

Homoeopathy Works in Any Setting

INTRODUCTION:

This case was treated in a rural area in one of the coastal town of Andhra Pradesh, where ICR had set up a project of V N hospital that had facility only for basic diagnostic care. Detailed diagnostic work out was not possible due to lack of facility and also due to financial limitations of patients who come from very poor finan-

cial back ground. This patient was no exception.

CASE:

Smt C M, 25 y, a Weaver, a Hindu and Non-vegetarian. Her husband was also a weaver.

Brother: 1 unmarried Sister: 1 unmarried

Sons: None and 3 Daughters: 4 yrs \ 6 yr \ 11 months

CHIEF COMPLAINTS:

Location Area Direction Spread Tissue Organ system Duration (Organ) Liver	Sensation Pathology	Modalities A F <	Accompaniment Strict Time Relation
Since 15 days Day 1 Day 2 Since 15 days Since 3 days	Fever moderate Chilliness febrile Icterus Yellow urine Stool white No Loose motions No abdominal pain Vomiting only once Food and mucus	Not > allopathy Not > homeo treatment Not > telugu Rx	Thirst increased Drowsy Weak Covering (night) Insomnia
Since 24 hours	Abusive No change in sleep pattern		Delirious altered sensorium.

LIFE SPACE INVESTIGATION:

Patient stays in a family with husband and 3 daughters. Husband is a weaver. She came from a poor family. She was very close to her parents. She has 1 brother and 1 sister, she has anxiety regarding the financial con-

ditions of her parents. Though they are staying in the same village as that of the patient, she does not visit them often but gets the information regarding them.

She is also very attached to her husband. She does not mix with neighbors or other people, as she says if her husband is around she does not need anybody to talk with. She is afraid to talk to new people, she prefers staying at home. Her self-esteem appears to be very low. Husband says she is a closed person.

She desires company constantly, but only of family and



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II. PATIENT AS A PERSON : Physical characteristics

1. Build	Stocky+	Obese
2. Digestion Craving	Appetite: Low Pungent	Thirst increased
3. Elimination Stool color Urine	Normal D normal	Consistency normal Urging
4. Menstrual Function FMP Menses	LMP 2\2\98 Duration 4 days Stains does not	Menarche late Regular + Cycle 30 days

has fear of staying alone. During the nights, can't go to toilet alone; She at least needs the company of her daughter.

She is irritable by nature; gets angry when her daughters trouble her. She will beat them up. Gets angry at her husband also on any issue. When angry, she won't talk to her husband for 6 to 8 hours. When she is forced to do something, then too she gets angry and immediately retaliates.

Now she is worried about her three daughters as she has to get them married and resources are limited.

THERMAL MODALITIES:

Uncovers in summer; Covers in winter

Bath :Cold in summer; Tepid in winter

Ventilation very poor in the house

Ambithermal C3H2

PHYSICAL EXAMINATION:

Temperature afebrile. Pulse 80 m Resp rate N

Conjunctiva sclera yellow and pale. Mucous membranes yellow Skin dry scaling

Wt 34kg. Lymphnodes +

RS Normal

PA Shaped scaphoid, Tender Rt Hypo, L++

CVS Normal

CNS disoriented . Speech normal

MOTOR FUNCTION:

Cranial nerves: reflexes: planter: normal. No flaps.

INVESTIGATIONS:

03/02/98: Urine Values: Bile salt pigments present

CBC Values:	03/02/98	19/02/98	21/3/98
WBC Total	13,600	11,850	9,500
S. Bil	19.6mg%		2.2mg%
HBs AG		+ve.	
Hb	10 mg%		11.5 mg%

PLANNING AND PROGRAMMING OF TREATMENT

A. CHRONIC DEEP ACTING Constitutional Remedy is needed: *Kali-phos*.

INTERCURRENT REMEDY: *Tub-bov*

Kali-phos selected on the following symptoms

Anxious, nervous, dependent. Irritable

Indisposed to talk to strangers

Fearful dark, alone

Low self esteem

Desires company

Insomnia concomitant to hepatitis

Inflammation liver . Toxic brain delirium

BASIS OF PRESCRIPTION : *KALI-PHOS*.

Basically a nervous, shy type of person with strong attachment with family especially with husband. Irritability is expressed only with family members to whom she is strongly attached.

She desires company of her near and dear ones only.

This goes well with the theme of *Kali*.

Phatak describes irritability and low self esteem of *Tub-phos* which prevents her from interacting with strangers. Her shyness dominates at times.

Insomnia as a concomitant came up in the evolution of the disease.

Involvement of brain and sensorium leading to delirium from toxic condition .

