

Comparative Study of *Staphysagria* and *Agaricus*

Abstract: A sensitive soul with an equally sensitive self image referred by an Ophthalmic surgeon with Botulin Inj as the only option due to its acuteness presented himself with all tests. Primarily Hemifacial Spasm with Trigeminal neuralgia was the final diagnosis. A choice between *Staphysagria* and *Agaricus* was the challenge. Finally who won.

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There are 2 ways of reflecting light To be the candle, or the mirror that reflects it.

CASE

Pt named Mr LKB Hindu, Marvadi aged 34 yrs, came to me on 29/7/08. He works as a salesman at a well known Saree shop, is married since 15 yrs.

Family: Wife: 32yrs, housewife. Son-12yrs, Daughter 8 yrs. Lives in Bangalore.

CHIEF COMPLAINT

LOCATION	SENSATION	MODALITIES	CONCOMITANT
CNS / ANS Facial Nerve Face - Lt Side Cheek muscles Eye lids Since 6 months	Twitching ³ Painful ³ Not > Disturbed Sleep ² For every 10 min Facial disruption hesitation	A/F Anxiety < Anger ²⁺	Consulted, Neurologist and Finally Suggested Inj Botulin Ophthalmologist Rt: Temples Referred pain ² 10-15 times in a second

PERSONAL HISTORY

APPEARANCE: Obese

WT: 108 kgs 2000 - 2005, then reduced to 95 kgs

APPETITE: Cannot tolerate hunger

THIRST: 8-glass/ day

DESIRES: Spicy², chats, oily food²

AVERSION: N/S

PERSPIRATION: Forehead+, offensive+

BOWELS: Regular

SLEEP: Disturbed gets up at 4:30 (c/o)

DREAMS: N/S

MICTURITION: Normal

EYES: Anxious, staring look

PAST HISTORY: Nothing significant

FAMILY HISTORY: Fa died 4 yrs back at the age of 57, Paralysis

Youngest Br: Asthmatic

Mo- DM detected in June 2008

Wife- Healthy

LIFE SPACE INVESTIGATION

Pt 34 yrs, from a lower middle class family, Fa was an Accountant and Mo a Housewife. He is the eldest of 6 children has 4 brothers and a sister. Pt does not remember much about childhood, says since age when he can recollect,, everything was fine, though they had had economical problems, difficulty even for food. Even though he was good in studies (above average 75% - 80%) had to quit 12th Std in middle of the year and join father to earn and share some responsibility. He joined as a salesman in a famous sari shop, after 6 months got married at the age of 20. At work got good name and he is working under the same owner since 15 yrs. At



work he always believes in, 'Give respect and take respect' policy. Being a senior, he is in the control seat, does not tell juniors anything which hurts them, thinking that what if they back answer. Pt gets angry when somebody gives back answer. At shop controls and keeps quiet, during that time sleep is disturbed. If colleagues comment on him in front of customers, keeps quiet then, later talks to the person alone and clarifies things. Whereas at home tells/shouts on wife. He cannot tolerate hunger and if he has not got any thing to eat, at that time he gets angry and shouts on wife. In family there is no problem, all brothers and sister are now settled and living separately. 5yrs back father underwent an episode of cerebral ischemia. Pt took care of him and had taken 3-4 lakhs loan for father's treatment. Now since 6 months people are asking him to return the loan. So he

is tense and worried about arranging money. He is a calm, reserved person who concentrates on his work, has got award like best Salesman of the year, and happy person at work as he always has a smiling face and attends customer happily. He gets upset when he cannot help colleagues in need of money and also when he does not get money (help) when needed. Since 3-4 months he is worried about the complaint, sleep is disturbed wakes up at 4:30 am. He is scared to attend female customer individually because of complaint, thinking that what if the female customers complain about him or misunderstand him. So always attends the customers along with one or other colleague.

Complaints have become severe, leading to facial disruption during the attack, which worries and upsets him.

