

**DR.V. D. NAGWANSHI,  
A CLASSICAL HAHNEMANIAN HOMOEOPATH**

**By Dr.Dinias Mistry**

M.S.

On February 5,1992,at Solapur one of the leading proponent of Classical Hahnemanian Homoeopathy breathed his last after a protracted illness.

Dr.V.D.Nagwanshi-popularly known to us & to his innumerable friends & devotees as BHAU was born in Solapur on August 10,1910.After finishing his school education at Solapur,Bhau went to Burma along with his father who was then a high official in the Burma Railway.Bhau completed his engineering course in Rangoon and returned to Solapur in 1932.He further completed his engineering studies at Poona and attained his degree in 1936.Somewhat Bhau got interested in Stocks & Shares and in time became a leading sharebroker in Solapur.

Bhau's interest in homoeopathy developed when he took a relative of his with a very chronic complaint to be treated by Dr.Suryavanshi-a civil surgeon of repute at that time.Bhau's interest developed to such an extent that he bought various biochemic & homoeopathic books,and visiting and taking guidance from Dr.Roy & other doctors from that company.In 1957 Bhau got his registration and from then onwards Bhau must have treated hundreds of chronic & acute cases with remarkable results.

I came in contact with Bhau around 1963 due to my fathers asthma which had become very intractable at that time.Bhau gave me all the guidance in my early years of my study of homoeopathy.I would feel amazed at the painstaking way Bhau would take a detailed case study,often it would last between one to three hours in some cases.If he were sure of his remedy he would give a single dose of appropriate potency and await results.If he wasn't he would call the patient again for further "cross examination"- as I would joke with him Bhau was a Model of patience and calmness.He had a knack of putting questions which would bring forth the correct answers.He never seemed to be in a hurry and often I would get more tired than Bhau after listening to one of his sessions.

Bhau did not much repertorize,he was more a materia medica man,but that was because he had an overall excellent study and grasp of the materia medica.Once I was ill around 1967 with a boil inside the nose and high fever. The first day Bhau came and asked all the usual questions,put first dose and left.The next day the fever was still there,the local symptoms still the same and there was considerable anxiety amongst my parents,but Bhau came-calm as ever asked few more questions,observed,kept three doses and left.Next day my fever had gone and almost no local symptoms.Later on Bhau remarked that he had given Ipecac 30 on first day-his favorite remedy for fever & then the next day symptoms became clear; so he put just three doses of Lachesis 30-very

confident of the medicinal action and a near miracle resolution occurred. Bhau must have done so many such miracles but then that was our Bhau, a dear friend and guide to all of us here.

By nature Bhau was shy-almost retiring, he would never have made a "popular speaker", but then whenever he spoke of Homoeopathy or about his cases, one would listen with rapt attention. One could feel then-at least I felt for my self that here was a man, not only a doctor, but also a healer. In his practice Bhau tended to be rather more conservative.

The single remedy, the prolonged wait, no mixtures at all and strict adherence to diet and other restrictions. We often differed in many things, but the gentleman that he was, Bhau always allowed me my methods as much as he allowed himself his own.

Bhau's meticulousness was not only in homoeopathy. He was an excellent harmonium player as well as playing the DILRUBA with ease. He was also a keen devotee of Marathi dramas aside from his study of the stock-market.

The loss of Bhau's father in 1972- perhaps affected him more than he realized. Bhau started a charitable dispensary in the memory of his father and Bhau devoted his evening hours at this charitable clinic till the onset of his terminal illness. Around 1987 Bhau began to have a series of small but transient attacks of cerebral ischemia, each attack however he seemed to recover with remarkable ease with whatever remedy I happened to give him. During that time an operation for the enlarged prostate gave him considerable distress. Even after this Bhau was seeing to his patients. Bhau suffered his seventh ischemic episode which was a major one that left him paralyzed on the left side. After this stroke he suffered selective memory disturbances but even to the end it's remarkable that his homoeopathic memory remained fairly intact. He had after this two minor strokes which he recovered completely but the tenth one was his last.

Bhau's loss is not only to his wife and other family members but also to many homoeopaths in Solapur and Maharashtra & so also to his innumerable patients.

What can one conclude of such a person, a healer who was born for homoeopathy-who never publicized or advertised about himself in the newspapers as some of the present day homoeopaths do. Shy to the point of being uncommunicative at times. Bhau's stern and disciplined exterior hid a sensitive heart, a mind honed to sharp intellect- all instruments of his personality that he faithfully used towards the cause of homoeopathy which I think he held most dear to him than anything else in his life.

It is in the fitness of things therefore that the first number of this issue brought forth by friends and colleagues of Bhau be a fitting tribute to his memory and to the cause of homoeopathy which he loved most. We extend our heartfelt condolences to Mrs. Nagwanshi and all family members. May Bhau's soul rest in peace.

