

Two cases of Mysterious Vein Disease

CASE 1: "Ehlers Danlos Syndrome"

Master SS, 19 years old, was brought to Mafkhar Clinic on 14.9.01, for the treatment of pain and green spots on the legs. He was weak and restless because of pain. His Rt upper limb was paralyzed and dried like a stick and the claw had a subcutaneous swelling with purpuric patches. His father revealed he had a heart problem in infancy with the same kind of patches and had got cured, at the same clinic. Earlier he had also undergone vascular surgery following some trauma. Since then he developed heart pain along with the patches.

The case was taken by Dr Shahida, my wife, whose notes read: "was under treatment here as a heart patient during early childhood. Six months back he was operated for Axillary artery, was given blood transfusion. Very weak, BP low, artery had ruptured suddenly. Right hand totally paralyzed, claw like. Goes for physiotherapy. Feels pain all over nerves. Lt Hand also neuralgic as if pain comes from heart. Since he was treated for the heart here and was better, so has come again. Pains are crushing and crawling type. Swelling on hands comes after exertion. Heart pains extending to Lt Hand: his own words. Every trauma becomes blue or green. Pain comes with green patches on hands.

Ailments started when he was traveling in an overcrowded train. The hand holding the railing tightly, got jerked and started paining. He had to bear pain silently. On reaching home, he was taken to the nearby hospital where he was operated and then immediately sent to a teaching institution, where a major surgery was performed. They diagnosed spontaneous rupture of the artery with ecchymotic tissue, Type IV. Histopathologi-

cally diagnosed "Ehlers Danlos Syndrome".

Dr Shahida's prescription was *Arnica* 30, 4 doses followed by a dose of *Ignatia* 200, then supplemented with *Nosode I* (*Carcinosin* in molecular dilutions). The criteria for prescription was, broods in silence, does not complain and grief of his wounded limb. Sadness and despair of recovery. *Carcinosin* added to antidote that possibility of getting carcinogenic affect following such type of high-grade trauma. This gave him relief. When he reported on 20.9.01, I also saw him. I added *Acid-Phos* 30, two doses, based on the follow-up; tendency to green spots with purpura haemorrhagica, and crushed wound.

He came on 25.9.01: Better. Placebo. Reported on 11.10.01: again clots, Rt side pain and also occipital headache. Seen by Dr Shahida, prescription *Carbon-animalis* 30/2 doses. Later *Arnica* repeated. Condition stabilized, no pain, no patches, mental condition also improved. Further follow-up with *Arnica* & *Nosode I*, then some clinical remedies, for constitutional ups and down, until 22.2.02. Now *Natrum-mur* 200, single dose as the deep acting remedy given. He wanted tonic to improve his strength. He also developed hopes that with Homoeopathy his hand would improve. Although his heart pains, head pains and hands also, patches were gone but he kept on coming with a hope may his hand would also started functioning!

I saw him again on 23.2.02, he was anxious and restless with depression and fright, that his hand would not be OK and his pains may come and has. This time I examined him thoroughly, the grade of emaciation: Deltoid ++, Triceps +++, Biceps +++++. Brachioradialis +++++, Carpiularis +++, Flexor digitorum +++, Thenar and hypothenar muscles +++++.

ANALYZE: wasting is not uniformly which means total nerve is not dead? I also gave a thought to his patho-



Dr MIRZA ANWAR BAIG Md, PhD, FINCR
 Director, Aarish Academy of Alternative
 Therapy & Research, Mira Road (E), Thane
 Tel: 28116765 / 23754069. Fax: 3723358
 e-mail: homomafa@bom7.vsnl.net.in
 Web-site: www.homoeoheal.com

logical condition. Was his present problem connected to trauma! Whether by traveling or while operating! I questioned myself? Boy seems to be a careful type, neither did he receive any trauma inside the train. What he said he was holding the rod tightly to get support which means suddenly he started getting pain, certainly not because of the trauma, may be because of excitement or exertion, possibly his veins got rupture due to this and possibly he showed courage to hear the pain silently otherwise and may fall! I also gave a thought to the nature of his disease.

Ehlers Danlos Syndrome is a mysterious disease, in which although the veins are fragile they also have much elasticity, even in finer venules, and which may give rise to a pseudo-purpura or green spots. This is a very mysterious condition, and is related to some genetic influence. Skin tissues also show this unusual kind of elasticity, so too the walls of the arteries. Suddenly I got the clue. Was the artery ruptured spontaneously or was that due to surgeon's knife? That means his disease was genetically related, and not because of the trauma. I questioned to myself again, to treat him means to clean genetically! Is he a case of *Virionum*? *Virionum* also can act on genes. *Virionum* is a nosode, from HIV-I, which has been proved by me, I find this remedy very effective in mysterious conditions.