Editor: This is a classics case with classical

Homeopath Classic M.D. [Repertorisation]

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Repertorisation Of Speed Case Rep. No. Visit Date 10/07/2009

Repertorisation Symptoms Covered

Remedy Name	Appt	Bolt	Ans	Geis	Halim	Ag h	Cham	Hypo	Phos	Surg	Nux v	Sil	Usp	Esop
[C] [Mind]Aliments from Anger, vexation	1	2	2	2	2	1	3	1	2	3	3	1	1	1
[C] [Mind]Anxiety Anticipating	1	1	1	1	1	1	1	1	1	1	1	1	1	1
[C] [Face]Twitching Painful, tic douloureux	1	2	1	2	1	1	1	2	1	1	1	1	1	1
[C] [Face]Twitching Convulsive, spasmodic	1	2	1	2	1	1	1	2	1	1	1	1	2	1
[C] [Face]Twitching Left	1	1	1	1	1	1	1	1	1	1	1	1	1	1
[C] [Mind]Anxiety	1	3	3	2	2	3	2	2	3	1	2	2	2	2
[BN] [Eyes]E yields Spasm, cramp, blepharospasm	4	4	1	1	3	1	4	3	3	3	3	3	3	1

Symptoms 7 Remedies 441

STAPHYSAGRIA

AGARICUS

1	BOERICKE	Nervous affections with marked irritability	Acts as an intoxicant to the brain producing jerkings, twitching, trembling and itching. Face: Facial muscles feel stiff and twitch
2	BOGER	Action on Nerves producing nervous trembling, squeezing and stinging, smarting pain as if cut	Acts on Spinal Nerves – occiput, nerves, and lumbar region. Gradual onset Trembling, twitching, jerking and fibrillar spasms here and there <eyelids and tongue
3	HERING	Inflammation of bones of face. Boring pains Tearing pains beginning in tooth and extending to face. Nerves. Very sensitive to least impression, either mental or physical. Neuralgia: facial; of shoulder joint and arms; crural; sharp pains during motion Paralysis on one side, from anger. Twitches at night	Twitching of facial muscles Twitching and jerkings of different parts of face. Tonic and clonic spasms of face Twitchings: of eyelids and eyeballs; of cheeks, spasmodic motions, from simple involuntary motions and jerks of single muscles, to a dancing of whole body. Chorea. Clonic spasms of eyes. Nerves, increase of strength during delirium; The slightest influence of the will seems to have the most powerful effect.
4	CLARKE	Aching in the eyes, lids and canthi. Spasmodic closing of lids.	Clinical: Used in chorea cramps, blephrospasms. Tics. Clonic spasms. Twitching of eyelids and eyeballs

DATE	TWITCHING	PAIN	ANXIETY	SLEEP	Rx
29/7/08	++++	+++	+++	disturbed	Agaricus 1M QDS. 7 DAYS
6/8/08	> 60%	> 70%	>2 +	>+	Agaricus 1M HS 7 DAYS
14/8/08	Pt called to say symptoms coming back so pl give old Rx				Agaricus 1M BD 14 DAYS
28/8/08	> 75%	> 85%	Mild only	normal	PL 21 HS
29/8/08	NAD	NAD	Nil	good	

response except I would have given Placebo QDS on 14/08 when he asked for old medicine. Mostly it would have been settled. But fortunately, no further aggravation and patient settled. So all is well that ends well.



Waiting for the Similimum...

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As Homoeopaths, our efforts are entirely centered upon selecting the similimum for each case that we come across in our practice. And if the patient happens to continue with the treatment, then so long as the similimum is not correctly chosen (at each point of time), the case continues to morally bog down the conscientious Homoeopath. In other words, we are all waiting for the similimum for the right thought, for the right click in the mind and for the right medicine! Homoeopathy can give the most rewarding of results, but **only** if the similimum is selected or it is zero. We all have witnessed these facts in our practice. The following are a couple of cases, which did not have to wait long for their right medicines:

CASE 1

Mr HM, a car driver by profession, was seen on 01/07/06 for the following complaints:

Skin rash for the past 4 years after wearing a dyed shirt- appearing every summer.

Itching < by dust.

Recurrent Colds ie disposed to catch colds, since childhood ("since the 7th day of his birth").

C/F: Getting wet/ untimely bathing/ exposure to fan, leads to symptoms of cold, cough since beginning and breathlessness since the past 8-10 yrs, < after midnight, morning on waking.

Sleep- light, difficulty in falling asleep, un-refreshing, gives a headache- since past 5-6 months.

Tendency to Lt Sciatic pain < am on waking.

GIT- Pain around umbilicus, eructations of food eaten. A/F irregular food habits.

MENTALS: Difficult and slow comprehension for the past 8 months. He was observed to be talking in a hushed (secretive) tone.

GENERALS

DESIRES: Salt, raw onions²

PERSPIRATION²⁺, THERMALS: Hot patient (1-2+) lately. Pt was breathless while talking.

O/E: BP-120/80 mm of Hg. Chest - rhonchi.

TREATMENT: 01/07/06- *Thuja-occ* 200/ 2 doses

Follow Up

15/07/06: No cold and coughs, breathlessness>>, pain abdomen >. But other symptoms- SQ O/E: BP: 110/70 mm of Hg, Chest- NAD Rx- SL.

