

Is Prescribing So Easy?

I am always a little awed and intimidated by all these cases in journals. Is it so easy for everyone else to spot the right remedy right away?

I would like to share one of my most challenging cases in recent times. The treatment is open to extensive and justifiable criticism; but I will still tell you the case as it unfolded. I believe this is really what happens with lot of our cases so here goes ...

FAMILY BACKGROUND: this is a nuclear family, my patient is the younger of the daughters, Parents, both very high strung, timid and anxious persons; overprotective of the daughters; very demanding with high expectations. The girls stand 1st in class and are pampered by both parents. The father is an hotelier; so apart from being well-off, they also eat a lot of hotel food.

My patient is 8 year old, first seen in Dec'98. She first had two minor attacks which seemed epileptic but the parents ignored these as they were 1 year apart and lasted only a few seconds. The next was a major attack on 14th Nov'98, so with great trepidation they saw a neurophysician who started the patient on Mazetol 1 TDS and ordered an EEG (report attached).

WHAT I ELICITED: This little girl is a cheerful, extremely conscientious person. She is very eager to please her parents, sensitive to least criticism viz her singing tutor reprimanded her and she started trembling; her voice quivered and tears streamed down her face! Her tutor was startled with this extreme reaction and tried to pacify her, but to no avail. That very night she got an attack. This is the degree of sensitivity in this child. Here I would like to explain my predicament; every time the child got an attack both parents would rush to my clinic

distraught and weeping bitterly. They felt helpless, guilty and ashamed of their daughter's ailment. They hid it from everyone, even the patient. Since she got attacks in her sleep she had no recollection of it at all. When she inquired why she needed homoeo Rx she was told she gets nightmares.

DESCRIPTION OF ATTACK: onset within an hour of falling asleep generally lasting 15 sec to 2 min. Attack starts with convulsive movements and rigidity of right side of body, clenching fingers over thumb of right hand; eyes turned upwards, clenched jaw and drooling. There were two attacks which lasted for 4 to 5 min and ended with patient coming awake with severe colic spasmodic pain lasting for 1 to 2 hours with extreme restlessness finally ending in vomiting which completely relieved the patient and she slept soundly thereafter. These two attacks were due to overeating hotel food. 3 to 4 attacks were after a reprimand. Her first full blown epileptic attack occurred due to fright. Her older sister whom she adores had gone for a picnic. When she came back she started behaving in a very peculiar manner as if one possessed. I AM JESUS CHRIST she claimed. (They are Hindus but kids go to missionary school so have great reverence for Christ.) She was dictatorial, whimsical, ordered everyone around with a fixed stare. This scared the daylights of both parents and my patient. They conducted some religious rites after which this elder child became normal. This whole situation lasted for 2 weeks; it really frightened my patient who was terrified to see her beloved sister like this. Parents weeping helplessly; and as is usual for this family – you are not permitted to discuss this with anyone. A feeling of shame embarrassment and guilt. "I should never have sent her to the picnic".

TREATMENT: Listening to the whole story my mind was veering towards *Kali-brom* and *Cup-met* but to take care of the causative factor, I started with *Opium 30 TDS* on Dec'98. I stopped Mazetol immediately which

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had just been started.

No attacks till Mar'99. Then one minor attack in March'99 followed by a major attack in April'99, triggered by sleep deprivation and hotel food. She had severe colic ending in vomiting; so case reviewed and *Cup-met 30 TDS* started on 21st Apr'99.

No attacks till Jul '99 when she had 2 attacks one week apart; both triggered by reprimands. I then started her on *Kali-brom 200 D HS* from 12th Jul'99. This gave marked relief with only mild transient attacks on 4 occasions. But her violent colic and vomiting from hotel food continued though not preceded by convulsions. They were afraid to deny her and she was passionately fond of hotel food. The mother explained that when the patient was on *Cup-met30* she did not get the colic at all. She also reported restlessness especially legs twitching, sucking sounds and occasional myoclonic jerks. I was in a quandary. I was sure with the mental state of the whole family; the guilt feeling, anxiety, conscientiousness etc that *Kali-brom* was the most appropriate remedy, but the patient also had a *Cuprum* state. Here what do I do? I must confess I too went into *Kali* state, and did something I don't do too often. I could not handle these persons weeping so helplessly, so I suc-

cumbed to the easiest way out. Treatment from Sep'99, she received *Cup-met 30 TDS* and *Kali-brom200 ODHS*. There was a steady improvement thereafter with only 4 to 5 minor attacks till May 2000. No attacks since then. *Cup-met stopped*. Continued only *Kali-brom 200 OD HS*. EEG done in June 2001.

EEG reports:

26-11-98: This is a grossly abnormal EEG. Shows evidence of epileptogenic activity over left side especially over left rolandic area.

5-6-2001: This EEG does not show evidence of neuronal hyperexcitability or focal features overbreathing and photic stimulation are uneventful.

No further treatment.

Editor: I would like to comment. Here it is almost certain that Kali-brom could have taken care of the whole picture. But in severe cases we can get into a flap, unless we have seniors to consult or we can learn from our own cases. Once we know we can control such diseases too, we will not be in panic and next time round will be better able to handle it. I must congratulate Dr Padmaja on her courage to report this case.



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