23.3.02, I gave him *Virionum* 30/1 dose → Better. *Virionum* 30/one dose was repeated on 17.5.02. There after he developed swelling on his Rt. knee.

Virionums are also mysterious people. You cannot expect any steady behaviour. Committed but cunning, they never have full faith in anyone.

My criteria for prescribing him *Virionum* was: Anxiety marked and anticipated relapse with fear very marked. Timidness, with changeable moods (*Puls*). Broods in silence (*Ignatia*). Becomes irritable immediately (*Natrum-thur*) weary of life and depression (*Aur*). But cunning like *Sepia*. Dwells on unpleasant events, does not go out. Worried with trembling with fear, as if would

die in the crowd. Mania for investigating and consulting other deaths.

23.3.02: *Virionum* 30/one dose. Reported next month 1.4.02: Better: placebo. *Virionum* 30/one dose repeated again, (relapse of some old symptoms), on 17.5.02. He reported on 7.6.02, with a swelling right knee, but his Rt limb started sensation of life. Placebo again. Rt knee persists, placebo again. More swelling but more relief on hand. He started moving them. Also applied iodex on his knee. He said he cannot tolerate knee pain. Signs of anxiety and relapsed again. *Virionum* 200/single dose, no relief. *Medorrhinum* 200/one dose as intercurrent.

CASE 2:

The second case was of 8-year old boy who came with a mysterious cavernous hemangioma of Rt. lower limb. The veins were very anguished at the gluteal region, also on thigh. His penis was hyperdropic & in state of semi-erection. On its glands some Kaposi's Sarcoma like soft tissue growth was visible. The boy was seen by the surgical unit of a teaching hospital, which diagnosed enhancing venous cavernous inside the gluteal & cavernous region. They found the child inoperable -said nothing can be done. Ironically the patient was told (since his penis was erected) that there is no such disease ever recorded in the medical books. The day they will come to know, they will call him for the treatment.

This case was also first seen by my daughter, Dr Rozina Zaheer, who noted the child lost his father in a truck accident while he was inside the womb. His father was a truck driver. This young doctor found grief as the sole cause for the genetically mysterious disease. Prescribed *Ignatia* 200, followed by ¹ Nosode I.

The case responded well. The intercurrent was *Thuja* and constitutionally *Silicea* was the later prescription. The case kept on improving. His anguished veins &

cavernous hemangioma started showing remarkable regression. After 4 or 5 years, when he was 12-13 years, I found the child to have a recessive attitude. He did not want to study further, did not want to work because of lack in confidence. During 2,3 counseling, we found this grown up boy, was of negative attitude with marked anxiety towards his problems & anticipating phobia. Finally *Virionum* in 30 dilution brought this boy out from pessimism. Now the boy is showing all kinds

of activities in every respect and also in pathological conditions. Although veins are still anguished but they are not troubling him. The growing Kaposi's Sarcoma lesion disappeared.

¹ Refer Homo-Immunitation, (author Dr Mirza Anwer Baig), in which this case is mentioned along the pictures & illustration. Available with NJH Book Club.



Varicose-ulcers

Mr ABC, 60 years, a retired teacher consulted me on 12/01/2003 for ulcers on both legs of long duration. He is a known case of hypertension since 5 years.

CHIEF COMPLAINTS

1. Ulcer on both legs since 7 years. He has varicose veins since 15 years and as a consequence has developed varicose ulcers on both dorsum of legs. Large ulcer with blackish, bluish discoloration; painless. Skin looks blue and spotty redness all over skin.. On examination – skin is rough, dirty and warm to touch.
2. Headache - Dull, especially in occipital region. < motion, even of eyelids, reading, > rest.

ASSOCIATED COMPLAINTS: Levitating vertigo with sensation of lightness of head.

PATIENT AS A PERSON:

DESIRES – sweets, sour.

AVERSION – milk.

HABITS - Chronic tobacco chewer



Dr S S VITHAL
Samadhi Road
Khanna
Punjab 141401

THERMAL STATE – C2H2

APPETITE – Hungry but can't eat much at a time.

FAMILY HISTORY: Mother - Hypertension with Mitral stenosis; Asthma in Father

PAST HISTORY Typhoid, Jaundice in childhood.

MENTALS

- Witty.

- Cunning / deceitful

- Dull and not interested in work.

From the above information, we selected *Opium* as a drug of choice.

DD *Lachesis* – varicose ulcers, bluish in color. Headache with HTN. Habit of tobacco chewing, deceitful in nature, both drugs cover these symptoms.

But painlessness of ulcers and patient's indifference about his complaints indicated *Opium* than *Lachesis*, *Opium* 200 was given on 12 Jan 03 and up till day he is on SL with more than 90% improvement in generals as well as physicals.



**Progress lies not in enhancing
what is, but in advancing toward
what will be....
Kahlil Gibran.**