**CASE No.1 :- Acute Multijoint Arthritis**

**DR.D.E.MISTRY**

**M.S.**

*Consulting Surgeon & Homoeopath  
Solapur.*

Mrs N.B.aged 30 years seen at her residence on 31-10-91. She complained off-

- a) acute pain and swelling in left knee joint, since 4 days. Some hours later right knee also got affected.
- b) History of prolonged standing & sever exertion prior to onset of complaints.
- c) History of bad sore throat more on right side with pain in neck lymph nodes more on right side, a week prior to the knee swelling. The throat and cervical adenopathy was treated by Ferrum.phos 6x and Kali.mur 12x for some days with some amelioration; but she had undergone the unusual exertion in this period.

When seen at home following points were noted,

- a) flat in bed,
- b) coated whitish tongue,
- c) excessive thirst,
- d) soft synovial swelling with fluid over both knees with marked tenderness over infra patellar areas.
- e) Slight redness of metatarsal joints of left foot.
- f) Menstruation had begun the same day but with no relief of complaints.
- g) Mild fever only.
- h) Marked pain on slightest attempt to move the knee joint and some pain on moving toes of left foot.

**Clinical Diagnosis** - **Acute multi-joint arthritis.**

**Other relevant information was not much.**

**Past history** - On & off cough since 1984  
**Family history** - Father hyperacidity. Mother died after hysterectomy.

**Personal history-** Menses-nad. Two normal deliveries, one baby died as it was anencephalic after birth. Likes winter, summer disturbs her mildly. Perspiration is bit more on head and axilla. Patient is rather obese, likes company, adjustable, speaks up if upset, -not prone to fears, not timid.

**Investigations** - Hb 12.4 gms/100 ml; RBC 4.2 mil/cmm; WBC 15,200/cmm; N 86%, L 10%; ESR-10 mm at the end of first hour; R A test-negative.

**Treatment** - Based on complaints and over all picture at the bed side the first medicine was BRYONIA 1M, 3 doses hourly with SL as placebos. Further course was as follows

**1.11.91** - Pain less, thirst reduced, movements of knees and foot possible but restrained. Tenderness knees much less, cough is less but throat pain returned. -Rx-SL continued

**3.11.91** - Improving -Rx-SL continued.

**5.11.91** - Can now cross her legs and sit. No fever at all, tongue coating much less-but complains of pain right side of throat-her original complaint, before the knee joint pain began. Rx SL only

**8.11.91** - Patient came to my consulting room, sweating much less, slight knee puffiness but full range of movements. She remarked that the menses this time was more prolonged. Rx. SL still

**11.11.91** - Sudden chilliness, feverishness with pain in throat, right sided, with more sweating and some cramps in finger. Rx Hepar sulf 3x, 4 doses with SL.

**14.11.91** - Less chilly but throat irritation still present, cough morning and evening. Rx Hepar sulf 3x, 3 doses 12 hourly with SL.

**19.11.91** - Complained of mild pains in all joints, hip knees, toes etc but no swellings-pain lasted an hour-Says she felt some amelioration of pains after walking, no throat problem now. Rx Calc carb 10 M, 1 dose with SL BD.

**2.12.91** - Almost normal-occasional knee twinges. Rx. SL

**23.12.92 - No knee pain -But heels or ankle pains if she stands more.Rx.SL**

**8.1.92 - Mild coryza with mild knees pain on rising. Rx.Calc.carb 10M, one dose with SL.**

**20.2.92 - No pain at all.Good appetite.Plays badminton without discomfort.Rx.SL**

**3.2.91 - Nad still on SL.**

**COMMENTS :-** This case illustrates the value of a single dose of Bryonia 1M in the acute phase which remedy was the only one indicated by the presenting complaints. That it was the right remedy was confirmed by the return of her original sore throat picture as the joints began to be better. The throat picture was not given biochemics this time but by Hepar low since I thought it best to give this as the patient was chilly and didn't want to disturb the Bryonia 'm' action. When after nearly 3 weeks of Bryonia action she developed mild pain of many joints though transient on 19.11.91, I had the option of either repeating Bryonia either in 'm' or 10 m or go to a deeper remedy and the choice of Calc carb got preference influenced by the patients obesity, sweating and tendency to excess of menses. Though the patient was not chilly when normal rather a bit the reverse yet Calcarea seemed the only choice then. She had this on 19.11.91 and repeated in same strength on 8.1.92 when there was mild recurrence of knees pain. Since then there has been no pains in the knees. The arthralgic involvement was in all probability infective due to prior throat involvement. I wonder whether the nosode Streptococcin could have done the same job as Bryonia did. One question remains! Did the unusual exertion after the biochemically treated sore throat precipitate the knee involvement? The Calcar carb patient is known to be worse after exertion isn't it ?

