



From our 'New' Heritage- the Internet

Three cases of Carcinosis

ABSTRACT: *This second Carc issue, we wanted to include a large variety of cases. Mr. Kasiviswanathan has searched the internet and included a wide variety of cases. The cases are given in great detail and even more importantly, the follow-up brings out many aspects of aggravation, Hering's Law, etc.*



Extracted from the Internet by

T K KASIVISWANATHAN

10, Shobha, Plot 149, Road No 9, Wadala, Mumbai-400 031

AUTHORS:

Dr DAVID KRAMER, Dr ANGELA JONES AND

Dr DON WEBELY

CASE 1

I AM DESPERATE by Dr David Kramer

I saw K J for the first time on August 10 of 1994. He had an air of desperation and hopelessness around him as he walked, beleaguered, through the door of my practice and sat down in the chair opposite me with a beaten look. You will understand K J better if you read his story in his own words

TAKING THE CASE

K J began by saying that his problems started with his neck. Once led a very active and competitive life, but now, after "giving things up because of the problems" over a period of eight years, he felt useless and fearful: "I am 43 years old, something is very wrong here. I can't throw, swim, run, I can't fix things." I needed to find out what exactly needed "fixing."

K J continued, "My whole identity is wrapped up in my body. If I can't succeed physically, I can't succeed emotionally. Something is eating away at me." In the course of the interview, I took 14 pages of notes, of which nine were all physical symptoms. But it was clear that this case had its roots on a deeper emotional, mental, and spiritual plane.

To get at the heart, I had to find the thread that would link all of the component parts into the totality of symptoms. Throughout the case-taking, in relating his personal and emotional story, K J spoke of the tragedy of his father's death when he was 16. He had also lost his closest friend to cancer; up to the very end, while supporting his friend, they both were in complete denial of the situation. He told of his difficult childhood with a

domineering mother and a mostly absent father. His brother, whom he idolized very much, fell from grace after getting involved in legal trouble and had to spend some time in jail

In his relationships K J had encountered plenty of disappointment, grief, and regrets. He spoke of a lack of stability and a sense of "un-fulfillment" as permeating his early adult years. All this manifested as broken relationships, dropping out of college, and experiencing a "kind of floating around." Fears, anger, rage, abandonment, betrayal, and a sense of aloneness came through clearly in the interview. "I didn't know what to do with myself," he told me. Even though K J thought of himself as a writer, he had stopped writing after his second marriage, after he had just finished a piece about his father.

K J couldn't get over things. His father's sudden and untimely death, the loss of his first girlfriend, the death of his best friend, and his brother's fall from grace all had a firm grip on him. His mother's relentless and domineering behavior was another piece of the matrix which enveloped and encased him. He sought solace in the strong family ties that his first wife had, but soon had to admit that his commitment was not genuine. Everywhere he was surrounded by the failures of his life.

Eventually K J married again, this time to a woman he truly loved. However, his pathology was already too advanced and he began to develop physical symptoms of joint pains and frequent injuries, spinal problems, arthritis, herpes zoster, gout, Bell's Palsy, and the like. K J 's world was falling apart, now also on the physical level.



FINDING THE ESSENCE OF THE CASE

In difficult cases with much pathology I feel it is particularly important to find the common thread, no matter on what plane it resides. There were several key phrases for example: "My whole identity is wrapped up in my body;" "My whole emotional outlook is wrapped up in my body;" "If I can't succeed physically, I can't succeed emotionally." I saw K J's strongest identification as his emphasis on the physical body and its obviously deteriorating state giving him a sense of failure. *Fear of failure*, the most important rubrics. This theme of failure was primary in K J's life and served as the key to resolving the case.

Another essential component was the unresolved grief that he had experienced throughout his life: While the repertory lists many "grief" remedies, I opted for the smaller rubric *Ailments from prolonged and unresolved grief*.

Additionally, K J made several comments relating to his *Anxiety about health*, and his strong *Fear of cancer*, he was terrified of getting cancer himself. Perhaps this was why he went along with his friend's denial of the disease.

There are numerous other rubrics in this case that confirm *Carcinosin* as the indicated remedy. Among the long list of confirmatory symptoms are a history of domination by others, love of the ocean, love of nature, desire for chocolate and garlic, and amelioration by thunderstorms.

Carcinosin essence is one that is endemic to the lack of fulfillment on all levels in one's life, something that is all too pervasive in today's society. Tethered to that component reside fears of failure and about health, a great love of nature and sense of profound awe at her wonders and powers.

THE TREATMENT

From K J's first appearance in my office, it was quite obvious to me that his vital force was extremely weak and fragile. As the interview progressed, his demeanor and language confirmed this impression. The fact that his body was degenerating and falling ill with one ailment after the other, many of them observed only in much older people (e.g. arthritis, gout, Bell's Palsy, and especially herpes zoster), was further evidence of his failing constitution.

