



## Interesting Cases of Coma from our Rich Heritage- Part I

**ABSTRACT:** Cases ranging from head injury... to septicemia with metabolic encephalopathy to uremic coma. How in apparently dead patients the indicated homoeopathic medicines emerges a winner, leaving behind an euphoric relatives and near death experiences for patients to narrate for their life time!.



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### CASE 1

Dr Vijayakar's case: Man in ICU on respirator, from collapse after acute cardiac failure. Sudden onset: while talking to his son-in-law, he went into a collapse and nothing would revive him. All had given up hope.

Being in collapse, no symptoms were available: paucity of symptoms. Dr Vijayakar, therefore, chose one strong rubric and differentiated various remedies there against.

RUBRIC SELECTED: Sudden collapse.

Hahnemann says never select any remedy until the disposition matches.

The patient was an austere man, a man of principles, holding high positions in organizations. Authoritative.. Dominating.. Positive. Started a number of organizations and single handedly made them successful.

*Arsenic-alb* 200 was given after ruling out all the other remedies in the rubric - sudden collapse and positiveness.

As soon as the remedy was given, the patient started moving his hands. Within 24 hrs he passed urine, a sign of elimination of toxins. The patient is now 85 yrs old and still healthy.

### EXPLANATION OF POSITIVITIES.

- *Ars* positivity is leadership quality, censorious and Critical.

- *Sep* positivity is a negative positivity because of helplessness, grief. She has to carry on working though has aversion to work.

### CASE 2

A 67 yr old female was admitted to the hospital in Kolkatta with coma after filarial lymphadenitis.

**Diagnosis: Septicemia with Metabolic Encephalopathy.**

THE SYMPTOMS: Does not recognize anyone or talk, Unconscious, Opens eyes sometimes. Slow gradual collapse.

PROGRESS OF DISEASE: Fever due to filarial infection in the left leg. Treated with heavy antibiotics as she was diagnosed as UTI with pus in urine. The pus cells decreased but the kidney started failing. Serum Creatinine increased and she went into coma.

### QUESTIONS AND ANSWERED BY RELATIVES

Q: Was she tolerating A/C or fan in hospital?

A: The patient became very sensitive to the draft of AC two days before she went into coma and asked to change the direction of the blower.

Q: What was her mood before she went into coma?

She was not talking much, which was not her usual nature. She usually talks well with the family. She was quite reluctant to answer questions. Did not smile or talk to son, daughter, daughter-in-law who are near and dear to her.

**OBSERVATION:** She constantly wanted to move the upper part of her body.

**ANALYSIS**

- Activity- Dull, Chilly, Thirstless
- Disposition- Anger when obliged to answer.
- Restlessness of the body.

Rubric- anger when obliged to answer,

Remedies were: *Arn*, *Coloc*, *Nat-mur*, *Nux-vom*, *Ph-ac*, *Puls*.

**REMEDIES RULED OUT WERE:** *Nux-vom*, because she was not agitated by noise, by children or TV. There was no quarrel in the house with anybody.

*Colocynth*, no history of anyone insulting her.

*Acid-phos*, since no desire for refreshing things.

The remedy chosen was *Arnica* which also has physical restlessness because bed feels hard, whereas *Ars-alb* has mental restlessness.

Question asked to confirm the selection of remedy was- Did your family suffer from any financial loss?

The answer was yes, there was an excise raid in the house which had disturbed her a lot. AF Financial loss. (See Boericke-Traumatism of grief, remorse or sudden realization of financial loss; *Putrid phenomena*. Septic conditions; prophylactic of pus infection.)

"When sick in bed afflicted with a zymotic disease, with violent fever, or with fever after an accident or injury, he becomes greatly prostrated, stupid and unconscious. He can be aroused and will answer a question correctly, but goes into a stupor, or be hesitant about a word and is unable to find correct words when trying to answer and goes back into the coma.

