



## Strike It Rich

### CASE 1: CHRONIC NASAL OBSTRUCTION

A 6 yr boy was brought to Dr Kerrin Sheard for treatment of chronic nasal obstruction, occasional troublesome cough and recurrent mouth ulcers. History revealed that he was apprehensive at first to go to school and he settled down after a few weeks. However, his parents had to move to another city and hence he had to go to another school. This upset him extremely and he cried continuously and clung to his mother. This tantrum stopped after some time, but repeated every year when he went to next higher standard. He continually complained of feeling sick with headaches. No amount of coaxing would make him go to school and his class



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teachers would just leave him to join classes when it suited him. He was happy when he could do what he wished to do but became argumentative when he was required to do something else and would fight with his brother and sister. His mother described him as 'tenacious and competitive' but preferred company and lacked self-confidence.

The nasal obstruction was worse at spring time and cough < by weather changes with concomitant irritability in behaviour and edema around the eyes. Nasal discharge was clear or brownish.

**PAST HISTORY:** Ear infections, though not severe. Eczema on face as a baby. Talking at 2 yrs and cut tooth at 7 months. Allergic to yeast, meat, eggs, dairy products, sugar and cheese. He was stocky and moderately overweight; history of recurrent epistaxis, not very sensitive to heat and cold, perspired on hands.

**FAMILY HISTORY:** Asthma, food allergies and Eczema



**REMEDY SELECTION**

*Calcarea-carb* covered many physical symptoms including epistaxis, oedema and tendency to overweight. The following rubrics from Kent's repertory consulted:

- Nose: obstruction, chronic
- Extremities, hands, perspiration
- Generalities: Food, milk egg

At the mental level, *Calcarea* has temper tantrums especially when their desires are thwarted, the fearfulness and apprehension and the lack of self-confidence. Using synthetic prescribing advocated by Dr Dhawale in his ICR Symposium Volume and also the writings of Dr Sarla Sonawala on Perceiving the Halogens-*Flourine* and *Iodine*, the doctor interpolated the *Flouric-acid* symptoms with *Calcarea*. This acid has the tenacity and perseverance exhibited by the patient. Initial dose of *Tub 1M* followed by weekly doses of *Calc-flour* for 6 weeks. The prescription was repeated for 7 months. The symptoms of nasal obstruction cleared and there were no more mouth ulcers and the patient was less irritable and less moody.

**CHRONIC NASAL OBSTRUCTION- KERRIN SHEARD, DYNAMIS, VOL 2 NO 1 SEPT 1992**

**CASE 2: SINUSITIS**

Mr L, 37 yrs consulted Dr K S Srinivasan for his persistent frontal headache above the eye since four days. Every day it began in the morning 1 to 1 1/2 hrs after waking up. Sharp and unbearable between 9-11 AM, the pain peaked at 10.30 or 11 AM and then gradually decreased. By afternoon he was free from pain. Wants to cover eye with his palm and cannot tolerate bright light. Allopathic medication brought no lasting relief.

Dr Srinivasan prescribed *Lachesis*, *Cedron*, *Nat-mur* and *Nux*, which did not give relief. Sinusitis was suspected. X-ray sinuses confirmed right frontal sinusitis. Co-incidentally, next day ie 9-3-1988, patient for the first time, stated, "The pain has always been right here on this spot just above the right eye-brow." On that modality added to the XR findings confirmed *Kali-bich 200* improvement started from the next day itself. In another 3 days he was free from his headaches and has

remained well. The peculiar time of aggravation between 9-11 AM is also a lesser known characteristic modality of this remedy. Hering says: "headache in forehead over one eye... shooting pains over eyebrow.... Periodical attacks of half headaches on small spots that could be covered with point of a finger.... Most symptoms appear in morning; pain in one side of head comes on...; 9am attack of pain in head begins, goes off in afternoon."

