

Skin Cases

Miss N K aged 7yrs, came to me on 12th Aug 2000. She had multiple warts on fingertips and palms since two months She was prone to colds and had thick catarrh. P/H/O Ringworm patches on both legs for which she took Homoeopathy. Though better, she still had round patches with slight itching.

App:N. Stool:N. Thirst:N. Perspiration profuse with intolerance to heat. Desires lukewarm bath C2H3.

Desires sweets: milk, chicken. As she was a hot patient with typical location of warts on fingertips and ringworm patches on legs with desire for sweets. I straightaway started with *Nat-mur* 30 TDS.

21 Aug 2000: Ringworm patches less. Rx-Ct all

17 Oct 2000: Warts shrinking; few fallen off. Ringworm patches less. Rx-Ct all.

27 Nov 2000: All warts fallen off. Itching legs nil; ringworm nil.

CASE 2

Miss A D age 25yrs, was first seen on 24th Aug 2000. She was a fair pretty girl, very upset and self-conscious about the numerous viral mollusca on her face. She had very minute ones on her rt upper eyelid; near and around rt eye. H/o similiar eruptions near lt corner of lower lip, which she had cauterized. P/H/O Pulm.TB with severe anemia for which she received .AKT. Also suffers from coryza with sneezing and alopaecia in bunches. Though stools are normal now she has h/o constipation. Menarche at 12yrs. Periods late, profuse, clotted, painful. LMP 22nd Jul. BM < Irritable with pain in lower limbs and back. Periodical headache < sun exposure wakes with a headache; very dry skin with easy tanning from sun exposure. Fasting <= vertigo and nausea. Desires salty fish, chicken. Prefers lukewarm bath. Sleepless before midnight. Overactive mind. H/o anticipatory

anxiety before exams etc; Anxious about the future. Also noticeably dry skin with very scanty perspiration in axillae. Rx *Nat-mur* 30 TDS only.

6th Sept 2000: She reported improved sleep. All other S/S-SQ. LMP 27th Aug, 2000. Rx Ct all.

On 20th Sept 2000 old eruptions reappeared at corner of lower lip. Sleep:N. Rx Ct all.

16th Oct 00: Condition same. *Nat-mur* 200 TDS.

Pt reported marked improvement in viral molluscum; many had disappeared and many were much smaller. But headache persisted. Rx *Nat-mur* 200 TDS.

22 Nov 00: Patient reported further improvement in skin but headache on waking persisted so Rx *Tub* 1M 4 doses OD given.

11 Dec 00. Complete disappearance of all viral molluscum. Complete relief from headaches too.

(Editor: Here the right remedy required the support of the Intercurrent to help eliminate the moluscum entirely. This is a very good example of the miasmatic block)

CASE 3

Mrs N R S aged 24 yrs, first seen on 27th Feb 95. She came for Psoriasis since childhood- round spots all over the body. Always < winter > summer. These spots were not taken very seriously by her family and gradually disappeared on their own. H/o recurrence after last delivery 2 yrs ago.

Pt has itching < night; scaling++++ on scalp < near hairline with itching and bleeding < bathing+++ . Also suffers from headache < mc before. Menarche 14 yrs. Regular cycle. LMP 16th Feb.

Stool: N C/o bleeding piles once a year.

APP: N Desires spicy food. Thirst+ Irritability³ Chilly³ O/E

Skin-very extensive psoriatic patches on entire back and rt arm..

Sleepless midnight before; scanty perspiration:

Pt was married at the tender age of 16 yrs and has 3 FTND all male children - aged 7yrs, 4yrs and 2yrs.



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All the above data pointed directly to *Sepia*. So without any hesitation I started the patient on *Sepia* 30 TDS. Pt reported every two weeks. She showed a slow but very sure and gradual improvement. *Sepia* 30 TDS continued till 8th June 95.

The pt complained of headache MA. Also had burning in skin patches. Due to this new data *Sulph* 30 3p OD AM given, after which *Sepia* 30 TDS continued. (*again miasmatic block tackled*)

Improvement noted till 7th Aug 95 when patient complained of burning in the scalp with itching.

Now Rx with *Psorinum* 1 M, one dose given, after which *Sepia* 30 TDS continued.

Patient had taken Oral contraceptives to postpone her periods and was hospitalized for profuse bleeding for three days. Treated with hormones and discharged.

Sepia 30 TDS continued. Next menstrual cycle was regular and normal. But Psoriatic patches had aggravated. Patient was feeling weak. B.P. was 100/70 mm of Hg. Rx *Sepia* 6 TDS given.

Skin condition gradually improved. *Sepia* 6 continued till 6th Jan 96 when itching and burning reported. Headache during menses with great aversion for bath. Patient came in disheveled state with skin bleeding on scratching. Also had marked craving for sweets.

Rx *Sulphur* 30 TDS. Gradual improvement noted. It was continued till 24th Feb 96.

Again patient reported DUB with round spots of Psoriasis on back and scalp

Rx *Sepia* 30 TDS resumed. Skin started showing gradual improvement and subsequently in April 96 the medicine was discontinued as patient reported marked relief. This was further confirmed in a recent telephonic conversation.

