

PERSISTENT PUS CELLS IN THE URINE

By: Dr. S.R. Wadia.

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Colaba,Bombay.

Name - Mr. Kapadia C.

Age - 50 years.

Dt-23/5/1971

1. This is a diabetic patient, and accidentally while examining his urine for sugar, his Pathologist found pus cells in the urine 60 to 80 per field. He has occasionally burning in the urine.

2. He tolerates heat and cold well.

3. Appetite, thirst, stool normal.

4. Past history of ringworm 30 years back. Piles, mumps, orchites, vaccinated six times in the last five years.

5. Family history - father died Coronary Thrombosis, mother normal, his sons Haet's test was positive and as such PAS tablets were given. Being a Doctor's brother, and having many doctors in the family, he was treated with the usual antibiotics for pus cells to no effect. They disappeared for some time, and again appeared in the urine.

I started with Sulphur 200 a single dose, for his past skin eruptions which was suppressed followed after some time by Silicia 30, 200, 1000, 10000 respectively. Urine examination showed a decrease in Pus Cells, but they increased

again. As there was history of doubtful Koch's in the son, I gave him Bacillinum 200 IM, 10M, to no effect. 60 to 80 Pus Cells were very often found in the urine with patient having no symptoms. Now his brother decided to have a skilagram of the kidneys and bladder, which was found normal. Antibiotics were given to no effect. Finally he again approached me because they were thinking of giving him injections, which he did not like. This time I gave him Psorinum 1M 3 doses as there was suspicion of some septic focus in the body. After 15 days the urine was clear, and no pus cells were found. After three months, the examination showed occasional pus cells, for which the same remedy in 10M and 50M completely cleared the urine. Repeated examination shows urine clear.

This goes to prove that a powerful effect our remedies exercise in such difficult cases. This is an old case 21 years back. He is a friend of mine. His urine is free from pus cells for so many years.

EDITOR'S COMMENTS -

One presumes that this patient was on the standard antidiabetic allopathic medication. This patient was treated purely on the basis of an abnormal pathological finding - which goes to

show that homoeopaths recently passed out must pay adequate attention to all laboratory investigations. There was some change after silica but it did not hold for a long time. Dr. Wadia's giving of Psorinum on a mere suspicion of a septic focus was a piece of intuitive prescribing and it must be noted that the patient was not in the least bit chilly. It would have been

interesting to note whether there was any change in the blood sugar levels after our doses had cleared the pyuria. As a surgeon I would have also thought of excluding any obstructive uropathy in the Pelvi ureteric tract, bladder & prostate gland.

* * * *

A CASE OF DERMOID CYST

By: Dr. S.R. Wadia

Master Dubash Daryus Age - 5 years

1) This male child was born with a Cyst at the lobule of the Right Ear Diagnosed Dermoid Cyst. He was operated in London but the Cyst recurred again and again very often round New moon. The swelling increases, is painful and then bursts.

2. Antibiotics given for the same.

3. Past history of vaccination, Triple + Polio + MMR and Booster doses given.

4. Startles in sleep. Every injury suppurate. App.-N. Thirst - N

5. Family history - Fr. eczema, M. aunt, P. Gr. Mother Cancer also Great Gr. Mother had cancer.

20.04.84 Thuja 10 m X 6 doses only.

04.05.84 Ulcer oozing. Silica 30.

18.05.84 Abscess burst, pus and blood.
Sil 200 one dose.

01.06.84 Abscess burst, pus and blood
Sil 1 m one dose.

16.06.84 No discharge, dried up.
No medicine.

21.06.84 Again swelling and pain.
Silica 10m one dose.

13.08.84 So far normal with Silicia.

10.09.84 Recurrence of abscess.
Silicia 50 m one dose.

15.09.84 Burst, dressing done with
Calendula Q.

04.10.84 but a little swollen. Carcinocin
200 x 3 doses, interposed as a lot of
Malignancy in family.

26.11.86 again swelling in the Cyst.
Sil 50 m X 1.

This kept on happening every 2 months then 3 months then 4 to 6 months. Every time Silicia was given in repeated doses with good results. Finally silicia CM was given on 18.7.86. No recurrence after this. The child is in good health.

EDITOR'S COMMENTS -

Its rather uncommon for a dermoid cyst to recur after adequate surgical excision. Probably the strong miasmatic Carcinotic background could have caused not only the recurrence but also the repeated bouts of recurrence and break down of the cystic abscess. The chronicity of the discharge at new moon and the fact that every injury tended to suppurate were the three main pillars for prescribing silica. It took more than 2 years for this child to get well.

A CASE OF PERSISTENT INFECTIVE HEPATITIS

By Dr. S.R.Wadia
Bombay

Name Master Jehan.

Age - 13.6 years

DT.21/3/88

He was suffering from the same since 29.7.87 with very high dark colour urine, feverish and tired feeling, skin yellow all over, loss appetite, and was admitted into a Modern Hospital.

Past/history- Numps, Measles, Urinary track infection, skin eruptions (Erythromycin given).

FH/O P. Gr. Mother - Bronchitis, M. Gr. Mother - Hypertension. I saw him on.

19.08.87 Heps. 30 was prescribed See Kent Repertory P 1328 (Itching during Jaundice).

27.08.87 Pt. feels better, but blood report same. Itching contd. Urine high colour, another Homoeopath prescribed Chelidonium Maj. Q which was contd.

01.09.87 All same. S.Bilirubin -10.4. Bile Pg- + + + +. Hepar sulf 200.

04.09.87 Same. Patient causes anxiety to mother. On questioning the patient in details. That he has more perspiration at night having yellow stains, he is worst at night. Kal Megh Q 5 drops 3 times a day and Merc Sol 3 .

6.9.87 Better; Still itching there though less, perspiration better. Merc Sol 200.

12.9.87 Better. Itching, but less, Bilirubin 5, came down after a fortnight, discharged from hospital.

21.9.87 Still better perspiration normal, no itch.

25.9.87 Very much better - Bilirubin 2.3

This case was seen by a top specialist and no medicines aopathically wereprescribed.

All reports of Breach Candy Hospital;are as follows.

Urine Test

Date	Bile salts	Bile pigments	Protein
29.7.87	++	++	Trace
24.8.87	Nil	++++	Nil
01.9.87	Nil	+++	Nil
11.9.87	Nil	Nil	Nil

Liver function test

Date	SGOT	SGPT	S.Bilirubin	Phosphate
30.7.87	240	234	9.1	80
10.8.87	87	312	18.5	62
12.8.87	-	76	14.4	79
19.8.87	-	30	14.62	86
24.8.87	-	15	13.40	62
01.9.87	-	25	10.40	64
11.9.87	-	36	5.55	46
25.9.87	-	24	2.30	57
	1	2	3	4

Merc Sol and Kal Megh Q was given from 4.9.87.

EDITOR'S COMMENTS -

Kalmegh QT seems to be Dr. Wadia's favorite remedy for jaundice cases of infective hepatitis.

Notice the intercurrent use of Mere Sol along with Kalmegh. Others might prefer Chelidonium QT or Cardus Mar QT in place Kalmegh.

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