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#### **CASE No.2: - Sinus congestion with Rhinitis**

Mr 'B' husband of the patient of the first case reported to me on 20.2.92 with following complaints that were of recent origin only.

- a) Sticky mucoid discharges from both nostrils, since 5 days together with
- b) mild bodyache
- c) chilly feeling

- d) mild epigastric colicky type of pains occurring anytime, no vomiting or nausea
- e) alternate nose blockage at nights,
- f) can't tolerate extremes of heat or cold
- g) Heavyness over forehead over region of frontal sinuses.
- h) history of excessive exertion prior to onset and also exertion and no rest during the period of five days of the above complaints.

Clinical Diagnosis was of mild frontal sinus congestion with rhinitis.

Rx. As there were no clear cut symptoms and taking the strong causation in the background he was given Arnica 30 tds for three days.

24.2.92 - C/o mild epigastric pain, slightly loose bowel action, bodyache less but still there, forehead still heavy, no abnormality in thirst but thick yellow nasal catarrh both sides. Rx. Pulsatilla 30, 4 doses only 4 hourly.

25.2.92 - Better but discharge still heavy. Rx. Pulsatilla 200 one dose only.

1.3.92 - Okay. Discharge lessening. No bodyache. Rx. SL BD

**COMMENTS :** - This case illustrates the value of a remedy based on causation-Arnica in this case when there were hardly any clear symptoms to go by; the pulsatilla that followed was based not on temperament or mentals but just local nature of discharge. Isn't this much better than the arsenal of antibiotics, antihistamins etc which he might have had from an allopath ?

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### **CASE No-3-CHRONIC JUVENILE ARTHRITIS**

Master B.C. aged 15 years first reported to me on 9.1.90 with following complaints

- a) Pain left knee since two weeks with swelling and pain right knee since a few days.
- b) Pain and swelling left ankle since June 88.

The patient had a hairline crack fracture of left hip joint after a fall and was in traction for 6 weeks. Then after removal of his plaster cast he noticed swelling and pain of left ankle.

He was on brufen and monthly injections of penidura since June 88, inspite of which he had no improvement of left ankle and was developing knee involvment also. He was diagnosed as Juvenil chronic arthritis on a previous episode of rheumatic fever arthritis by a noted Poona Rheumatologist.

His blood investigations done on 10.1.90 were as given below-

RA test positive, WBC-16400, N-50%, L-48%, E-2%, Hb-9.00 gms%. His earlier reports at Poona also said he was R.A positive.

Relevant Homoeopathic finding as follows-

- a) Tonsilitis bouts every year for last six years, treated by herbal medicines.
- b) Vaccines given after birth and also 5th and 7th year of life.
- c) If hip joint pain 12 th year of life.
- d) TB meningitis in one grand father and bone cancer in another grand father and asthma in great grand father.
- e) Desires salt, sour and sweets.
- f) Thirst much less than others.
- g) Sleeps on abdomen
- h) all seasons suit him
- i) Plays a lot, likes company, doesn't like his studies, sensitive, weeps easily, consolation, and aversion to ghee. But is not timid and though active at school is lazy at home.
- j) He had a slight effusion of fluid left knee.

His bony constitution was flouro-calcic. His predominant miasam was SYCOTIC.

All allopathic medication was stopped, and was told not take even his monthly Penidure injections.

His treatment was begun with Pulsatilla 200 one dose with placebo on 10.1.90.

**23.1.90** - Pulsatilla 200 one dose with SL (There was very minimal amelioration of his previous Pulsatilla dose.)

**5.2.90** - Coryza and cough since 3 days with pains left knee still felt as before Rx.Pulsatilla 30 with SL.

**16.2.90** - Pain left knee and ankle still same.Rx.Tuberculinum bov 200 one dose with SL.

**23.2.90** - Pains knee and ankle ameliorated for some days but again its paining like before.Pulsatilla 200,O.D,and Arnica 30 sos whenever he plays more or exerts more.

**8.3.90** - Had of condition of left knee again pains and swelling of knee plus pain in rt big toe and swelling.At this point antisycotic main remedy Thuja 200 single dose was given with SL.

**24.3.90** - Thuja 200 one dose was repeated as position was no further improved.

**31.3.90** - Only SL

**12.4.90** - Whlie running he sprained his left ankle the site of mild arthritis.Rx.Rhus-tox 30,6 doses in three days follwed by Thuja 1M single dose with SL.

**30.4.90** - Reports previous improvement had stopped and again more pains left knee and rt toe with some productive cough.Rx.Pulsatilla 30,6 doses with SL.

