

Interesting Cases of Coma from our Rich Heritage- Part II



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CASE 1: POST-OPERATIVE COLLAPSE

TR aged 39, with history of indigestion for seven days. Woke at 2AM with violent epigastric pain. Diagnosed as perforated ulcer and was operated. On incising the peritoneum, purulent exudate gushed out. Perforation closed. Drainage tubes in the loin.

2 hours later the patient was in a collapsed condition-cold with slight sweat. Pulse not obtainable. BP 50 mm Hg. Heart rate 120 min, regular. Violent thirst for ice cold fluids. Skin cold as marble. Pinched pale face. Breath cold. Tongue pale flabby and cold. Guided by the violent thirst for cold water *Ver-alb* was given without effect. There was not enough sweat to warrant *Verat-alb* and was switched over to *Camphor*. Half-hourly doses of the 12th potency were given with immediate response and continued recovery from the collapse though one would have thought he would surely die. But his convalescence was stormy. He developed consolidation at both bases and at one time it was feared that he had subphrenic abscess but in time all cleared though slowly and he made a good recovery.

MM NOTES: *Camphor* has the picture of collapse as described by Dr Hahnemann in his remedies for cholera:- icy coldness of the whole body, sudden sinking of strength, pulse small and weak"- just the description of the patient. "After operations with temperatures subnormal and low blood pressure." "The patient will not

be covered even though he is icy cold, pinched face, pale, haggard, anxious, bluish. Cold sweat but not so much as *Ver-alb*. Cold breath, cold skin; cold, blue, livid but yet cannot bear to be covered. Not satisfied even after drinking incredible quantities of water. Everything is vomited. The air as it leaves the chest feels like the cold draft from a cellar (*Carbo-veg* and *Verat-alb*). The pain in the stomach is so violent that the appearance is that of *Ars* anguish. To distinguish *Camphor* from *Cuprum* and *Verat-alb* in cholera or any acute diarrhoea is not always easy but *Camphor* is usually cold and dry, may have cramps but never so severe as *cuprum*. The more cramps the more likely is it to be *cuprum*. The more cold sweat and the more copious the discharge, the more likely remedy is *Verat-alb*. *Camphor* has a lot of urinary symptoms, rarely mentioned: burning, strangury, tenesmus. As with rectum- sits and strains without avail, urine red bloody and comes only in drops as in *Cantharis*.

In the bronchitis of old people *Camphor* should be considered along with *Antim-tart*, *Ant-crud*, and *Ammon-carb*; these people rarely have high temperature. They are cold whereas the young are burning hot. Sensation of heat, but feel cold to the touch. They are prostrated, no reaction, a form of collapse though less spectacular than after an operation but it should not be forgotten. These old people die from lack of reaction, rarely from toxoemia.

SOURCE: Case of the month; Health through Homoeopathy, November 1949

CASE 2: ADRENALINE CHLORIDE

On 21-12-99: There was an urgent summons for me from a neighbour. He was desperate. On visiting his house I saw his young wife, 23 yrs, in a pool of blood. The floor was smeared with blood and its odor made me shudder for a few seconds. The patient seemed to have lost 2-3 litres of blood and her condition was critical. I went to the dispensary and quickly collected *Geranium-maculatum* Q and poured 10 drops into the mouth of the woman. There was no gynaecologist or trained midwife nearby to help. The patient had been trying to lift a big water-filled pot which naturally put great pressure on the belly and uterus. There was an immediate cry for attention. The patient was turning blue and her eyes had rolled up and face became deathly pale. The body was cold. The doctor was ready with *Adrenaline-chloride* 6x and applied on her tongue and shortly thereafter the patient began to breathe slowly. Her eyes became normal regained their luster and dry mouth became wet in a few minutes. She was out of danger.

MM NOTES: After too much of bleeding, symptoms of cyanosis are seen. When the oxygen percentage in the blood becomes less and less the blood turns blue. This may lead to a cardiac arrest. In such critical situations if proper treatment is not given immediately and if the cerebral blood circulation stops for more than 5 minutes, the patient will die. It is useful when blood in the capillaries becomes stagnant and the body becomes bluish. *Adrenal-chloride* stimulates the blood vessels and sets right the blood circulation. Whenever there is bleeding in the nose, throat, liver, placenta etc, when blood begins to clot or when there is danger on ac-

count of improper and irregular blood circulation in the body Adrenaline works very efficiently and proves to be a very useful remedy. Dr Singal suggests that once the patient is out of danger but the uterine bleeding still persists give *Sepia* 200 (Quick bedside prescriber). She was given one dose of *Sepia* and taken to Bijapur hospital, USG showed that the baby had died in-utero. Mother's Hb was found to be 4.6 gm%; she was given two units of blood and discharged.

**Dr SAVITRI SANJEEVINI- HOMOEOPATHIC UPDATE
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Two Israeli Homoeopaths jointly discuss two cases of malpositioning of foetus during beginning of labour or near delivery time and how the mental symptoms of the mother transmitted itself to the foetus. In one case, the mother felt that keeping a home and bringing up children was a hard task; it sent a negative message to the foetus discouraging him to come out to the world and it was cured by *Sepia* 30 one dose. In the other case the mother was confused and there was a feeling of lack of guidance on important matters. As a result the child was in mal- position as if not given correct guidance. Prescription on the theme *Strontium-carb*, the need for guidance, as suggested by Dr Rajan Sankaran. In a few days the foetus was lying with the head down. (Normally for breech presentation *Puls* in high potency is administered- here two cases given, where individualization based on mother's disposition led to the choice of (correct remedy)

Homoeopathic Links 2-3/2000 issue

This was a wealthy businessman, who had gone to USA for aortic artery surgery. Complications resulted in a drug-resistant septicaemia and renal failure. The patient was sent to Greece, he was in coma for three months. A hospital neu-

rologist prevailed upon the other allopaths to allow George Vithoukas to treat the patient. The patient was on multi-antibiotics ampoteracin C for systemic fungal infection, was in renal shut down and deep coma. Mr Vithoukas carefully treated the patient with *Opium* which brought about semi-conscious state. Later after careful discussion with the family members he gave *Sulphur* as the likely constitutional remedy. The patient began to speak for the first time in these many months but was muttering deliriously, leading Vithoukas to prescribe *Lachesis* which caused a slight relapse. The symptoms still seemed

to fit that remedy and Vithoukas was perplexed until an attending nurse informed him about the shocking language used by the patient in his delirium. Hence the patient was given *Hyos* and he returned to normal consciousness. He was released from the hospital after 12 days of homoeo treatment! He was again placed under his constitutional *Sulphur* and he rapidly progressed and recovered. At the time of this treatment he was 75 and lived in good health till 84.

As quoted by Roger Morrison in *Homoeopathic Links 2-3/2000*.

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Walking into the bar, Mike said to Charlie the bartender,

"Pour me a stiff one - just had another fight with the little woman."

"Oh yeah?" said Charlie "And how did this one end?"

"When it was over," Mike replied, "she came to me on her hands and knees."

"Really," said Charles, "now that's a switch! What did she say?"

She said, "Come out from under the bed, you little chicken."