



Is Long Distance Treatment Effective?

Today, most of us have a practice that has increased manifold in quality, volume and spread: at least 10% of our patients may be from different countries and we may not have seen them at all...

And yet your result in these cases, must be at par with the seen ones, for them to continue seeking treatment. Last year I was doing the Psychology counseling course and had stopped practice on Saturday mornings. For that 1yr Saturday clinic was managed by other doctors in my team.

On the first Saturday that I was away, this 12 yr- boy was brought. The case was taken with my opinion obtained on telephone.

This only child of his parents, was brought with the complaint of recent poor scholastic performance, attributed to anxiety and fear during exams. He had a fear about how the paper will go; would get perspiration and Chills with mild fever-100° F, cramps in epigastrium, trembling of hands and legs and palpitations. All this just before the exams, > after exams.

OTHER COMPLAINTS: Rt temporal headache: once in 15 days for 1 day, < before cold, < 7-9 pm. Pain is so severe that he wants to bang the head. Headache lasts for 12 hrs and he has to take a painkiller.

PATIENT AS PERSON

HT: 58 .5" WT: 35 kgs SKIN: Wheatish.
 PERSPIRATION: Excessive³, offensive. Non staining
 HAIR: Black, straight NAILS: Few white spots
 VISION: Myopia since 2000
 TONGUE: Dry coated APPETITE: Normal
 CR: SPICY³, Non-Veg³, Fish³, Eggs³

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THIRST: Less - 2-3 glasses/day

STOOL: Normal URINE: 3-4/day. 0/Night

His was a normal delivery .

DEVELOPMENT & MILESTONES: Normal

SLEEP: Normal

DREAMS: He claims to be Clairvoyant, but could not give examples.

THERMALS: C3H2. Prefers summer, fan only in summer, covering + in summer, ++in winter, bath with warm water in summer and hot water in winter.

LIFE SITUATION AND MENTAL STATE

1988: Mother and Father got married. Lived in a joint family with Father's 3 brothers and their families.

1990: Patient's family separated from others. They had to go to Kurla.

2/5/1992: Born in Kurla. Only child.

Pt studied there till 3rd Std, was good at studies. Always got A+.

2000: Shifted to Kalina again. 4th Std did well. At that time there were only short answers in the written exams. So yet got A+.

2001: 5th std. Had to write big answers. So since then started being nervous. Just got passing marks.

2004: He is in 7th Std

We had known from other sources that there was some rift between the parents. But even on asking him he didn't come out. On great probing he only said that, they fight very badly and so much, that they don't talk to each other for 2-3 months. If father wants something, he would tell pt, pt tells mother and then mother would serve father.

Pt was quite intelligent in talking and careful about what he said. Irritable, gets angry easily when father shouts, but never answers back, sulks - locks himself in the room.

Does not get involved in fights. Does not like quarrels. In school, if anyone hits him, he never hits back. Gives

explanation that if I hit them, they will get hurt and then they will complain their mother, while I won't get hurt since I am Karate champion.

Brooding³, cries easily, < consolation, fastidious, obstinate, fear dark.

REPERTORIAL TOTALITY

- 1) RM 997 Anticipation exams before
- 2) RM 996 Anger violent
- 3) RM 1114 Timid
- 4) RM 1108 Sulks
- 5) RM 234 Weepy children
- 6) RM 1043 Fastidious
- 7) RM 239 Obstinate
- 8) RM 1045 Fear dark

- 9) RM 301 Dr: Clairvoyant
- 10) RM 1227 Perspiration profuse
- 11) RM 1227 Perspiration offensive

REMEDIES ON REPERTORISATION

Lyco 19/9, *Ars-alb* 16/8, *Sil* 13/8, *Kali-c* 15/7, *Puls* 15/7, *Sulph* 12/7, *Phos* 12/7

A fairly clear *Sil* case, reacting to the fights of the parents (a situation he could neither face, nor ignore) by developing transferred fear of the exams for the first time in the 5th std.