**11.5.90** - Slight pain and swelling left knee still with now poor appetite and some cough.Rx.Lyco 200 one dose with SL

**18.5.90** - Swelling ameliorated Rx.SL

**24.5.90** - Blood report-RA-positive, ESR-65, RBC-4.3 mill.Hb-10.4 gms%, WBC- 10,800.N-59, L-38, SGPT-14 units.

**2.6.90** - SL

**16.6.90** - Had been to Poona where tests done at Medinova revealed RA test negative.C-reactive protein-Positive in case of 12 ng/lit.

He now complained of less of left knee pain which was still there but also swelling of left ankle and pain at insertion of Tendo-achillies to left ankle.

**Rx.Lachesis - 200 a single dose with SL**

**27.6.90 - Reported amelioration only for a day and position of all the old painful joints same.Gives h/o exertion.Pain at the site of insertion of Tendo-achillies is maximum.Rx.Rhust tox 30 tds for 7 days.**

**7.6.90 - It looked as if he was not further improving.So Carcinocin 200 one dose followed by Thuja 30,4 doses each dose once in 4 days with SL.**

**23.7.90 - Wet weather.Pains had ameliorated but again a bit more.Rhustox-200 one dose with SL**

**8.8.90 - Rx.Thuja 30-4 doses.**

**28.8.90 - Cough on eating oily food.-Rx.Puls 200, 3 doses**

**8.9.90 - Still ankle pains.Rx.Thuja 30 one dose with sl**

**21.1.90 - Thuja 30,one dose**

**2.10.90 - Pains left ankle chiefly not so of left knee as before.Rx.Thuja 30 a dose every alternate day was given upto 10.11.90**

**1.12.90 - First time reported no ankle pain Rx.Thuja 30 on every alternate day for a month.**

**1.1.91 - Reports at Solapur very encouraging.Hb 94%,WBC-9600, N 56%, L 42%, ESR-17, ASO-titre negative.RA test-negative.No pain in ankle.**

**Rx. Thuja 30 once in three days continued till 27.2.91.**

**28.3.91 - Mild return of pain left ankle.Rx.Thuja 30 again made to be every alternate day and continued like this till 16.7.91.**

**17.7.91 - No pain, No swelling. Yet Thuja was not stopped but now given in 200c weekly.**

**12.8.91 - First time reported itching groins-a good sign of psoric symptom coming up first time.No change in medicine.**

**20.8.91 - Much less of itching which is still there.Reports at Poona- Medinova on**

**22.7.91 - as follows-RA test negative,ASO titre negative,C reacting protein negative.**

**20.9.91 - Itching groins still.Single dose of Sulfur 30.**

**10.10.91 - Pain toes left foot first time note the ankle is not paining.Rx.THUJA 1M, 3 doses in one day with SL.**

**21.10.91 - No pain-SL**

**3.12.91 - No pain S.L**

**22.2.92 - No pain SL**

**13.4.92 - No pain still on SL (Placebo)**

**COMENTS:-** This case is still under observation and treatment.His case was begun with Pulsatilla partly because he had just come from allopathy and partly because of his mentals and other features.Subsequently it was Thuja given in varying potencies.and more or less repeated either alternately or once in 4 days or weekly that reduced his arthritis picture.Rhustox 30 was his main subsidiary remedy given as and when needed it especially in wet and cold weather.His clinical improvement was mirrored in his blood reports also improving hisRA,ASO and C reactive protein tests all becoming negative with normal ESR and normal CBC picture.He developed a psoric phase for the first time towards end of August 91 and this was treated by just one dose of Sulfur 30.Two months later he again showed a mild return of sycotic pains needing Thuja in 1M strength and since then for the last five months he is totally free of all complaints with full activities in his school. Throughout he was given as an ancillary measure natural Vitamin C and other mineral capsules of Dr.Soni's products.This case will be still be with medication SOS and observation before we can say he is fully cured and not just relieved.

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**Dr. Agarwal**  
L.C.E.H.  
Solapur

Mrs X aged 49 years came for consultation on 5.10.91, for pain in her both knee joints since 2 years, first right knee and then her left knee was affected, pain getting up from sitting posture, at motion, and by pressure.

Past history of scabies, jaundice and vaccination.

Family history - Diabetes, Hypertension, I.H.D. Pulmonary Koch's.

Personal history - Short, obese, mild and calm nature, vegetarian, with liking for chillies and sour, thirst more as compared to others, with desire for cold drinks, chilly, in hot and external heat. Sleeps mostly on left side and sound sleep,

Rx. Thuja 200, 3 doses, on basis of vaccination followed by Rhus tox 30

BD. for one week on basis pain modality.

**14.10.91** - Mildly better. Calc carb was chosen as her constitutional remedy, and also chronic of Rhustox. So Rx. Calc. carb 200, 3 doses then Rhus tox 30 BD.