15/09/06: No cold and cough, sleep>, sciatic pain>, skin itching>, comprehension> GI < since last 10-15 days. Of late, urine more frequent and odorous (? Elimination). Rx - SL.

16/11/06: All complaints much better. Feels more energetic. Occasional cold and cough, but no breathlessness. Styes appeared in between (old symptom). Rx- SL.

CASE 2

Master SB, lean and tall, aged 10 yrs was brought from a far away town by his mother for complaints of recurrent colds with severe cough and breathlessness. During the attacks there would be a constant rattling cough, with inability to expel anything and restlessness, being unable to sleep because of the dyspnoea. He was susceptible to fruits³, change of season², cold things², dust and smokes² which would precipitate the attacks. Associated with this was a tendency to constipation, which would start 10-15 days before the attacks.

He also had complaints of worms < in winters.

GENERALS

AVERSION: Spicy and oily food²

DESIRES: Sour³, cold things², bread²

THIRST: Less

PERSPIRATION: 2+ especially on head

SLEEP: Talks1+, in

THERMALS: Hot patient³

All through the interview, the boy looked serious

and hardly spoke, all the time looking at the floor, allowing his mother to do all the talking. His mother however had some very opposite things to say- that her only son was a very talkative and friendly person. He loved to mix with people and would not like any guests to leave if they came to his house. Was very sympathetic and would even hide others' faults at his own risk without showing any hint of emotion on his face (reserved). He had a habit of thumb sucking.

This patient was seen only once during his first visit. Thereafter his treatment has continued as per reporting over the phone.

TREATMENT: 4/2/2006 *Natrum-mur* 200, 2 doses.

FOLLOW-UP

There were a few minor acute complaints in the subsequent months, managed well with acutes *Bryonia*, *Pulsatilla* or *Rhus-tox* according to their respective indications.

30/11/06: *Natrum-mur* 200 was repeated following the first major attack of cough and bronchial spasm > with Non-Homoeopathic

medicines.

The following months showed an overall improvement including his complaints of worms and his habit of thumb sucking.

Nov 2007: *Natrum-mur* 2008 was again repeated after nearly one year following another interference with Non-Homoeopathic medicines for acute fever and oral thrush.

April 2009: Since then, the patient's improvement has been uneventful. Last report, the boy has been fast developing into a good athlete and now represents his State as a sprint runner at the National level!

(Editor: An explanation I give to all patients. Homoeopathy is a holistic system. It works on the body to raise the immunity. Also it brings a balance in the flow of Vital Force. This keeps the body in health. But use of Non-Homoeopathic medicines, being chemicals or crude doses imbalances the Vital Force and again may lead to frequent relapses. So even in acute condition please use Homoeopathic medicines only.)

HIGH FIBER DIET: For Hypercholesterolemia & Hypertriglyceridaemia

HIGH FIBER DIET INCLUDES: Plenty of green leafy vegetables and salads without dressings (mayonnaise, salad oil, etc.) and fruits. Alternately, if you are fond of salad dressings, you may sprinkle olive oil over the salad.

BREAKFAST CEREAL RICH IN FIBER: Muesli (Begrary's low cal variety or Harvest Crunch)

VEGETABLES RICH IN FIBER: Broccoli, cabbage, onion, fresh tomatoes. Legumes- peas, Dried beans. Root Veggies, Potato.

CEREALS RICH IN FIBER: Whole meal flour, Bran, Oatmeal, Rye, Wheat.

FRUITS RICH IN FIBER: Apple, Banana, Cherry, Orange, Peach, Pears, Plums & Strawberries.

BROWN BREAD: 7 MUST of modern Foods, marketed by HUL.

BEAN SPROUTS & NUTS: Walnuts & almonds (as snack) Seeds-Flax (Arshi as mukhvas).

BEST OILS: Rice Bran or Groundnut oil. Sunflower, safflower, corn oils are good but increased consumption may increase oxidative stress.

Methi seeds (Fenugreek) for high triglyceride. Seed (approx.12 Gms/ day) can be powdered and sprinkled over food, or swallowed with water (2 teaspoonfuls at night)

Cremadiet 2 measures (found inside container) at night, stir briskly in half a glass of water (for high Cholesterol levels)

AVOID: Butter, ghee, vanaspati, coconut oil, milk/milk products, yellow of egg, red meat.

BOOKS: Low Cholesterol Cooking (Indian food) by Tarla Dalal.

No Oil Cooking by Sanjeev Kapoor (Veg & Non veg- Indian food)