resorted to in the acute. The system is sufficiently vigorous in most cases to throw off the after effects. But while constitutional symptoms cannot follow the suppression of the acute miasm, they will follow suppression of chronic miasm. So the present skin complaint of the patient is the outburst of suppression of chronic miasm ie Tubercular.

So I decided to give her anti-tubercular treatment.

On 23rd May: *Tuberculinum* 1M 1 Dose

Acute remedy – *Hepar-sulph* 30, TDS for six days [Ref: Synthesis Repertory – Generalities – Rub – Arsenical Poisoning- *Hepar-sulph*-5 M]

At that time she had 2 cracks on her right heel, 1 crack on left heel.

FOLLOW-UP

2nd June: She feels better, Right heel, both cracks were gone and left heel crack was in the process of healing. I gave her placebo and asked her to follow-up after 15 days.

20th June : Patient came back with worse condition.

I gave her the same remedy, *Hepar-sulph* 30 TDS. However there was no progress, I felt there were some missing clues in the case.

I decided to take the case history again, this time I concentrated on mental symptoms only.

MY REPEAT CASE STUDY ONLY ON MENTALS

Dr: What happened? What is wrong with you? I will like to know your past history in detail.

Patient: I am very possessive by nature; I always want to do my work neat and clean. I have good relations with my in-laws and husband. My husband is very friendly in nature; we stay with my father since he lives alone. My in-laws are away. My mother-in-law is a good woman and I want her to stay with us but due to my husband's will we are staying separate. I lost my mother in 1998, since then being the only lady in my house I had rights to take all decisions.

Today I have a wonderful husband, 2 lovely kids and a caring father however I still fill the absence of the motherly support. I look up to my mother-in-law, who can share my responsibility and give me valuable guidance as and when required.

At the end of case study – I concluded on the following points:

1. Patient is possessive
2. Needed support
3. Fear of taking responsibilities
4. Inner feeling of inferiority
5. Always feels hungry

On this basis, I gave her *Lycopodium* CM 1 dose and asked her to follow up after 10 days.

On 12th July patient came smiling, her cracks were gone and she was relieved. She confirmed no further pain or disturbances. It is impossible to test Homoeopathy without learning, how to visualize the disease image, so that the Homoeopathic Remedy can be selected.

Believe it or not, mental symptoms indeed get us remarkable results and more satisfied patients! ☺

70. *Sarvadevatman*: Acceptor of all celestial offerings
71. *Sarvasiddanta*: Bestower of skills and wisdom
72. *Sarvatman*: Protector of the universe
73. *Shambhavi*: The son of Parvati
74. *Shashivarnam*: One who has a moon like complexion
75. *Shoorpakarna*: Large-eared Lord
76. *Shuban*: All auspicious lord
77. *Shubhagunakanan*: One who is the master of all virtues
78. *Shweta*: One who is as pure as the white colour
79. *Siddhidhata*: Bestower of success and accomplishments
80. *Siddhipriya*: Bestower of wishes and boons
81. *Siddhivinayak*: Bestower of success

82. *Skandapurvaja*: Elder brother of Skanda (Lord Kartik)
83. *Sumukha*: Auspicious face
84. *Sureshwaram*: Lord of all lords
85. *Swaroop*: Lover of beauty
86. *Tarun*: Ageless
87. *Uddanda*: Nemesis of evils and vices
88. *Umaputra*: The son of goddess Uma (Parvati)
89. *Vakratunda*: Curved trunk lord
90. *Varaganapati*: Bestower of boons
91. *Varaprada*: Granter of wishes and boons
92. *Varadavinayaku*: Bestower of Success
93. *Veeraganapati*: Heroic lord

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Abstract: This is just an attempt to bring forth yet another aspect of learning Materia Medica without tears, this time in the form of Bollywood songs. This series has been time and again endorsed by NJH and the intelligent readers. Through the one line of the songs the author has tried to express it in the Materia Medica language for you to grasp and bring forth the essence of the drug

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*Aadmi hun aadmi se pyaar karta hun ---	Homosexual, love with his own sex	<i>Thuja</i>
*Chaand aahe bharega phool dil thaam lenge ---	Sentimental mood in moonlight	<i>Ant-crud</i>
*Log kahate hain maein sharabi hun ---	Alcoholic	<i>Nux-v</i>
*Pankh hoti to ud jaati re ---	Fly, desires to	<i>Chocolate</i>
*Mujhko thand lag rahi hai mujhse door tu na ja ---	Feels very chilly	<i>Psorinum</i>
Aag dil mein lagi hai mere paas tu na aa ---	Feels very hot	<i>Sulphur</i>
*Dhak dhak karne laga, mera jiyara darane laga ---	Palpitations after excitement	<i>Platina</i>
*Musafir hun yarron, na ghar hain a thikana ---	Desires to travel	<i>Tuberculinum</i>
*Tum itna jo muskara rahe ho, kya gham hai jisko chhupa rahe ho ---	Laughs when sad	<i>Phosphorus, Ign</i>
*Tumsa koi pyaara koi masoom nahin hai, kya cheez ho tum ye khuud tumhe maloom nahin hai ---	Pleases every one ... Desires to be praised.....	<i>Lycopodium who is pleasing</i> <i>Pallidium who is loving it</i>
*Sab kuch sikha hamne na sikhi hos hiyari sach hai duniya walo ki hum hai anari ---	Stupid, Naive, Simpleton	<i>Baryta-carb</i>
*Ek sawal main karoon ek sawal tum karo, har sawal ka jawab bhi sawal ho ---	Talks in questions	<i>Aurum-met</i>
*Akeyla hun main, iss duniya mein, saathi hai na mera saya ---	Anxiety as if a friend had abandoned her	<i>Rhus-tox</i>
*Jinhen hum bhoolna chahen, wo aksar yaad aate hain ---	Long forgotten offences come back to him	<i>Nat-mur</i>
*Dil ka khilona hai toot gaya, koi lootera aake loot gaya ---	Disappointment in love	<i>Ignatia</i>