**22.10.91** Better. Rx. Calc carb 1M, one dose, and SL for 1 week with Rhustox 30 sos

**28.10.91** - Much better only feels pain when getting up from sitting position. Rx. SL BD.

**13.11.91** - Better. To consolidate the effect Thuja and Calc. carb in still higher potency. So Rx. Thuja 1M, one dose, then after 4 days Calc. carb 10M

one dose, followed by SL

**25.11.91**- Pain in knees since a day, Lt. leg more. Investigations done on 26.11.91- Blood Sugar PP-147.5 mg/dl, urine sugar-trace- So Rx. Rhust tox 30, 6 doses and Syzygium QT 10 drops BD.

10.12.91 - Better.SL with Syzygium QT.15 drops BD.

30.12.91 - Better.Calc.carb 10 M one dose with Syzygium QT.

22.1.92 - Better-SL with Syzygium QT.

8.2.92 - Blood Sugar Level-PP107 mg/dl;Urine sugar-nil,had pain because of extra walking.Rx.Rhus tox 30,with Syzygium QT continued.

**Editorial Comments-** Was this a "Diabetes" which got nipped in the bud so to say-or was this a mild hyperglycemia with glycoseurea due to the stress of the constitutional remedy? Also the Thuja dose of 13.11.91 could have been allowed to run longer say two weeks atleast before giving the 10M Calc.Carb dose.The 25.11.91 pain in knees appears to me as a mild aggravation;that has changed into a sustained amelioration.The case appears to me to be a Latent Diabetes-waiting in the wings to become clinically obvious.The case will need watching and prolonged intercurrent indicated remedies to prevent this possibility.

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#### **CASE No.5 - Skin eruptions**

Mr X aged 24 yrs,-a laborer working in cement, came on, 23.1.92 for eruption over his both hands and fingers extending upto the elbow since 16 months, and treated with all sorts of allopathic medicine and ointments without any relief.

Eruptions itching, burning,oozing thick discharge, itching afternoon and evening, scratching and applying hot water.Patient also had spermatorrhea in sleep,and sexual dreams, but no history of masturbation.

Past history of Small pox in childhood and exposure 8 months back, and vaccination once

Family history of diabetes and epilepsy in uncle.

**Personal history:** Food-mixed, Desires milk and sweets, Appetite good, but sour eructations after over eating,thirst moderate.Sweating of palms and soles profuse.All seasons agree well but rainy weather.Sleeps on either side, in curled up position, sexual thoughts and dreams, Mild in nature and desires company.

**23.1.92** - Rx.Conium 30,6 doses tds for 2 days.

**26.1.92** - Sever aggravation with oozing of pus, pain and fever.Rx.Calc sul 200 & Hepar sul 200,tds.

**30.1.92** - Oozing of pus,but fever and pain less.Rx.Calc.sul200,Hepar sul200.

**3.2.92** - Boils and oozing of pus. Rx.Conium 30, 3 doses.

**7.2.92** - Better, boils dryingup. Remedy follows well also.Burning pain ameliorated by heat (Ars).Rx.Echinacea 30,tds for 5 days.

**15.2.92** - Lt. hand and first finger better. Rx.Calc sul 200 + Hepar sul200 and Echinacea 30 tds.

**19.2.92** - Coryza, cough, headche. Eruptions dry, thick scabs are formed,no pus underneath.Rx.Bry 30,Eupatorium 30,tds for 3 days.

**3.3.92** - Better, all eruptions dried up, one small patch is still oozing,itching ameliorated by hot water application. So Rx.Sulphur 30,one dose.

**Editorial Comments** :- The choice of conium as the first remedy was a bit of a surprise.That it was correct was seen by the severe aggravation at 26.1.92.Nowadays I hesitate to accept these "skins".If the remedy is right the aggravation can be such that They often tend to discontinue and go to the allopath for antibiotics etc.I have seen that the milder antibiotics do not completely destroy the action of the indicated remedy,but it delays the overall length of curative treatment.The giving of Calc sulph and Hepar-200? which one worked? .Echinaecea is my favourite remedy in such aggravation though I give in mother tincture usually.Here in 30c it did a good job and perhaps would have done the same work if it had been given on 26.1.92 instead of Calc sulph and Hepar. Was the 19.2.92 picture a beneficial healing fever reaction;viral though it may have been?? All in all very difficult case treated admirably.

**Dr.H.Agarwal**

L.C.E.H.

*Consulting Homoeopath.*

*Modikhana, Solapur.*

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## CASE No. .6 : -A CASE OF LEUCODERMA

**Dr.Subhash Meher**  
G.C.E.H.  
*Ahmednagar*

Mr.J.D.K.,a 19 year old illiterate boy from a village,working as a shepherd and farmer came on 9.4.91 for the treatment of Leucoderma.

A very bright white patch of leucoderma covering 3/4 th area of his nape of neck was appeared all of a suddenly with fast spread on his neck since 7 to 8 months and he did not take any treatment for that.but he took it seriously when two bilatrally symmetrical patches appeared on his both wrist since one month which were spreading very rapidly.