*Editor: If we read and re-read our remedies, we will always be able to elicit such classic pictures. We often use Kali-bi as a specific or acute remedy, which will need to be followed by the constitutional. But here the whole complex is covered by Kali and so it becomes a constitutional remedy and no other remedy was required to complete the cure.*

**SINUSITIS KALI-BICH Dr K S SRINIVASAN, CLASSICAL HOMOEOPATHY QUARTERLY, 1990 VOL 3 NO 1)**

**CASE 3: PAROXYSMAL SNEEZING**

Miss SB, 20 yr, consulted Dr P S Krishnamurthy for paroxysmal bouts of sneezing of 2 yrs duration. A Ph D in applied physics, she was well built and 5'5" tall. She was an extrovert and cosmopolitan in her outlook. She liked fatty foods and salty things; is not thirsty and took very little water during meals. Very hot blooded; could stand the cold but not heat. Likes air conditioning; needs lot of fresh air and fanning; cold bathing and visiting high altitudes. Tendency to catch cold from change of weather.

Sneezing bouts violent, spasmodic whenever entered a warm room from open air. The complaint was so embarrassing in its violence that she was compelled to leave the room. No psychological reasons could be ascertained in her case. The ENT report was normal; no congestion nor deflection of the nasal septum. There was no significant history of past illness except suppression of eruptions on her head when she was 8 yrs old with antibiotics and topical applications.

Apparently, *Pulsatilla* is the remedy as per symptoms and *Sulphur* is indicated due to suppressed eruptions.



However Dr Krishnamurthy wanted to select a rare remedy based on the modality. In Kent's repertory under the rubric "sneezing in warm room from open air, two remedies are listed *Allium-cepa* in second grade and *Puls* in first grade. Not satisfied, he searched Boericke's and Clarke's *Materia Medica* and found *Stachys-betonia* in Clarke's dictionary as under: "frequent sneezing; on going indoors from open air; increased nasal mucus."

The drug fitted the complaint of the patient fully. 200 potency and single dose was given and patient advised to report after one month. No bouts of sneezing after taking the medicine and remained well. It was repeated after one month and after 3 months the patient complained about the itching of the head with pustular and crusty eruptions. The patient was warned against topical applications or antibiotics. After 3 months the eruptions vanished thus confirming the Hering's law. There were no bouts of sneezing in the patient thereafter.

**PAROXYSMAL SNEEZING- PS KRISHNAMURTHY, CHQ  
VOL 1 No 2 1989**

#### **CASE 4: MULTIPLE POLYPI**

Mr K aged 60, consulted Dr S R Wadia for the recurrence of nasal polypi, which were twice removed surgically. The polypi seemed to have grown again. C/o frequent colds, obstruction of nose with difficulty in breathing. PAST HISTORY: Flu, boils and eruptions on skin. FAMILY HISTORY: Bronchial asthma and skin problems. Stools, urine and appetite were normal. Liked dry, cold climate and select company. Sleep was disturbed due to business anxieties and worries.

The treatment was started with *Sulphur* 200, 3 doses and potency was raised to CM in about a year. The patient was getting better and better all the time. But continued catching colds with sense of smell decreased. *Bacillinum* 1M was given with good results. On enquiry, it was found that being a senior executive he had to travel abroad several times and hence had to take vaccinations. *Thuja* 1M 3 doses were given in between. When *Sulphur* was discontinued *Teucrium-marum* which has affinity to nasal polypi was prescribed in 30<sup>th</sup>

potency for some time. After two yrs of treatment despite the fact that the patient was not regular, the patient became free from nasal polypi and confirmed so by an ENT specialist.

**FROM THE MONOGRAPH "TONSILLITIS CURED BY HOMOEOPATHY" BY Dr S R WADIA**

#### **THOAT CASES**

#### **CASE 5: A CASE OF HAND, FOOT & MOUTH DISEASE.**

A 42-year-old woman consulted the doctor for the diagnosed hand, foot and mouth disease. Allopathic treatment gave no lasting effect. She suffered from the same disease the previous year and it lasted for 5 months. It was felt that this infection was allergic reaction to the herbicide sprayed by the municipality in her area for the same cattle disease.