Coma, insensibility. "Lies as if dead." Dr Kent. After a single dose of *Arnica* 200, cognition came back. She developed high fever - 105 deg. Thus, destructive process of metabolic encephalopathy was coming to septicemia. She then developed a 6 inch ulcer on the leg which was followed by coryza and then boils on the skin. Then cured.

[http://www.predictivehomeopathy.com/home/homoeocases\\_seminar.htm](http://www.predictivehomeopathy.com/home/homoeocases_seminar.htm)

**CASE 3**

On 2/1/1995, Master S, aged 12 years, fell down from first floor on to the roof of the ground floor while flying a kite and became unconscious (went into Coma). There were no external bruises. He got head injury. He was immediately taken to a local Neurologist who did a CT Scan and pronounced that the case was serious and prognosis was bad. After giving necessary first aid he referred the case to a Neurological Hospital and Research Centre at Delhi. The patient was immediately taken to Delhi and admitted there on 3/1/1995. Till 25<sup>th</sup> he was given all treatment but he did not regain consciousness. So, the attending Neurologist told the father of the boy that they had done whatever could be done and advised him to take him home. Firstly he was not hopeful that the boy would survive; secondly, if the boy somehow survived, he would suffer from severe epileptic fits or would become insane. With such a prognosis and still in comatose state, the boy was brought back to Dehradun and admitted to a nursing home where he was kept on drip.

Dr Mamgain was consulted on 30/1/1995. The patient had the following three main complaints:

1. He was totally unconscious, for almost 30 days now.

2. His bowels had not moved naturally in 1 month, despite enema four times.

3. Due to the breathing difficulty the patient had been fitted with a plastic laryngeal tube. He was suffering from paroxysmal cough and on coughing abundant rosy and sticky mucus was flying out through the laryngeal tube. (According to the Neuro-Surgeon the Epiglottitis of the boy was paralyzed hence the laryngeal tube was fixed.)

After consulting *Materia Medica Viva* by Dr George Vithalkous in conjunction with other reputed *Materia Medica*s, Dr Mamgain prescribed *Alumen 30*.

*Alumen* did the magic! In the evening of 31/1/1995 at 9:15 pm ie after second dose of the medicine, the boy passed stool without the aid of enema. The first stool was very hard; it looked as if the patient had strained. On 1/2/95, he passed softer to loose stools twice. And this was the turning point! On 2/2/1995 it was noted that he was putting his hand to his forehead with the faint expression as if in pain.

Next day ie on 3/2/1995 some signs of response to calling of his name by his parents. Phlegm persisted with fever 99° to 100° F. The sputum examination revealed presence of pseudomonas bacteria in it. There was infection around the laryngeal tube. ENT specialist also confirmed infection due to the tube; hence the originally fitted plastic tube was replaced by a metal tube. But on examination by ENT Specialist by blocking the opening of the tube to check the boy could breathe naturally through the nose, it was found that the boy could breathe through the nose. This tube was removed on 18th February, 1995 (It seems that *Alumen* had removed the paralysis of the Epiglottitis). The wound of the laryngeal tube gradually healed up.

Gradually the boy started regaining conscious-

ness. The milestones of progress during next **one and half years of treatment:**

- 1) He had to be taught to sit up.
- 2) He was unable to recognize his close relatives.
- 3) His voice took 67 days from date of accident but speech unintelligible. In the beginning his talking was unintelligible and irrelevant
- 4) He appeared to be blind. After 74 days of accident, he started to respond to the light
- 5) He was taught to stand up. Then he learned to walk, but staggered. Gradually sight improved but unable to distinguish various colours.

Before the accident he was studying in the seventh class. Now he was unable to identify the alphabets of Hindi as well as of English, had to be taught again. Gradually he started identifying the colours too. The gait slowly became firmer. Yet sometimes staggered in the left limb.

Memory gradually got restored to a great extent. Again he joined school in class VIII.