Medium built,very dark black skinned,timid,mild was very anxious to know whether I will be able to cure him,if so within how many days.As peoples and family physician told him that there is no cure for this disease,but he came to me because of his mother's advice who was under my treatment for leucorrhoea.menorrhagia with prolapse of posterior vaginal wall with considerable relief.I assured him that if his body responded very well to our medicine he may get very good result within first three months otherwise I may need one to two years to cure him.But from his way of talking and facial expression it seems to me that he was not ready to trust me,but just decided to try my treatment.

Other associated symptoms were retracting pain around umbilical region of abdomen since 6 to 7 months with heavyness,pain 6 am to 10 am and in between 6 p.m. to 9 p.m.,and was after eating.Stool normal.Urine occasional burning.Vegetarian.Liking for chilies and sweets.Sweating of palms and soles and it was more in summur.Patient was also suffering due to chronic cold,headache and very obstinate cough with greenish sputum & resistant to allopathic treatment.Stomatitis with small ulcer inside the lip.Soles cracked,thirst moderately extra.

Patient had diarrhea,vomiting and bloody dysentery twice in last one year,which was relieved with allopathic treatment but retracting pain in abdomen persisted.As patient is shepherd and use to drink impure water of streams so he also use to get frequent diarrhea.So past history of diarrhea,passing of worms and boils was also present.

**Family History** - All are healthy except mother was suffering due to Leucorrhea, menorrhagia, and first degree prolapse of posterior vaginal wall(rectocele) with cervical polyp was under my treatment with considerable symptomatic relief.

Considering chronic amoebic dysentery and its suppression, and other bowel and abdominal complaints i.e. intestinal toxemia as strong pathology responsible for his leucoderma Merc sol was selected as chief remedy which also covers other pathological symptoms like greenish sputum etc. As patient was not very confident about treatment so I was also bit impatient to observe fast results so Ars.sulf.flav was selected empirically and thinking that these small tiny pills will not help to gain patient's confidence so decided to give Natr sulf in biochemics which was also covering his cough symptoms, tendency of diarrhea and sycotic family history and will not interfere with the action of Merc sol. So Merc sol 30 tds for first week, Ars.sulf.flav 30 tds for next one week was prescribed along with Natr sulf 6x O.D. night for 15 days.

**30.4.91** - Abdominal pain better while taking medicine but recurred after finishing medicines. Cough with sputum totally relieved. White patch of neck became little brownish and faint with mild itching but without eruption. When asked about sleep said he gets some frightful dreams which he cannot recollect. In general he was feeling better but still was not readily admitting it, was asking for very strong medicine which will cure him immediately, possibly thinking that deliberately I am not willing to cure him immediately i.e. not having trust on me.

Rx. Merc sol 30 tds daily for 15 days with Natr.sulf 6x O.D. night

**27.5.91** - Abdominal **pain** totally absent since last treatment, no recurrence of cough and sputum, had bloody mucoid stool for 2 to 3 days which relieved on its own. White spot of neck is considerably better which he did not admit easily but says very reluctantly, "Yes some improvement on neck is there but spots over wrist are not at all improved". He was asking for very strong medicine which will cure him at once and medicine for one month. His way of talking was suggestive that deliberately I am calling him frequently instead of curing him immediately by giving him some strong medicine.

Rx. Merc.sol 200 tds with Natr sul 6x O.D. night, both daily for 15 days.

**1.6.91** - All other symptoms relieved, White patch of neck is improving considerably, but no change in spot over both wrists. Again same pressure from patients side.

Rx. Merc sol 200 and Natr sulf 6x continued for further 15 days.

**26.6.91** - White patch over neck is nearly cleared except very small spot. But no improvement over wrist.

Rx. Merc sol 200-tds, Natr sulf 6x for one month

**29.7.91** - White patch over neck completely cleared, without any improvement in patch over wrist, So again patient asking why it is not going to be get cleared. So do something fast to clear it with same way of talking which was making me irritable. So I explained him that we homoeopath generally give single dose and wait for a long time but to hasten the cure I put him on three medicines with good results, and comparatively his recovery his very fast and I am not calling him for my financial gain.

So Rx. Merc sol 200 tds for first 15 days, Ars. sulf. flav 30 tds for next 15 days. of course with continuation of Natr sulf 6X.

**28.8.91** - White patch over wrist is also improving

Rx. Merc sol 200 tds/15days, Ars. sul. flav 30 tds for next 15 days. Natr sul 6x continued.

**24.9.91** - Leucoderma cleared almost 95% but very small few spots remained over wrist. Now asking to discontinue the treatment. I asked him to come far at least for next one month. He had mild colic.