Involvement of liver as the base organ for seat of the disease.

SELECTION: TUBERCULINUM-BOVINUM was selected based on basis of dominant miasm .

Considering the deep seated illness with infective etiology and early signs of toxemia made it clear that the services of intercurrent would be required.

Infective inflammation of the liver gland, inflammation leading to necrosis and suppuration of hepatocytes at microscopic level... chloestatic stagetoxemia.

The internal pathogenesis expressing in the form of jaundice with concomitants of weakness fatigue, altered sensorium.

The concept of structure, form, function was used to understand the tissues involved, the alteration in the tissue and its expression in form of concomitants and sensations keeping in mind the pace and time in evolution.

	Evidence	Interpretation	Potency choice	Repetition
1. Susceptibility Tissues		moderate to low	moderate	frequent
2. Sensitivity Mind Nerves		moderate	moderate	infrequent
3. Suppressions if any	O			
4. Functional changes	O			
5. Structural changes		Low to moderate	Moderate	Frequent
A. Reversible				
B. Irreversible ?				
6. Correspondence		Total	Moderate	Infrequent
Constitutional Remedy				
Degree Level				
7. Correspondence sector	O			
Remedy Degree Level				
8. Correspondence Inter		TUB	High	Infrequent
current Degree Level				
9. Variations with time				
10. General vitality		Moderate	Moderate	frequent
B. Dominant miasm Tub			Moderate	frequent

FOLLOW-UP :

Date	01	02	03	04	05	06	07			
4-2-98									Patient was also advised ancillary measures IV fluids.	<i>Kali-p 200</i> TDS x 1 day
5-2-98	>1	>2	A1	S1	S1	S1	S1	No fever & chilliness, mild abdominal pain Weakness++ Responding to oral commands	Rx repeat	

Date	01	02	03	04	05	06	07		
6-2-98	>3 no tender ness	>3	>3	S1	>2	S1	>1	Vitality Increased Susceptibility + Sense of well being Increased Sensitivity Generally Better Simple amelioration.	<i>Kali-p</i> 200 TDS x 1 day
7-2-98	>4	>4	>4	S1	>2	>2	>2	SQ	<i>Kali-p</i> 200 tds
9-2-98	>3	>3	>3	>2	>2	>1	>2	Same. Progress arrested	<i>Kali-p</i> 200 TDS x 1 day
10-2-98	1+							S. bil 18.2	<i>Tub-b1M</i> - 1 HS <i>Kali-p</i> 200 TDS x 1 day
11-2-98	1+							No complaints Icetrus same	<i>Kali-p</i> 200 TDS x 3 days
14-2-98	1+							No complaints; Stool of normal color	<i>Kali-p</i> 200 TDS x 3 days
17-2-98								No complaints; Adv: S Bilirubin test patient could not afford.	<i>Kali-p</i> 200 TDS x 2 days
19-2-98	G1	G1	>3	>3	>3	>2	>1	Urine color normal Icetrus better 1+	<i>Kali-p1M</i> -1 day <i>Tub-b1M</i> -nt day
20-2-98	G1	G1	>3	>3	>3	>2	>1	No complaints Icetrus almost normal. Patient discharged	<i>Kali-p</i> 1M BD x15 days
12-3-98	G4	G4	>4	>4	>4	>4	>4	No complaints	<i>Kali-p</i> 1M HS -7 days
21-3-98	G4	G4	>4	>4	>4	>4	>4	No complaints S. Bil 2.2mg%	<i>Tub</i> 1M - 1 day <i>Kali-p1M</i> -7dys
6-4-98	G4	G4	A1	>4	>4	>4	>4	No complaints	<i>Kali-p</i> 1M HS 1 (jp) - 15 days

Patient was observed for 3 mths. He had no complaints

05/04/98: CRITERIA FOR FOLLOW-UP:

- 1 App 2 Sleep 3 Abdomen pain
- 4 Urine 5 Stool 6 Icterus 7 Liver

CONCLUSION: REMEDY RESPONSE ANALYSIS

Although generals responded early which sense of well being, simultaneous response of objective parameters was not equally encouraging. S bilirubin dropped down relatively slowly from 19.6. The Tubercular miasm and hepatitis B infection (known to develop chronic hep-

titis, chronic carrier state, in 1% relapse with active fulminating hepatitis) plus moderate to low tissue susceptibility and poor nutritional status and unhygienic living maintaining factors, prompted for a cautious and prolonged repetition with infrequent use of intercurrent *Tub.*

[EDITORIAL COMMENTS: This is called an ideal case-reporting, when cases are reported with explanation at all levels].