

## Still's Disease with Generalised Cerebral Atrophy

Before I start the case, let me depict the general view of the public regarding Homeopathy. This patient was referred by one of my patients on 17.12.2003, in the charitable dispensary. After taking the case, the indicated remedy was given and fees charged was Rs 30/- only. The patient did not turn up for 1<sup>1/2</sup> months. On enquiring the referring patient, he said that the father of the patient is apprehensive about the treatment. "I have spent thousand of rupees in Hinduja Hospital, Holy Family Hospital, RK Hospital and many others. What can a doctor do if he charges Rs 30/- only?" he questioned.

Nevertheless the patient did turn up on 25.02.2004. The father felt sorry for not coming after the first interview.



**Dr SATISH KANOJIA DHMS**  
1 Mangela Wadi, Juhu Tara Rd.,  
Santacruz (W), Mumbai-400 049  
Tel: 26607867 (C)  
Mobile: 9821009605

### NOW THE ACTUAL CASE

Name : Ravish Chaurasia  
Age : 10 yrs / Male  
Occupation : Student

### CHIEF COMPLAINTS

Fever since 3 years  
Nausea and Vomiting ++ < Sight of food  
Pain and swelling in both the knee joints.  
< Motion, > rest

**PAST HISTORY:** Mumps 3 years back.

Jaundice 2 1/2 years back was admitted in the hospital for 28 days. Blood transfusion. Lymphadenopathy.

### PERSONAL HISTORY

**BUILT:** Obese, flabby **WEIGHT:** 32 kgs  
**APPETITE:** No desire to eat. **DESIRE:** Apple  
**AVERSION:** Fats + +, milk cream.  
**THIRST:** N. **STOOL:** N. **URINE:** N  
Likes open air.  
**MIND:** Calm, looks downwards while talking

---

## Other Cases

---

**FAMILY HISTORY:** Nothing Specific

**TREATMENT TAKEN:** T Prednisolone 10 mg  
3 tablets on Saturday  
2 tablets on Sunday

**LABORATORY INVESTIGATION:**

11/03/2000- CT Scan abdomen and Chest shows mild Hepato-splenomegaly with minimal pleural effusion.

05/02/2001- CT scan brain shows Gen. Cerebral atrophy.

04/06/2001- X- Ray chest – Cardiomegally.

13/03/2000- Echo with colour Doppler shows hyper kinetic circulatory state.

30/05/2001-USG upper abdomen mild hepatosplenomegally

31/05/2001– A calculus Cholecystitis

X- Ray knee jt – N

10/02/2000- R A Test – Non –reactive.

10/02/2000- Urinalysis: Protein - +ve  
Occ blood- + ve  
RBC 40-5 HPF  
Pus cells – 10.15 HPF

**TREATMENT**

ACUTE: *Colchicum* 200 TDS

25/02/2004: For 2 days SL for 15 days.

10/03/2004: Vomiting stopped the same day. Feels better. Eats well. Stopped tablets. SL for 15 days Prednisolone Ct Tablet Methotraxate

15/03/2004: Fever with pain in joints. Left knee Pain < Motion ++, > rest. Child could not bent the knee jt. *Bryonia* 200 tds for 2 days. SL for 15 days. *Ferr-*

*Phos* 6x, ct Tab Methotraxate.

09/04/2004: Better. But the pains come off and on. The patient was found to be having two thumbs ie six digits in the (R) hand and which is a sycotic taint. Wt: 31 kg. *Thuja* 200 (1) dose. SL x 1 month. Ct T. Methotraxate

15/05/2004: Feels better walks normally. Wt: 32 kg. SL 1 month. Ct T Methotraxate

15/06/2004: Feels better. No more pains. Weight: 33 kgs. SLX 2 month. Ct Tab Methotraxate

21/08/2004: Better. Wt: 34 kgs. ADV: LFT. SL x 1 month. T Methotraxate. 2 ½ Saturday. 2 Sunday

17/09/2004: Much better. No new Complaints. Investigations not done, because of financial problem. SL T Methotraxate 2 Saturday. 2 Sunday.

18/10/2004: Better. SL 1 month. T Methotraxate 2 Saturday. ½ Sunday

01/11/2004: Fever +. Tonsills Swollen +. Red +. Pain in throat agg Deglutition. *Bell* 200. 2 hourly till the pain and fever.

19/11/2004: Fever better. No joints pain. SL x 1 month. Wt. 34 ½ kg. T Methotraxate 1 ½ Saturday. ½ Sunday

10/12/2004: Better. Wt 35 kgs. SL x 1 month. Tab Methotraxate. 1 Saturday. 1 ½ Sunday

19/01/2005: Better. No new complaint. SL x 1 month. ½ on Saturday. 1 on Sunday

09/02/2005: Better. SL x 1 month. T Methotraxate ½ on Saturday. ½ on Sunday

11/03/2005: Better. No new complaint. SL x month. T Methotraxate stopped.

INVESTIGATION- CT Scan Brain shows no Abnormality Detected.

**At the beginning of my shift I placed a stethoscope on an elderly and slightly deaf female patient's anterior chest wall. Big breaths," I instructed.**

**Yes, they used to be," remorsefully replied the patient.**

**-Dr. Richard Byrnes, Seattle, WA**