Rx. Repeated the last Rx for next one month

**29.10.91** - Few small new spot appeared over his wrist on same place. Appetite poor. Sweating of sole with crack, Headache and depression may be due to new spot. Now requesting not to call him again. As he was not a earning member of the family but was dependent on his elder brother for financial need and his elder brother was not considering his case very seriously. so some emotional disturbance were suspected. Again leucoderma itself can cause some emotional disturbance and this can become a mental block in his complete cure so Natr mur was selected which was also covering other symptoms like headache, cracked sole with sweating and depression. And to

complete the action of Mercsol and to prevent future recurrences, Syphillinum was selected which was also covering bilaterally symmetrical appearance of leucoderma.

So Rx                      on **29.10.91** was Natrmur 200, 3 doses 4 hourly for one day.  
                                 on **30.10.91** Syphillinum 10M, 4 doses every 3 hourly for a day.  
and then onward Merc sol 30, with Natr sul 6x for one month.

Since then no recurrence, all spots disappeared, Patient is enjoying good health and good appetite, without any bowel or stomach complaint. And says there is no need for any more medicine. Meanwhile when he had some cut injury so his allopathic physician referred him back to me and advised him not to take their medicines for god sake, because patient himself and his family physician was fully convinced of bad effects of suppressions with allopathic medicines. As in this case problem was created very rapidly after suppression of dysentery and got cured as per homoeopathic law very rapidly which otherwise is known to be non curable.

While going through this case one point became very clear to me that his mental symptom was neglected by me and Merc sol was prescribed on pathological symptoms only, but it was a coincidence that his mistrustful nature was also present in Merc sol. Later on patient's mother told me that the patient did not trust on any body. So one question comes in mind that whether giving Merc sol in 10M in few doses would have helped the patient in more faster way making the use of Natr sulf and Ars sul flav unnecessary? As patient was improving very rapidly I did not dare to discontinue the use of Natr sul in biochemic. I think natr sulf in biochemic low potency helped without interfering the action of Merc sol. His frightful dreams were also covered by Natrmur, Natr sul and Merc sol. So last dose of Natr mur cleared his psychological block and Syphillinum completed antisyphilitic medicines action. So I think in some cases more than one miasma, or different causative or maintaining factors persists and in such cases there is no harm in giving suitable complementary medicines with repetition of doses if necessary to hasten the cure instead of giving only one medicine and waiting for a long time.

## CASE No.7 - AN OBSCURE CASE OF U.T.I

In November 1991, a lady aged 65 was brought to Ahmednagar from a village by her son as she had very high fever with chills and rigors and was taken to a well known allopathic doctor who gave her a course of five injections of Gentamycin without any relief but more deterioration in her health. After first injection her leg on the same side became heavy and weak, and then she was not able to sit or stand on her legs. Albuminuria with pus cells with rigors suggested urinary tract infection. Blood urea and serum creatinine were normal initially. Aconite 30, Ars.alb-30, Bell-30, Apis Mel 30. Ferrphos 6x in repetition was given without any relief. Her symptoms were chills, continuous very high fever, unquenchable thirst, frequent for little quantity of water. very restless, tongue clean. Prostration with extreme weakness in lower extremities. She had severe diarrhea but liquids and ample of water was not given to her due to fear of spoiling linen. So along with high fever, anuria, oedema of legs and over abdomen appeared with drowsiness and unquenchable thirst. As the fever was not coming down she was shifted to allopathic hospital, where she received Gentamycin immediately on admission. Her blood and urine reports on the same day were Blood urea 89 mgm/100 ml, and S creatinine 3.4 mgm/100 ml, Urine albumin + + +, and abundant pus cells. RBC 20 to 40/hpf. Hb 10 gms%, with increased WBC count. Then she received full course of Ciprobid which with Paracetamol which brought her fever immediately to normal but anuria with generalised severe anasarca, increasing stupor, loss of vision was suggestive of further deterioration in her health with bit increase in S. creatinine and blood urea level as compared to last one, so that noted MD allopath declared that prognosis is hopeless, she needs dialysis and so asked to shift the patient to Poona. Her relative rejected to do so, so decided to let her die on homoeopathy. So milk and other liquids which were given by Nasogastric drips and all other medicines with I.V fluids were stopped with the permission of incharge MD allopath, and she was kept only on ample of coconut water through nasogastric drip, with homoeopathic medicines. So Rx. Opium 200 one dose followed by Apocynum 6, frequent doses at very short interval, on next day urine output was increased upto one thousand ml in 24 hrs, so only Apocynum 6 was continued. Much better good consciousness, urine output 2000ml / 24 hrs. Only Apocynum 6 was continued in frequent repeated doses with improvement in urine output and anasarca

was nearly disappeared. Of course she was kept only on ample of Coconut water for 4 days. Mean while she had very sever diarrhea, involuntary, profuse and frequent which lasted for 3 days and relieved with Sulphur 200 one dose with Podophyllum 30, Arsalb 30, Natr sulf 6x, and Biocombination No- 8, with IV fluid only and coconut water through nasogastric drip. Since then she was improving steadily. But still abundant pus cells in urine. Urine culture was positive for E. Coli. She had very big and deep bed sores on her loin for which she received Hepar sul, Carboveg, Secael corn, Lachesis, Echinaecea Q (Bioforce) 20 drops tds internally with external Calendula and Echinecea (Bioforce) dressing.