My treatment plan for K J was to start with an LM/1 of *Carcinosin* administered according to

Hahnemann's guidelines, which he gives in the sixth edition of the *Organon*, in footnote 134 to Aphorism 248. I have observed in such weakened conditions numerous beneficial consequences of the use of LM potencies because of the flexibility and adaptability to the patient's response. It is precisely this flexibility in succussion of the remedy, number of administrations per day, and number of dilutions after succussion that allows this posology to shine in cases such as this.

I saw K.J. for his first follow-up visit two and one-half months later, on November 2, 1994. He said he felt 75 percent better with more positive attitude. The pain and aching of the joints was gone and the muscle spasms reduced. He started riding his bike and going to the gym again. He suffered much less from depression and short temper than before. He had become more patient, and his relationship with his children had improved.

On January 11 of 1995, K J felt "infinitely better." He had no more feelings of dread, and the old events from the past were now resolved. He began to see more opportunities. I saw K J about two to three times per year. In March K J went through a healing crisis, from which he emerged with increased energy and well being. He even organized, and participated in a bicycle marathon on Long Island. In November of 1995 I suggested he stop the remedy (he had progressed to the LM/14 by that time). He started to complain of a slight sagging in energy and more tiredness on the physical level. I continued *Carcinosin* again after this short break, and currently K J is taking the LM/14. This spring I am planning another exploratory break in his homeopathic medication.

CASE 2

C C, 11 MONTHS, DOB 23 NOV. 82, MALE by Dr Don Webley

10 Dec 83: This was my first *Carcinosin* case. I have had the opportunity to follow his progress for nearly ten years. It has been one of the singular and most gratifying joys of practice to see this child rescued from a life of desperate suffering, ill health, and almost certainly, early death, and restored to vibrant good health. This child presented a truly frightening demeanor, I had never seen a child look so ill before. Anyone of more discretion and



certainly anyone with a license to lose would have refused to see him. It was apparent that he would die on my hands. Nevertheless, I proceeded: Chief complaint of epileptic seizures (3). Onset during teething at 4 months - 1st tooth; diagnosed as stroke by neurologist. Had been on Phenobarbital, then changed to Gemonil 200 mg/day. He changed in character around the time of onset: used to be exuberant. Now, since Gemonil, clingy, crying. No health problem before the stroke. Mother tried to take him off the drug a couple of months ago - couldn't. Onset: left arm twitching, then left leg, then both became limp. Was a week before function returned. Frightened of people (2). Used to sweat on head during sleep (front of head) (1), better with Zinc supplement. Easily startled (2), hair on spine (2), doesn't eat but an obese child (2). Non-stop ear infection, colds, pneumococcus, high fevers to 104 degrees Fahrenheit (3), 20 times last six months. Acts as if genitals sensitive. Worse with Mom eating cheese, milk - redness on cheek (1). Sleeps badly (2) last 2 months, since onset of congestion. Alarming congestion (3) - I had never seen a child breath like that. Blue sclerae. Discovered, months later, C.C. had teeth at 4.5 to 5 months. Father's history: ex-heroin addict, PGF, PGM, both DM. Mother: healthy, MGM, died at 47 of liver CA. MGGM died in mid-fifties of breast CA. MGGF died of cardiac symptoms. MGF had tuberculoma which required surgery. A mental breakdown followed, for which he required shock treatment. PGGM and PGGF were living reasonably healthy.

ASSESSMENT: Vital force rating 4-5; head sweats, obesity, convulsions on dentition.

PLAN: *Calcareo-carbonica* 200C, TID until aggravation then discontinue Gemonil gradually. 21 Dec. 83: No change, *Calc-c* incorrect remedy. Family history of cancer, diabetes, tubercular diathesis, mental disturbance.

PLAN: *Carcinosin* 200C, TDS until aggravation, then discontinue Gemonil.

3 Jan 84: CC had a reaction 4 days ago. I was not called and Mom continued to give *Carcinosin*. He is now coughing (2), vomiting (2), having neurological activity on left side around mouth.

Assessment: therapeutic aggravation.

Plan: Gemonil 200 mg/day, then 175 mg/day.

4 Jan 84: Cough (2): Mom thinks it is pneumonia.

5 Jan 84: Had fever (2) last night, over 102 degrees in axilla. Coughing, but no vomiting last night. Congestion better last few days. No neurological activity. Fever 8-9 p.m. until 3-4 a.m. (2). Vomiting had been worse from 5 am on (2).

Assessment: still aggravation.

Plan: Wait. Gemonil 175, then 150 mg/day.