REMARKS

There was a block in healing after a steady improvement in the skin condition, so for a while *Sepia* 6 was tried with no relief. A re-evaluation showed symptoms of *Sulphur* and hence *Sulph* 30 was prescribed to handle the miasmatic block, after which *Sepia* was resumed for an irregularity in the menstrual cycle this

resulted in a complete cure.

CASE 4

Mr S P K aged 67yrs, was a very successful owner of a spare-parts manufacturing unit. He manufactured spare-parts as per the need of individual end users. He was in great demand as he was really good at his job and consequently became a workaholic. He was also under a great deal of stress as his customers were dependent on restarting their shut down machinery on his quick replacement of the requisite spare-parts. He enjoyed his work immensely and had no health complaints whilst at work. However as soon as he reached home all his symptoms got worse. He had extensive eczema-like patches with lichenification and very cracked and thickened skin on palmer surfaces of both hands and soles since two years. He had P/H/O Angina pectoris since eight years and is still on allopathic Rx for that ailment. P/H/O tobacco smoking ten years ago. P/H/O renal calculi operated twelve years ago. Had taken steroids six weeks ago for his eczema. Pt also has dyspnea on ascending stairs. Pain in Rt knee jt < descending stairs.

MENTAL DISPOSITION: Pt is extremely irritable at home, critical, haughty, restless and quarrelsome. He is extremely averse to his wife and especially to his children. This is in stark contrast to his kind and compassionate nature in the past when he brought home two of his wife's bachelor uncles. They were both in their 80's but he took them under his care. Now he can't stand anyone in his family. On further questioning he revealed his extreme reluctance to shake hands with anyone due to his skin condition. He also has flatulence, Poor appetite and vertigo < sun heat. He has eructations with heartburn: oec bleeding per rectum. He was very choosy about his meals and expected piping hot food at every meal.

On evaluation especially of mental state *Lyc* chosen: 16-10-95 Rx *Lyc* 30 TDS contd till 7 Dec 95.

7-12-95: Skin marginally improving. Great craving for sweets with very poor appetite. Rx *Lyc* 200 TDS

given. On exam skin shows steady improvement. Complaints of flatulence continue.

10-1-96 Rx *Lyc* 1M BD till 6 Dec, 96.

Skin condition is almost normal. Pt stopped Rx.

In June 97 pt underwent stress test, which was +ve.

He was advised angiography, which he refused. He was put on Rx *Crategus*

30-1-98: Pt reported few patches of lichen on dorsum of fingers. Rx *Lyc* 1M BD given for two weeks.

27-2-98 : Pt last reported for follow-up. Skin was found to be completely normal skin.

Pt discharged. No recurrence of the complaint till date.

EXPLANATION OF REPETITION:

Dr S Hahnemann has mentioned in his Organon that one single remedy in a single dose is administered and the second dose is repeated when the action of the first dose is complete (though he advocated frequent repetition of 50ML potencies in his footnotes to Sixth edition). We are not certain of the period of action of a particular remedy and proper (or frequent?) repetition equally works as a single dose only. In this way by repeating the dose we complete the gap and the steady flow of curative energy is maintained and it helps in healing the patient.

This does not appear to harm the patient in any way and when the cure is complete the medicine is stopped. Dr Padmaja P Shenoy, EB Member, NJH, who has known Dr Mantri for a long period and worked with her, writes:

I have watched Dr Mantri's practice closely for 5 years between 83 to 87 and seen the results. I had the good fortune of following up her cases- even after 10-12 years and there was no suppression. Her method, though unorthodox, works and patients experience a cure. She has been practicing for the last 36 years and specializes in long-standing chronic cases-especially skin and arthritis. Her results are heartwarming.

Editor adds: in cases no 2 and 4 only there is frequent repetition of high potencies for some days when the lower potency did not act or progress stalled. It is also noticed that she had given daily a dose of Tub for four days and its rationale is not explained. Maybe a single dose would have sufficed. Nevertheless, definite improvement is seen. We have in the previous issue discussed frequent repetition of high potencies where the experience of Dr Desai has been cited.

CME At Nellore

In their bi-monthly CME programme, the IIHP unit of Nellore has arranged a seminar on PRIMARY INFERTILITY on 03-12-2000. The town's leading gynecologist Dr Andal and her husband, Dr Bhaskar, a male infertility specialist, presented a galaxy of investigations routinely done in a case of Primary Infertility. Their experiences were very encouraging as they were enumerating them in each variety.

Apart from surgical interventions to correct certain anomalies either in male or female the other conventional allopathic treatment is not yet fully encouraging. This gives a broad scope for Homoeopathy, as I

understand. Apart from that, in male infertility cases the psyche plays a major role in the production of healthy sperms as depicted by Dr Bhaskar. In a research conducted on capital punishment convicted individuals in a jail, it has been noted that they became azospermic. This is another area where Homoeopathy has advantageous role to play where psyche has a control.

The slide show and the discussion on the topic was aptly followed by question-answer session.

Dr Laxman Rao, Gen Secretary, Dr Madan Mohan Rao & Dr Sirisha were among many Homoeopaths who attended the program.