In **February 2003** he started getting occasional epileptic attacks. Homoeopathy again came to rescue.

From 30th January 1995 to 8th May 1997, apart from *Alumen 30* some other medicines according to the symptoms were also used (The author has not indicated the remedies he used) **The boy now is quite well.** In short, he had to relearn through the stages from infancy to now within 21/4 yrs.

#### THE RELEVANT SYMPTOMS OF *ALUMEN*

"Paroxysmal cough followed by copious mucus. Copious mucus in larynx. Copious expectoration after each paroxysmal cough. Malignant constipation, the patient will wait for several days for a stool that consists of small



hard balls adhered together, which come out in a big mass creating excruciating pains that extend to thighs especially if the rectum is affected with small ulcers due to hemorrhoids. This remedy has mainly two phases, two states of pathological action.

1. Extreme dryness of the mucous membranes-skin becomes rough, indurated with hardening of glands and tissues of tongue, of rectum, uterus, mammae etc with a tendency to malignancy, ulcers with indurated bases, epitheliomas, scirrhous etc.

There is a tendency in this remedy to grayish black manifestations such as eruptions, stool which is black, dark pseudo membranes on throat etc.

2. The second phase is of paralysis, paralytic weakness, especially in rectum (severe constipation) and bladder (no power to expel. The urine, runs perpendicularly), with constricting feelings like that of a tight band especially on extremities. Also paresis, sluggish action of muscles, varicose veins that become relaxed and bleed, hemorrhages of various types especially from rectum, etc.

Sometimes we see a combination of the two phases as in severe constipation with dryness of the mucous membranes and dry hard stool, no peristalsis, a kind of paresis of rectum where the patient will go for many days without any urging for stool. No ability to expel the stool which is as hard as a stone, dry, forming little balls like sheep dung that adhere together and come out in big masses with an unbearable, excruciating pain that extends to the thighs". (Being in a comatose state it was not possible to know if the patient was feeling any pain or any other sensation.)

- Dr S K MAMGAIN, Hpathy Ezine August, 2005.  
<http://www.hpathy.com/casesnew/mamgain-alumen.asp>

### CASE 3: Hypersomnia with Oppositional Defiant Disorder

This is a very interesting case. A very naughty<sup>3</sup> and stubborn<sup>3</sup>, 51/2 yr old child was brought to Dr Jawahar Shah with the complaint of Hypersomnia. She would become unconscious while sleeping and would not come to consciousness for 2/3 days or more.

**MENTAL STATE:** This child was extremely obstinate and headstrong; whatever she said was the ultimate and had to be obeyed. Looking after her was like looking after 10 children !. When she fixed her mind on something, she would repeat it over and over again till it got resolved. She would not listen to any reasoning. She would not respond to her mother's call till she was repeatedly called at least 10-12 times. When punished, the child would hit her mother back. She was very hot tempered and would fight with everybody around. Her idea of playing was hitting, pulling and pushing around, thus irritating and annoying everyone. She could not remain in one place. She kept calling her mother to play with her and demanded a lot of attention

The mother was so fed up that she decided to send the child to a boarding school. Basically, child was very intelligent, curious and sharp, but all the faculties were used in the wrong way. Her school teacher said that her IQ was much above average, but she would only do things if she felt like doing it. She knew all her lessons but when asked, she would not reply. For eg she knows all the days of the week, but if you ask her what comes after Sunday, she will not answer. She never does her homework. Her handwriting is bad. She has a habit of sharpening her pencils and crayons till they are unusable. She is not scared of her class teacher/principal or anybody else. She imitates her mother or her teacher in front of other



children. If she goes to the neighbor's house and is asked to go back home as the children are studying - she would do the same when the neighbors would come to her house. She has a very bad habit of repeating everything. If her mother or teacher scolded her or hit her, it would make no difference to her at all. She was completely indifferent to it and had absolutely no feeling at all. Even in the clinic she was adamant and repeatedly wanted the sugar pills even after giving her twice earlier.