8 Jan. 84: Fever on last few days start pm, 104 degrees rectal. Threw up postprandially on Jan. 6, 7, not today. Coughing the same.

Plan: Gemonil 150, then 125 mg/day.

11 Jan. 84: Much better. For the first time since aggravation he has smiled, played, kissed Mom, slept by himself, etc. Fever 104 degrees or so in evening last few days. Threw up after bad coughing spell; had redness on cheek - old symptom from when he started Gemonil.

Assessment: proceeding according to plan.

Plan: Gemonil 100 mg/day.

22 Jan. 84: Yesterday was the final day on allopathic medication. C.C. has, for the last few days, had slight twitching with some disorientation, then vomiting, one attack almost always at 6 p.m., sometimes also in morning.

26 Jan. 84: No neurological activity of any kind for three days. Plays all day; happy as before all this. In the past he had convulsions when Gemonil was reduced to 150 mg/day.

Assessment: correct remedy.

Plan: wait.

28 Feb. 84: Bumps on face, chest, diaper rash. Restless sleep (1), wakes every 1-2 hours. Mild cough/cold for a week, getting canines. No redness on cheek from milk, cheese, no sensitivity on genitals. Appetite increased (3). My observation: the difference is like day and night. No congestion, child is happy, relates well to me. No convulsions or any other problems.

Assessment: one could not ask for a better result; absolutely curative response.

Plan: wait.

18 May 84: Left side of face acted paralyzed, then he turned blue today. Mom had coffee off and on during the last two weeks. Last dose 1-1.5 weeks ago. Took a bad fall yesterday, hit head. Can't stand now (2). Drooling (2) because of teething, diarrhea (2). No head sweats. Sleep starts out in genupectoral position then goes back.



Assessment: relapse as a result of fall.

Plan: *Arnica* 1M

19 May 84: No change after *Arnica*. Mom did coffee on 14 May C.C. has loose stools since. Mom has used facial clay with mentholatum for one month. First drank coffee one month ago - "He's better, so it won't hurt." Two weeks ago she noticed that on being reprimanded he would get upset (2), hold breath (2), turn purple (2).

Assessment: I was foolish not to inquire in more depth. The situation is that his remedy has been antidoted by the coffee and/or the clay ointment.

Plan: Give *Carcinosin* 200C to take home.

20 May 84: I was out of town. Mom called and talked to Ray Wood, N D, with whom I shared a practice at that time. She was hysterical. C.C. had many seizures. Ray wanted to hospitalize but I decided against it. By 3 p.m. the seizures had calmed down.

Assessment: relapse.

Plan: *Carcinosin* 200C.

21 May 84: Several minor seizures the next day, was back to normal in a week.

11 July 84: Had been in bad auto wreck about three weeks ago. He received *Arnica* at that time, which helped the bruises, etc. His mother weaned him suddenly and she was in the hospital for three days without him. Restless night (2), cries (2), screaming (2), goes to sleep at 9 p.m., then wakes at 12, screaming. Rash around mouth (2), congestion (2) last two weeks, wheezing audibly (1), coughing at night (1), fear of falling (2), appetite down (1), more irritable (1). Didn't cry all the time when Mom was in hospital. When she came home he asked to nurse and screamed (2) for one hour, inconsolably. Tantrums bad (2), every two days. Bad diaper rash (2). Mom thinks that left side is somewhat neurologically active. Displaying a lot of anger (2).

Assessment: Perhaps a remedy is indicated but, bearing the gravity of the case, we will wait.

14 July 84: Fever 104.6 degrees rectally, since yesterday. Ornerly that day, several tantrums. Worse 2:30-3 p.m. (1). Grinds teeth in sleep after wreck (2). Thirstier (1). Restless sleep (1). Shouts during sleep (1). Acts "shaky" when he wants something. Does not look sick, however.

Assessment: probably the mere fact that he has an acute illness together with what has transpired

suggests a new prescription.

Plan: Give *Ignatia* 1M because of sudden weaning, after acute, taken 19 July.

20 July 84: Sneezed immediately after taking the remedy. Threw up. Slept that night, woke up his former self. Much better, no tantrums.

Assessment: *Ignatia* was correct remedy.

Plan: wait.

I have prescribed occasionally for chief complaints over the years, but he has not had a full-blown seizure in eight years. His last constitutional prescription was *Carcinosin* 50M, on 21 Mar. 87, when he had some neurological symptoms. He now complains about things of such gravity as athlete's foot!