Her tongue was swollen, sore and coated thick and white, relieved by ice cold drinks. Her throat was raw and sore on both sides; worse empty swallowing and swallowing solids; better ice cold water and milk. There was excessive mucus and saliva, thick and elastic. During the night, the mucus would accumulate in her throat and she would get up choking and would throw two tablespoons of mucus and saliva every one and half hours. After that she would feel very chilly and shiver for sometime. Nasal clear stringy discharge; red eruptions on hands and legs after the infection, and they began to discharge white / yellow pus. They were very painful < pressure and contact with bed sheets. The eruptions left scars which disfigured her. In general she became a chilly person though prior to infection she was warm blooded. Normally she was averse to milk but now she craved it. She was angry and weepy and wanted to be alone.

The symptoms indicated a mercury salt and the doctor prescribed *Merc-sol* 30 four doses per day for a week and after three days she was 90% better and after a week she was completely all right.

**-THREE SHORT CASES, DYNAMIS, SEPT 1992**

#### **CASE 6**

Mr NB, 17 yrs, Engineering college student, consulted Dr Praful Barvalia for high fever due to acute tonsillitis.



With high fever that morning, he complained of giddiness and disturbed sleep the previous day. He woke up with a temperature of 102<sup>0F</sup> which rose to 104<sup>0F</sup> with headache. He was lying down and was averse to noise but wanted light. He had weird sensations since that morning such as

- a) some triangular object falling
- b) as if flying in air and
- c) head is small but body is elongated.

Though he was a brilliant student, a sudden preponment of his semester exams shocked him and he was scared and not able to sleep well.

O/E Temp 104<sup>0F</sup>; throat fiery red with congestion and pus pockets. He did not however complain of pain in throat.

The following rubrics represented the totality:

1. SRI 18 A/F Fright
2. SRI 283 Delusion: Fall things will
3. SRI 277 Delusion, enlarged body, parts of
4. SRI 707 Light desire for
5. KR 1390 Painlessness of complaints, usually painful

*Stramonium* came high on repertorisation and *Stramonium* 200- 2 doses brought down the temperature with general relief. All the peculiar sensations disappeared within 12 hours and the entire acute episode resolved in 30 hours.

Dr Barvalia points out that this case demonstrates the impact of Psyche, disturbed sensitivity on susceptibility of the patient to infection.

### CASE 7

Master V C, 12 yr, was brought to Dr Barvalia for recurrent bouts of sore throat and fever since last two years. 8 months back an acute episode of sore throat led to inflamed knee, ASO titre 396 todd units and ESR 83 after 1 hour. Though the inflammation of the knee reduced after the acute episode, there was pain and difficulty while walking. Every 1½ months he would come down with such exacerbations

Taking note of the creamish coating of the posterior

tongue, night aggravation and Rt sided affection of the throat, Dr Barvalia prescribed *Merc-bin-flouride* 200 two hourly. The doses brought down not only the temperature but prevented any acute involvement of the knee. Repetition of doses was gradually tapered off. On the 4<sup>th</sup> day he developed burning of the soles, which was his constitutional symptom. Hence *Calcarea-iodide* was started as his constitutional and a daily dose of the same in 200<sup>th</sup> potency was given. It improved the knee pain considerably, frequency and intensity of acute episodes of sore throat with fever etc were reduced considerably. ESR came down to 05 and ASO titre 190. He was alright within 8 months.

In the earlier invasive phase, homoeopathic prescribing based on acute presenting totality and frequent repetition of the medicine aborted the illness. When the constitutional symptoms started presenting themselves, the doctor switched over to the constitutional remedy and frequent repetition as per Borland's schedule to cure the patient and also prevent damage to the organs, which in this case was the knee.