#### GENERALS

APPETITE: ++++. Fond of eating

DESIRE: Salted food, ice creams, cold drinks, chewing gum, chocolates, non-veg

THIRST: ++

PERSPIRATION: Less

BOWEL: Normal

URINE: Bed wetting since birth

SLEEP: Good, Sleepy ++

DREAMS: Good, going to picnic, meeting friends

THERMAL: Hot, Covering Up to neck, Fan desires, Bath cold water, Weather likes winter.

CLINICAL EXAMINATION: Weight: 35 Kg. BP: 90/70 mm of Hg. Cavities in teeth. Dark ring around eyes. Hyperextensible fingers. Glands cervical+. Loss of vision. Gross papilloedema<sup>3</sup>. Capacity to differentiate colors lost. Grade IV hypertensive changes.

INVESTIGATIONS: Urine examination: Gram-ve Bacilli. Kidney size 7.0 x 3.2: 7.9 x 4.4  
S.po 4: 5.9. S Chol 187. S Na 137. Albumin +++ in urine.

DIAGNOSIS: Hypersomnia Glomerulonephritis and Oppositional Defiant disorder

#### PAST HISTORY

EARLY 1993: The child's pupils dilated and she was rushed to a hospital in Dubai. She was in coma for 1 day and she had to be put on a ven-

tilator. She was in hospital for about 11/2 months. She was wrongly diagnosed as a case of tubercular meningitis and was put on steroids. She was brought to India where MRI was done and she was diagnosed to have a tumour- ganglioneuroblastoma.

MARCH 1993: She went into coma again for 5 days. She was operated for the tumor. After such a major operation, any normal child would have been frenzy with pain. She did not feel any pain after the operation. Even after the tumor was removed, her breathing was very shallow, her CO<sub>2</sub> level went very high and O<sub>2</sub> level was very low. Doctors suggested to reduce weight. Her breathing was much less during sleep.

JAN 94: Pneumonia in Dubai, hospitalized. Breathing stopped; she turned blue and was on the ventilator for about 2 months. After discharge, she was brought to Mumbai and was admitted in a hospital for a check up.

At that time, she still had Hypersomnia, was more violent and aggressive. The doctors gave an explanation that this is because of low oxygen levels reaching the brain.

LIFE SITUATION: The child's parents got married in 1987. Her father was a drunkard. Mother did not know about the father's condition when they got married. Father would regularly hit his wife, and abuse her; quarrels were an everyday affair at their house. These quarrels affected her mother a lot. Her mother would never reconcile with anybody and was disturbed and depressed since she got married.

#### SYMPTOMS

The child's indifference, lack of reaction to surroundings and feelings, are very striking features of the case. Also, painlessness after such a major surgery becomes the most peculiar symptom of the case.

Symptoms considered for the case are:



A pattern of  
 ·Negative,  
 ·Hostile, and  
 ·Defiant behavior lasting for 6 months or more during which:

- 1] The child often loses temper.
- 2] Often argues with adults.
- 3] Often actively defies and refuses to comply with adults' requests or rules.
- 4] Often deliberately annoys people.
- 5] Is often touchy and easily annoyed by others.
- 6] Is often angry and resentful.
- 7] Is often spiteful or vindictive.

The disturbance in behavior causes clinically significant impairment in

A] Social and B] Academic functioning.

**PRESCRIPTION**

24/4/94: (1) *Opium* 30 12 P 4/week HS,  
 (2) SL 2-2-2 x3 weeks

20/8/94: Blueness of lips ++ in sleep, Behavior >>. (1) *Opium* 30 12 P 1/week,  
 (2) SL 2-2-2 x 3 weeks.

