

# Alertness is the Key!

Baby G C, Female child of 20 days.

**CHIEF COMPLAINTS**

Location	Sensation	Modalities	Accompaniments
Liver	Vomiting		Sleepy
Hepato Biliary System	Curdled Milk		
	Distension		
Since birth Abdomen			
Freq every 6 hourly	Stool 4-5/day white		
	Yellow, non-offensive, semisolid		
<b>Onset Age: 8 days Sclera</b>	<b>Yellow</b>		
After birth			
Gradually			
increasing	Skin Yellow	Not better by	
	Mucosa Yellow	Photo Therapy	
	Sucks milk well		
	Cries before urination		
	Activity normal		

**PATIENT AS A PERSON:**

History of mother: morning sickness. Recurrent fever during 1<sup>st</sup> Trimester.

Delivery: Pre-term 37 Wk; delivered at home

Lactation: Normal

Mental State during pregnancy: no characteristic data available

**REACTIONS: PHYSICAL FACTORS:**

Fan: Comfortable with fan at 2-3 speed.

Covering: prefers Comfortable with warm bath.

C3H2

**PAST HISTORY:**

Mother: Tuberculosis: before pregnancy. Rx AKT 1 year.

Father Typhoid:

Paternal Grandmother: Tuberculosis

**PHYSICAL EXAMINATION:**

General: TP - Normal; Resp Rate 30/ min

Local: Conjunctiva No Pallor

Mucous membranes-icteric; Skin-icteric

Hard palate - icteric

Anterior fontanelle open. Posterior fontanelles closed.

Genitals normal. Testes well descended size normal.

Nipple buds well formed.

Umbilical stump NAD.

Anus NAD

Reflexes normal

Unable to hold the head.

RS NAD/CVS NAD.

PA soft/distended/tympanic/child cried on touching

Abdomen/Liver ??? finger palpable

**PROVISIONAL CLINICAL DIAGNOSIS:**

Intrahepatic Obstructive Jaundice

**INVESTIGATIONS**



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CBC	5/02/99	Serum SGOT	60
Hb	7.4	SGPT	80
WBC Total	9650	Bromsulphalein Exc.	17.55
N	29	Bilirubin T	21.7
E	2	D	4.15
L	69	Ultrasonography abdomen scanned organs are normal.	
Liver Function Test	04/02/99		

**CONCEPTUAL IMAGE: CLASSIFICATION AND EVALUATION OF SYMPTOMS**

Item	Data
Cause	Tubercular Miasm (Fundamental and Dominant)
Aggravations in General	Nil
Ameliorations in General	Nil
Sensations and Complaints	Stasis
Mentals	Nil
Characteristic Particulars	Liver Hepato-biliary System Periodic Vomiting of curdled milk

**ANALYSIS OF THE TOTALITY**

Phase: Functional intrahepatic obstructive jaundice.

Freq.: 1 every 6 hrs Cyclical Vomiting

Mucous Membranes: Icteric

Infant (time)

Hepato Biliary system-biliary stasis due to high viscosity.

Phase: Functional intrahepatic obstructive jaundice.

Vomiting Curdled Milk.

Time is the key to the case. Cyclical emphasizes time and the other time is the time in the epoch of the individual, ie the infancy.

Location of the liver assumes secondary importance along with the pathology of biliary stasis due to high viscosity of the bile.

So the remedy which is needed should have the characteristic of time and rhythm and also the stage of life and the disease with characteristic pathology and of stasis and viscous discharges.

*Merc-dulcis* 30 was prescribed in infrequent doses.

*Tuberculinum* was used as an intercurrent considering the fundamental tubercular miasm.

REF KENT: Chapter on stomach as the main rubric and

vomiting as the sub rubric.

**FOLLOW-UP:**

There was an extremely gratifying response to the remedy. Within 5 weeks, Bilirubin returned to normal with overall improvement in the general condition.

**REFERENCES**

1. Dhawale M L, ICR Educational Series Booklet No. 4: Standardized Case Record (1984), Institute of Clinical Research, Mumbai.
2. Hahnemann S, Organon of Medicine, Aphorisms 83-104, B Jain Publishing Co. New Delhi.
3. Dhawale M L, Symptomatology from the standpoint of Homoeopathic Practice, Principles and Practice of Homoeopathy Vol 1 Homoeopathic Philosophy and Repertorization, Institute of Clinical Research, Mumbai.
4. Kasad K N, 'Repertorization: Concept and Technique' in ICR Symposium Volume on Hahnemannian Totality. ICR Bombay Symposium on Totality.

**EMERGENCY CASE 2**

A 9 month chubby male child came with C/o coryza, cough and fever with respiratory distress since 2 days.