**ACUTE INFECTIONS: PSYCHOSOMATIC AND MIASMATIC CORRELATIONS: Dr P BARVALIA, LJHM VOL 28 N02**

### CASE 8: PRESCRIPTION ON UNUSUAL INDICATION

A woman, aged 80 yrs, arose one morning and found that she could not speak coherently. She consulted Dr H A Roberts. She had some discomfort in her head but no impairment of locomotion or any manifestation of having suffered a shock. It would take several minutes for the lady to utter the right word, finding and discarding others totally unrelated and perhaps having to give up entirely. She was unable to string words together to make them meaningful even if she was able to find them. Her BP was not very high, but she was seriously anxious for the past several weeks over the drafting of her only grandchild for military service.

The unusual aspect was the difficulty in getting the patient to sit still long enough for an interview. She flitted here and there, would sit for a moment and then running to another room to attend to some trifle matter



and then return. Her writing, on the contrary, was coherent and remarkably firm for her age.

The unusual and peculiar form of restlessness made Dr Roberts prescribe *Rhus-tox* (potency not stated). Improvement began shortly thereafter and a week later the patient could speak coherently and connectedly in the morning for short paras; by nightfall, she could tell an involved story without losing the thread. She was completely all right in a month's time.

"We often think of restlessness in paralysis of the limbs, but this form of restlessness accompanying affection in speech centre was an unusual indication. - THE UNUSUAL INDICATION, Dr H A ROBERTS, REPRODUCED IN HAHNEMANNIAN GLEANINGS, May 1983

#### CASE 9: STAMMERING

PN, a girl aged 12, consulted Dr W Klunker for stammering. She had been stammering for the past four months, causing her to endure much ridicule from her classmates. She did not stammer when reading or singing. Interrogation of the mother did not reveal any significant clinical symptoms. As a baby, she suffered much from diarrhoea had chicken pox at 6. Had the usual vaccinations. She was prone to accidents and her appetite was capricious, liked eggs and sweets. She dreamt frequently of snakes.

The doctor repertorised the case using Kent's Repertory and searched for the similimum under the 3 rubrics:

- Sleep, dreams, snakes (P1243);
- Mouth, speech, stammering ( P419) and
- Stomach, desires sweets (p 486).

REPERTORISATION indicated two remedies - *Arg-nit* and *Sepia*. He consulted T F Allens's Encyclopedia which revealed the following most similar symptom under *Arg-nit* from the provings. "He is unable to find suitable words for his ideas; hence he falters in his speech." What is similar in this patient is that she stammers only when expressing her own thoughts and otherwise not. No satisfactory description of *Sepia* stammering could

be found in the literature. Hence *Arg-nit* 200 given on June 18 1986; on the first follow-up on 3<sup>rd</sup> Sept, the girl reported that she stammered only when speaking fast. By November 1986, there was no more stammering, nor any dreams of snakes.

STAMMERING AND DREAMS OF SNAKES, W KLUNKER, CHQ VOL2 No 1 1989)

#### EAR CASES

*Bell*, *Pulsatilla* and *Merc-bin* are the common remedies in cases of acute ear aches Here are some short cases from the pen of Dr Dorothy Shepherd.

#### CASE 10

Dr Shepherd was called in to treat a little boy who was beside himself with pain in his ear; he was fretful and whining and wanted others to fuss about him. Ear pain came in fits and went right down to the teeth in the lower jaw.

All these details pointed to *Pulsatilla* and a few doses of *Pulsatilla* 200 cleared the inflamed drum in less than 24 hours. The same trouble recurred after two years and it yielded promptly to the same medicine.

#### CASE 11

A middle aged woman consulted Dr Shepherd for ear pain. After motoring in a weekend she developed pain in her left ear; there was fullness and redness; touch and pressure made the pain worse. As the ear pain was caused due to exposure to cold air, the doctor prescribed a few doses of *Merc-bin* 6 with happy results. Not only did the ear pain subside but her inflamed ear drum returned to normal but also her nasal polypus, which was discovered at the same time, for which the patient was to undergo an operation, cleared and there was no polypus present when investigated.