17/9/94: Slightly >. (1) *Opium* 1M 1 HS,  
 (2) SL 2-2-2 x 1 month

11/11/94: > +3. Ct All x 1 month

3/12/94: > 3+. Understands and responds positively. Does not hit people. Has become much milder. Reacts positively to suggestions. Ct all x 1 month

13/12/94: Went to school and suddenly caught infection. Restless +. Hypertrophied adenoids. Thirst ++ takes lot of water. Greedy +on seeing food.

The symptoms of *Opium* which were on the surface had gradually improved. On reconfirming her other basic traits of behavior like obstinacy, anger, restlessness, etc, *Moschus* was administered.

22/12/94: *Moschus* 30 3HS, (2) SL 2-2-2 x 7 days

29/12/94: Shares things with her brother. Behavior >> +5. *Moschus* 30 3HS.

(2) SL 2-2-2 x 7 days

2/1/95: Appetite<sup>3</sup>. Active +. Playing ++. Co-operative Behavior >>. *Mosch* 30 7HS

(2) SL 1 dose 7 days

7/1/95: Listens to everyone. Bows down, touches feet, does pranam. No apnoea. Only went to sleep for 7-8 hours continuously with coldness of body. Ct all.

17/2/95: Going to school, active. No hypersomnia, active playful

Plays with other children. Violence > +3. Still forgets things easily. Ct all.

20/2/95: > +3. Called from Dubai for her medicines. No trouble. Ct all x 4 weeks.

**MIND:** *Moschus* cures many hysterical girls who have come to adult age without ever learning what obedience means. They are self-willed, obstinate and selfish. When they have been encouraged to resort to crafty cunning, to have every whim gratified from infancy to eighteen years of age, they become fit subjects for *Mosch*, *Asaf*, *Ignatia* and *Valer*." (Dr Kent)

(Dr Jawahar Shah Hpathy Ezine- June, 2004 <http://www.hpathy.com/casesnew/shah-psiychiatric2.asp>)

**CASE 4:** *This is one of the many cases of Dr Desai who repeated high potencies repeatedly for effecting a cure.*

A girl aged 8, used to get high temperature, often became totally unconscious on the third day. The eyes were red. There were sudden cries and she used to toss her head involuntarily. The skin on the forehead became red with a raised band about two inches broad.

Dr Desai prescribed *Apis* 1M 8 doses per day and for two days there was no change. Taking the mother's history he noted that she had four

abortions and that she also had paralysis of left leg with dementia and the girl patient was therefore given *Merc-sol* CM four doses daily. Within two days she got free urination and the restlessness became less. *Apis-mel* 1M 8 doses were then given daily. Restlessness disappeared on the next day and the red band on the forehead moved down and disappeared after 13 days. There was no temperature on the fifth day. She recovered.

Dr Desai observes "It is the toxemia of the brain which begins with delirium, passes into stupor with convulsions and affects the senses one by one and ends in coma. So only the total elimination of the toxins can assure the complete cure by bringing all the senses back to normal condition one by one in the reverse order of the affection. This condition, when not properly treated by steady repetition, leaves behind its sequela in proportion to the toxicity left over.

#### CASE 5: UREAMIC COMA, GANGRENE AND APPARENT DEATH

A woman, aged 45, previously healthy, had been ill for over two months for which she consulted Dr Stuart Close. The doctor could not get a clear or satisfactory previous history owing to the ignorance or inattention of the people concerned.

Roughly outlined, the case began as an eczema, affecting principally the lower extremities. In the beginning of treatment by her allopathic family physician, she did not appear to be seriously ill; but as the treatment progressed she became more and more ill and weak, and finally was confined to her bed. From this time on there was a steady decline of weight and strength, loss of interest in life and of hope, until she became apathetic, and finally comatose. Urinary secretion had be-

come more and more scantier until it ceased and uremic coma came on. The treatment had been mostly topical - application of various ointments and lotions for the eczematous areas, and, as I learned afterward, of the free use of *Arsenic* internally. In consequence the eczema had been suppressed and the systemic symptoms developed.