CASE 3. K A, DOB 10 Mar 1948, female

14 May 92: The impression: a yuppie women who exercises a lot and takes meticulous care of her appearance, and who will do anything to avoid getting old. She drives a stylish BMW with a license plate customized with her name. There is something quintessential *Carcinosin* about her: muted fire in her eyes, from behind a veil of pain and disappointment. In any case, I knew the remedy already, and thought to ask only to get a confirmation and provide a basis for follow-ups. But for patient a dam opined up and she talked and talked. You readers know a lot of it from the general article by Webley. For the rest go online: *Don Webley*.

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CASE 4

WHAT A HEADACHE! by Dr Angela Jones

Fiona had finally had enough of her headaches. She had suffered with them for years and years and always took her maximum daily allowance of 8 co-codamol tablets. She described them as 'tension' in the front and back of her head, especially marked at the temples. There was no associated nausea and the headaches did not favour one side of the head. Thus, they were unlikely to be due to migraine. In fact, there were few exciting or useful symptoms on which a homoeopath could base a prescription. In these circumstances, one has to hope that a clear constitutional picture is going to reveal itself. In Fiona's case, we were in luck! Her description of



herself and of her symptoms and general reactions were very suggestive.

Fiona liked warm sunny weather and had an element of SAD, or seasonal affective disorder, in that she felt low and depressed in winter. She was sensitive to thunderstorms, being able to tell when they were approaching. However, rather than being frightened by thunder and lightning, she was rather exhilarated by it. Perspiration was profuse with exercise and mostly axillary. No sweaty feet or hands. In fact, her feet were cold and yet, contrarily, she liked to be barefoot, disliking the constriction of shoes. As a rule, she was not keen on any restrictive clothing such as scarves or polo necks or tight trousers.

Fiona was not especially thirsty but preferred cold to hot drinks. She liked spicy food and adored all 'junk' food with loads of salt, sugar and fat - not a recipe for healthy arteries!! Having said all that, Fiona actually ate quite a healthy diet, despite her unhealthy urges, which was probably just as well! Her sleep pattern was fairly erratic, often snoozing off for catnaps in her chair in the evening. She would wake at 3 or 4 am most nights but managed to get to sleep again fairly easily. Her favourite sleeping position was on her stomach.

Apart from her headaches, Fiona suffered from a chronically blocked nose. She used a proprietary decongestant twice a day, every day and her symptoms sounded like a nasal allergic condition called perennial rhinitis. She obviously had a tendency to allergy, having had eczema as a child, but did not now suffer from skin problems or from asthma. Her only other complaint was a slight tendency to constipation if she was not careful with her diet.

Her family history was quite revealing. Her father and her paternal grandparents were a healthy family, the latter having died in advanced years of 'old age'. However, on her mother's side, there was a strong history of chronic disease with cases of thyroid trouble, heart attacks, glaucoma and cancer. It is interesting to note, when taking homoeopathic histories, how often one comes across families that are basically healthy and others that seem to carry a heavy load of ill health. Fussiness and fastidiousness, a tendency to anticipatory anxiety (in other words, something of a worrier if she had

something difficult coming up), and most of all, hypersensitivity to criticism. She also was sensitive regarding other's feelings and often worried in case she had upset someone. She could be resentful and was capable of bearing a grudge for a while, but rarely for very long.

One often sees elements of several medicines in a patient who is going to respond to *Carcinosinum*. I call it my 'multimedia' remedy. I feel that it reflects the many and complex influences to which modern people are exposed. Those people who are most impressionable and sensitive tend to take far more 'on board' and to suffer, as a result, from numerous so-called 'stress-related' complaints.

In Fiona's case, although she had symptoms suggestive of *Phosphorus* and of *Natrum mur* and possibly of *Sepia* also, I decided that *Carcinosinum* was the medicine of choice and gave her three 30c tablets to be taken before breakfast, lunch and tea on a single day. She returned after a month to report that, after only one or two days, she had detected a definite improvement. She could open her eyes again properly. Her headache disappeared, her rhinitis settled and she felt really well for three weeks. The headaches started to creep back again thereafter and were back to 50% after four weeks. This was a very encouraging result. In general, *Carcinosinum* is used at three monthly intervals but in the initial stages of treatment, the dose needs to be repeated more often say every six or eight weeks for the first 3 doses. After this accelerated start, the patient usually finds that a three-monthly dose will keep them well. On reflection, it sounds funny to call the taking of a dose of medicine every six weeks 'accelerated'. This use of words stresses that we are dealing with a very different process here from conventional pharmaceutical dosing. In homoeopathic treatment, we are continuously looking at the interaction between the patient and the medicine, at a process rather than at an event. This does mean that progress can appear slow at times as the homoeopathic practitioner assesses how different doses of different medicines are affecting the patient. On the other hand, it also means that any change that occurs is a true alteration in the patient's health, rather than an artificial drug-induced state which will cease or relapse as soon as the drug is discontinued.