There was audible wheeze which could be heard even outside the room. According to the mother audible wheeze was worse only when awake. >3 ↑ Sleep During

Thirst increased<sup>2</sup>, fever during

O/E: T: 102F RR: 80/min Suprasternal Retraction +

Ch: Wheeze + Bil Crepts

L 2 FP S 1 FP

**OBSERVATION:** Child was sleeping with arms spread apart. According to mother child usually sleeps on sides.

**TOTALITY:**

Respiration whistling < When awake

Thirst increased 2 heat during

Respiration audible > Lying back with arms but stretched

**TREATMENT:**

*Psorinum* 200 Multiple doses resulted in short amelioration

*Psorinum* 1M Single dose settled the case

**CONCLUSION:**

The case demonstrates the importance of observation during practice for prescription.

## An Acute Appendicitis in the clinic...

*Introduction: This section has been started to show the efficacy of Homoeopathy in severe and life-threatening situations where speed is of essence. Mostly this is possible in a hospital setting only. But here we had a case in the clinic itself which we would like to share with you.*

Mast MN, M/9 y, resident of Surat, was carried to me on 25<sup>th</sup> Feb 2004, with a chief complaint of cough since 4 days. The parents have been my patients in the past and though they formally dropped in for the treatment of cough and cold, as we progressed with the case the picture was altogether different.

Following were his **CHIEF COMPLAINT:**

1) 21/2/2004: Acute Pain in umbilical region radiating to Rt Iliac fossa. Pulling sensation < night. > sleeping on abdomen. He had the same complaint on 15<sup>th</sup>

Jan'04 with fever and severe vomiting. The condition was diagnosed as Subacute Appendicitis and treated with an antibiotics course, but the symptoms continued on a milder scale. Surgery was advised in Jan'04 itself. The patient is the only son born after four daughters, so the over concerned Parents, who were not keen on the operation, kept on changing Doctors for further opinions. Since on 21<sup>st</sup> pain was severe, the parents gave in. But as fate would have it, he developed severe cold and the surgery had to be postponed. Since they were in Mumbai they thought of coming to me.

2) Recurrent Tonsillitis with rattling cough since two years. Pain < cold things < ice-cream

3) Calf Muscles once in 15 days from childhood. Pain with pulling sensation > pressure.

**PHYSICAL CHARACTERISTICS:**

APPEARANCE: Fair and lean.

PERSPIRATION: Scanty, on Face.

APPETITE: RAVENOUS.

DESIRE: Chicken<sup>3</sup>, Chocolate<sup>3</sup>, Colddrinks<sup>3</sup>, icecream<sup>3</sup>, pickles<sup>1</sup>, Tea<sup>3</sup>.

STOOL: 1/day. URINE: Normal.

SLEEP: 7-8 hrs, sleeps on abdomen, salivates, grinds teeth, screams during sleep.

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## Emergency Room

DREAM: Ghost. THERMAL: Chilly.  
P/H: K/C/O Thalassemia Minor.  
F/H: NIL.

### MENTALS:

Pampered<sup>3</sup>. Anger<sup>3</sup> which most of the time he suppresses. Very Affectionate towards sisters, parents. Has many friends. Fear of dark<sup>3</sup>, dogs<sup>3</sup>, strangers. Watches horror serials with everyone and then screams. Sports oriented, likes to swim, play cricket, games on computer and Must Always Win. Restless. Loquacious.

### REPERTORIAL TOTALITY:

Timid                      Anger Suppressed  
Restlessness              Squanders Money

Fear Dark                      Fear Dogs  
Fear Strangers              Increased Appetite  
Cr cold drinks              Cr ice-cream  
Teeth grinds at night      Appendicitis  
Tonsils < cold              Calf pain

### REMEDIES:

*Ars-alb 23/9, Phos 23/9, Calc-carb 22/10, Bell 18/9, Merc 18/8, Puls 12/6, Rhus-tox 18/8*

### PLANNING AND PROGRAMMING

ACUTE: *Ars-alb*

CHRONIC: *Phos*

INTERCURRENT: *Tub-b*

### TREATMENT:

Date	Symptoms	Treatment
25/2/04		<i>Ars-alb 200 7P 1P=3 TDS</i> <i>Mag-ph 6x 3/7</i>
28/2/04	Pain >80%, only < running. Other Complaints > <sup>3</sup>	<i>Phos 200 1<sup>st</sup> dose</i>
10/3/03	> <sup>3</sup>	<i>Tub-b 1M</i>
27/3/03	Pain <10 pm L5. Headache.	<i>Ars-alb 200</i>
28/3/03	Pain >in 1 dose	
29/3/03	Calf pain, cold & cough 0/3wk, Restlessness > 50%	<i>Phos 200 2<sup>nd</sup> dose</i>
28/4/03	Well since 1 mth. No appendix attack in 2 mths.	<i>SL</i>

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