#### CASE 12

A nurse working with Dr Shepherd was suffering from acute middle ear disease with deafness; she had frequent ear ache and face ache and enlarged glands of



the neck and tonsillitis. An allopathic doctor warned of the seriousness of her condition and suggested surgery. But the nurse opted for homoeopathic treatment. Dr Shepherd prescribed her *Belladonna*: sudden rapid onset, high temperature, throbbing pulsations in the head, and AF exposure to cold wind and chill in the head; wearing head cap all the day in hospital but going out at nights without head covering. The patient was fully relieved but the symptoms recurred and *Bell* did not hold and hence the doctor prescribed *Mer-bin-iodide* in low potency which cleared up her ear and the tendency to periodical ear-aches with each change of weather.

Dr Shepherd listed the following symptoms:

Left-sided earache caused by cold air, dullness and numbness of left side of face with internal heat of vertex and side affected; deafness after getting warm, giddiness which made it impossible to stoop.

**CASE 13: SURGERY DID NOT HELP HER DEAFNESS**

A lady who had an left mastoid operation many years ago, still complained of earache; At the time she consulted Dr Shepherd she was having a severe stitching pain over left ear and pain was shooting down to lower jaw and up to the crown of her head. It was worse during day time and better at night; any motion or stooping was unbearable. She could not bite or chew even the softest food. Warmth relieved. She was gloomy and depressed and very disinclined to work. Dr Shepherd prescribed her *Spigelia* 30 every three hours and the patient was relieved of all her pain and suffering. A large lump of hard earwax was found on the cotton she had placed in her left ear. Perhaps the hard wax was pressing on the ear nerves and causing her pain. Whatever be the cause the hard wax was expelled and relieved the patient.

**MAGIC OF THE MINIMUM DOSE, Dr DOROTHY SHEPHERD**

**CASE 14: IMPAIRED HEARING**

M, aged 75, consulted Dr E Balakrishnan for reported

impaired hearing and acute reverberating noises in both his ears. There was no relief from allopathic treatment.. Because of this, the patient was not confident of going out alone without escort. Case history revealed that he had hypertension four years back and otitis media two years ago. Impaired hearing was a sequel of allopathic treatment.

The doctor prescribed *Chin-sulph* for roaring in ears with deafness. 200<sup>th</sup> potency and 3 doses were given but there was no response. The potency was raised to 1M -2 doses but still no improvement. Hence the doctor switched over to *Baryta-carb* which is a remedy for impaired hearing of the aged. Prescribed in 10M potency 2 doses 12 hours apart on 10-7-94; there was slight improvement when the patient reported back on 24-7-94 when one more dose of the same remedy in same potency was prescribed. When the patient reported back on 4<sup>th</sup> Aug 94, he said that he was relieved of noises in his ear and there was also some improvement in his hearing.

Dr Balakrishnan then prescribed *Kali-mur* 1M, 8 doses and the patient was advised to take 2 doses every week. On 20<sup>th</sup> Aug: Good improvement in hearing. Continue *Kali-mur* 1M weekly two doses and by November 1994, the patient's hearing was better by 70%.

THE RUBRICS SELECTED WERE

KR 032 Impaired hearing (deafness)-*Bar-c*, *Chin-sulph*;

BR 729 - Impaired hearing of old people-*Bar-c*, *Kali-mur*

KR 323- Impaired hearing of old people-*Bar-carb*

KR 292- Noises in the ear-*Bar-c*, *CHIN-SULPH*

BR 733- Noises in the ear-*Bar-c*, *Kali-mur*

KR 298 -Noises reverberating-*Bar-c*

KR 013 -Want of self-confidence- *Bar-carb*

Boger's synoptic Key-Hypertension-*Bar-c*

Phatak's Rep 35 Hyper tension-*Bar-carb*

Boger says that *Kali-mur* is a remedy for deafness

SOME OPINIONS OF MASTERS - Dr E BALAKRISHNAN, NJH VOL V NO 3, MAY-JUNE 1996