Look for the Cause

CASE 1

A Marwari Jain Housewife, Mrs LLJ, 30 yr, came on 10/4/87, for recurrent urinary tract infection. She improved on her constitutional medicine *Phos* 30–200.

On 17/11/90 she reported that she fell down from the bike. She got an injury on the head and received couple of stitches. There was no H/O unconsciousness or vomiting.

Following the injury, she lost the sense of smell- total anosmia. She also lost all sense of taste. She feels hungry and eats normally, except sweets.

She underwent thorough investigations from neurological point of view. Neurologists advised to wait for 3-4 weeks as her scan was normal.

No sector totality was developing, so I prescribed the constitutional medicine–*Phos* 200 (3P)

1/12/90

All above complaints remained same. Since head injury, she noticed that she does not like to meet people, relatives etc. In the last week, she kept herself in a dark room and avoided people. If somebody comes to see her, she avoids them and asks them to go away. She remains alone and keeps quiet; her sleep is also disturbed; sleeps only for 2-3 hrs.

Feels "*Ghabrahat*" vague fear of going out with sensitiveness to draft of air. App: N. Doing her household work as usual.

AF Head Injury, Aversion to Company, avoids the sight of people (K-12), chilly patient; *Rx - Cicuta* 30 TDS (3P) (selected 30 potency as clinically the condition was not very clear).

6/12/90

Mental state improved, sleep improved, Ghabrahat > but +. Rx – *Cicuta* 30 TDS (5p)

8/1/91

Patient did not report for few weeks, in which period her mental state totally improved. She started interacting with people and remained in company of family members, not avoiding guests and relatives. Taste improved, can make out all tastes. Can sense some difference in nose, but can't make out smell.

Rx - *Cicuta* 30 TDS (7p)

Dr C B Jain
68/Jawahar Nagar, Road no 1
Goregaon (W)
Mumbai-400 062.
Tel : 28738869
email: cbampat@vsnl.net

5/2/91 Smell = slight > +. *Cicuta* 30 TDS (7p)
9/2/91 No smell at all, the sense of improvement disappeared. Placebo
All through Feb 1999, the patient gradually improved and could smell though not too well.

CASE 2

Mr JRS, 30 years, Gujarati Jain, was working as a clerk in the share market. Patient is on treatment for recurrent URTI, since 1986. He improved on *Calc-phos* 200 constitutional, *Tub-bov* 1M intercurrent.
On a Monday in August'89, patient reported at 7.30 in the evening. He came down with fever, bodyache and coryza, after he got a little wet in the afternoon while crossing the road. He is feeling chilly and weak. Thirst. S/O/E Temp 102.5°F. Throat NAD. Chest NAD.
The primary physicina took this follow up and came to me with the suggestion of *Rhus-tox*. I felt acute is not well developed and localised and he is coming down with high fever.
I decided to be clearer about clinical condition. To my first question: How it started? He replied that while crossing the road, suddenly it started raining, so he started walking speedily. While crossing the road to the footpath, I missed a step and my big toe struck the footpath and a wave-like an electric current passed through my Rt leg up to the Rt Sacroiliac joint. It lasted for a minute or two and meanwhile my head got a bit wet. A few minutes later, the general feverish feeling started. Clinical ? was not clear, but general response of body was available and it followed an injury. On this thinking, we prescribed *Arnica* 200 4 hrly.
Patient took one dose as prescribed. His general feverishness was better, and even before the 2nd dose, he slept. He did not have any complaints in the morning and was feeling well.

CONCLUSION:

The tracing of proper course of illness and AF helped to solve the situation. So whenever a causative factor is available, we should give it maximum grading. ☐

Traumatic Amnesia

When taking a case, we sometimes forget to inquire about the remote causes of the trouble. Sometimes patients do not even mention how he contracted the problem for which he has come for consultation. It is the duty of a physician to go deep into the case, try to dig out the background of the disease in hand, and alleviate the patient's trouble in shortest period. In most cases we find mental or physical trauma remain as the causative factor. In my initial days of practice, I recollect cases where, at first, I was lost in the array of symptoms described by the patient and could not detect the cause. I relate here two such cases: in one, the history of trauma was the only cause and in another trauma was the remote cause which the patient mentioned very late.

Dr S C Mishra
651 Yadav Colony
Jabalpur, 482002,
M P
Tel: (061) 2411390

CASE 1: TRAUMATIC AMNESIA

An astrologer aged 64, met with a road accident while returning from his office at night (Jan'95). He sustained a blow to his head causing concussion and complete loss of memory. He was unconscious for more than 48 hours in a local hospital where all treatment was given, but amnesia persisted. He was discharged after 15 days. He could neither speak nor recognize anyone. Later he started speaking, incoherent and slurred speech. He sat on his bed and went on picking up some imaginary things from bed (carpholagia).
On 16/01/95 his son approached me but did not bring the patient. Initially I prescribed him a dose *Arnica* 200 and *Nat-sulph* 200 and asked to report me on the 18th.