On the day this Homoeopathic doctor was called, the attending physician had examined the patient and said that her end was very near. About noon he visited again, and found her so nearly dead that he said she could not possibly live more than an hour, and that he would not call again.

At this juncture her daughter, who had been a patient of Dr Close approached him if, anything could be done. As the doctor entered the room at 1 PM, he saw her lying on the bed surrounded by weeping relatives. Someone said: "It's too late, doctor, she's gone".

At first glance it looked that way, but something impelled Dr Close to go to her and make an effort to save her. Paying no attention to the relatives, Dr Close made a rapid examination. Her limbs were cold and rigid, but the body was still warm. There was no radial pulse, and no visible respiration. "With the unaided ear I could detect no heart-beat, her eyes were fixed, the lids slightly open, and her features had the expression of death. But the thought of death was not in my mind in spite of the evidence".

Dr Close applied a few pellets of *Ars-album* 45M (Fincke) upon the exposed mucous membrane by opening her lips and rubbed her lips against the gum. Then, following a peculiar, but impelling impulse, I seated myself on the edge of the bed, placed my hands upon her head, and called her loudly by her name and said, "You are not going to die. You must

come back". Placing his thumbs on her upper eyelids, and pushing them upward so as to fully open her eyes, he bent down close to her, looking directly into the eyes, and addressed her again with reassuring words, "I am going to help you move. You must try with me". Several times he opened and closed her eyelids, and rotated her head. Then he said, "Now open your eyes". There was a moment of hesitation, then the lids trembled and slowly opened. "Now close them". She obeyed, and repeated the act twice at his command. Then Dr Close proceeded to move her stiffened arms and legs, flexing and extending them several times, and gently manipulating them. Next he moved her body, turning her from her back to one side and then the other, shifting her position in bed. "During this time I was speaking to her occasionally in encouraging tones." After thus loosening up the rigid muscles, he resorted for a few moments to very gentle artificial respiration, directing her at the same time to try to breathe by herself. After about ten or fifteen minutes of this work she was breathing regularly, color was coming back into her face and lips, and her hands were becoming warm. Presently she opened her eyes and looked at me as I bent over her, and whispered to me, "I'm coming back".

In ten minutes more she was talking to me in an audible voice, asking me questions about herself and what had happened. I had continued gentle rubbing and massage of the extremities, under the bedclothes, but in order to act more efficiently, I now uncovered her feet, and saw that the toes and plantar surface of the metatarsal region of both feet were gangrenous. Here was local death, at any rate, plainly visible. But the patient was now plainly alive, and very much interested in what was going on. The doctor had difficulty in keeping her quiet. He di-

rected that she be kept quiet, and that some warm broth be prepared and given to her, that warmth be applied to the feet and legs and that *Arsenic-*alb** 200 in solution be given at intervals of two hours, until his next call.

In the evening I called again and found her in a high fever, with flushed face, sparkling eyes, active delirium, recognizing no one, but talking continually in an excited manner and very restless. Reaction had come on with a vengeance, but the symptoms spelled *Belladonna*, and salvation. For eight days the fever and delirium continued, but the urinary function was re-established and diarrhoea came on. The circulation became active, the gangrenous areas on the feet sloughed out, healthy granulations appeared and healing progressed rapidly. On the ninth day the delirium left her. Her first intelligent words were a request that I be sent for at once. She had something to tell me which she would not reveal to her family. On my arrival she asked me how long she had been sick and then said that she had sent for me to tell me her experience "while she was dead". It was all clear in her mind now, and she wanted to tell me before she forgot it. She said that after lying for several days unconscious of her surroundings, but "alive in her mind" her father and mother (who had been dead many years) came to take her away with them. She had left her body and was just about to leave the room with them when she heard Dr Close call her to come back. She felt that she could not disobey me and regretfully left her father and mother and came back. The next she remembered was opening her eyes and seeing me and talking to me. Then all became blank again and she had no sense of time or surroundings until the present.

...To be continued in next Issue.