In her last investigations Blood urea, S. creatinine was absolutely normal but HB was 7 gms% so biocombination No 1 was given.

Her son reported on 1.3.92 that she is well, her bed sores are healed fully, very hungry, moving slowly in house.

**Comments :-** She was taking Butacortidon on off for her joint pains since long time. She might have consumed minimum 500 tablets over the course of 10 years. In old age with probably diminished renal function due to excessive consumption of butacortidon, Gentamycin aggravated the problem as it is known to be nephrotoxic.

She was kept only on Coconut water thinking that as urine output is very scanty even after giving diuretics, IV fluids with electrolytes will cause more electrolyte disturbances, so its better to use nature's biofeed mechanism through intestine to correct it, and also coconut water contains almost all electrolytes with glucose in a very balanced form and is in most pure forms. It is also said to be a diuretic.

When her urine output was coming to normal, suddenly she had sever diarrhea, and even she was not able to retain coconut water. From our homoeopathic point surely it was helping patient to eliminate toxins from her body. As I was not in position to control her diarrhea immediately and was also not sure how long it will take to control so at the night time to avoid dehydration IV fluids were given. Her blood urea and sreatinine was coming to normal, and became absolutely normal after 15 days. At present she is much better, but some weakness in extremities is still there and for this I think I will have to give her Gentamycin in 200 c homoeopathic potency to counter act the iatrogenic effect of Allopathic Gentamycin.

**Editorial comments** - On the first case of Leucoderma what surprises me is that the wrist leucoderma patches which came last after the neck patch dissappeared in the last and not in the begining according to Hering's dictum. Does Herings law apply to only to various "strata"of symptoms at different levels and not to lesions appearing on one uniform surface level? Its very difficult to say whether repetition of doses of Merc sol would hasten the cure or whether one single 10 m, or 50 m dose would have done the same job.

The second case of kidney involmnet and infection and bed sores was a real tough one. Such cases do need pathologically indicated remedies in low potencies with supportive therapy. The use of coconut water played a very importanat supportive role. She would need Ferrum met and China to bring her out of her weakness. Also how about Equisetum arv.in mother tincture or 3 x to stabilize the kidney functioning ?

**Dr.Subhash Meher**

G.C.E.H.

*Homoeopathic Physician*

*Maliwada, Ahmednagar.(M.S)*

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### **CASE No - 8 A CASE OF A PAROTID TUMOR RIGHT**

**Dr.S.R.Wadia**

Bombay.

Mrs .B, Age 82 years. Mother of Doctor referred by him, for a parotid tumor.It was painful on inspection. No other symptoms were available except this , only on repeated questioning she told me that she had sever attack of flu some months back.

**7.8.91** - Influenzinum 200, 3 doses

**14.8.91** - Swelling same, pain a little better-Rx Parotidinum 30

**21.8.91** - Tumor very painful, swollen, fever. Rx.Silicea-200, 3 doses

**26.8.91** - Tumor burst

**6.9.91 -Tumor disappeared, No complaints.**

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**CASE No. - 9 A CASE OF GYNAECOMASTIA**

Mst C.B, Age 16 years. a) This young boy was brought by his mother with a small growth in the left nipple. It was a painful on pressure. Surgery was advised. b) Past history of repeated tonsillitis, mumps and dysentery. c) Family history - nad. d) Stool, Urine, Appetite, Thirst-N. e) Hot patient. No other symptoms were noted.

**29.5.91 - Rx. Phytolacca 200, 3 doses only.**

**01.6.91 - Same, Rx Phytolacca 1m, 3 doses.**

**08.6.91 - Same no change.** On referring to Kents' repertory on page 882. Only Calcphos was mentioned for tumor like walnut in the left male mammae, so it was given in 6x potency and continued for a month.

**09.7.91- Same, very slightly smaller but pain on pressure and the lump persists.** Rx Sulphur-200, 3 doses

**31.7.91 - Tumor disappeared completely.**

**Editorial Comments -** The first case appears to me as a case of the parotid lymph node in the substance of the parotid salivary gland getting enlarged and infected with a wonderful response to Silica - the homoeopathic knife that caused it to burst and disappear. If it was a tumour it could have been a benign adenoma. The way our remedies work often surprises me.

**Would Thuja and Pulsatilla had equal effect on this boy of gynecomastia ?**

**Dr. S.R.Wadia.**

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