PLANNING AND PROGRAMMING

ACUTE: *Gels*, *Puls*

CONSTITUTIONAL: *Sil*

INTERCURRENT: *Thuja*

FOLLOW UP

DATE	SYMPTOMS	TREATMENT
10/7/04	Persp ³ , Stubborn. Lean. Anticipation Before exams.	<i>Sil</i> 200 1 Dose
17/7/04	No headaches. Now give intercurrent.	<i>Thuja</i> 200 1 Dose
24/7/04	Persp ³	<i>Sil</i> 200 1 Dose
10/8/04	Exams starting	<i>Thuja</i> 200 1 Dose <i>Sil</i> 200 1 Dose
28/8/04	Pt told there was no fear before exams. Got 50% marks. Persp ³ < palms. C/o Backache A/F stretching while karate classes.	<i>Arn</i> 30 followed by <i>Rhus-t</i> 30 for injury
14/9/04	No complaints. Give intercurrent.	<i>Thuja</i> 200 1 Dose
23/10/04	There were no Complaints till 22/10. When he got headache for few hrs. Exams start after 2 weeks.	<i>Sil</i> 200 1 Dose <i>Gel</i> 200 7P for headache SOS
27/11/04	47% marks in exams. Headache 1/2week > <i>Gel</i> .	<i>Thuja</i> 200 1 Dose <i>Sil</i> 200 1 Dose
25/12/04	Headache 1/ w. No fear for tuition over test.	<i>Thuja</i> 200 1 Dose <i>Sil</i> 200 1 Dose
8/1/05	Headache 0/ 2 weeks Since 6/1 C/o Cold thick discharge, wet cough. Hoarseness of voice. Thirst reduced, tongue coated, throat red, Chest NAD	<i>Puls</i> 200 3 P, 1P=3 / SOS <i>Thuja</i> 200 1 Dose <i>Sil</i> 200 1 Dose
29/1/05	Exams after 2 days.	<i>Thuja</i> 200 1 Dose <i>Sil</i> 200 1 Dose
12/2/05	No nervousness before exams 5/2 headache+. 56% in exams	<i>Gels</i> 200 for headache <i>Thuja</i> 200 1 Dose



26/2/05	No Complaints.	SL
19/3/05	Exams starting in 2 days.	<i>Thuja</i> 200 1 Dose <i>Sil</i> 200 1 Dose
9/4/05	I saw the child for the 1 st time. > ³ except headache. Reviewed the case and confirmed improvement on all levels. Yes! Keep a head on your shoulders and a ready wit and get the results even long distance.	<i>No medicine.</i>

CASE 2

A 4 yrs old boy came to me on 13/1/05. His father worked in merchant navy and has to be on ship most of the time. Till he was an infant, they all sailed together. Now they recently moved to Mumbai to settle, as the boy had to start school, and it was an easier city for the father to be with them, when on leave. In vacation time, the boy and mother also on ship.

His chief complaint had started in Dec 2001 with sudden onset of wheezing accompanied by excessive Crying³, < strong odours, < banana, > on sea, < open air. He has to take steroids for relief of symptoms. Nebulization once a week is routine.

In Nov 2003, he started getting Allergic cough once a month accompanied by severe itching in nose. Dry cough, gasping for breath, breathes through mouth < physical exertion³, < lying down, < night, < 10-11pm, < 3-4am, < 7.30 am, < as soon as he wakes up. Blood count showed high Eosinophilia and was advised steroids again.

On the basis of cough better at sea, I gave *Bromium*. Cough was better for few days and then refused to respond to the same remedy. *Hyos*, *Ant-t*, *Ars-a* helped slightly, but didn't gave the desired result and again relapsed. Child's coughing in sleep was so bad, that the mother recorded it on video to show it to us.

Cough history was re-taken carefully:

Cough in paroxysms < night < 2am, expectoration difficult, sneezing ++. < Cement work going on in surrounding area, breathing heavy, thirst for sips, pt felt hot. *Ars-iod* was given and pt felt better next day and continued to do well.

He was doing so well that in March they decided to go

for 2 mths on ship again. I gave his constitutional medicine and the acute *Ars-iod* 200 to be used SOS. Also I have prepared a small 25-medicine kit for travel, which also they carried along.

The first month went well. There was no communication as telephones are not easy on ship.

On 17/4/05 the mother called me up one Sunday evening. The telephone line was terrible. I had to almost guess what she was saying. I gathered that he was running fever since morning with diarrhea and vomiting. She told me that she had started some antibiotics which were available on ship. There was no doctor on ship. I advised much fluids and hydration. And told him to take *Ars-a* 200 from the kit.

Apparently, after that, the diarrhoea and vomiting continued and fever came of about 103 degrees. Mother naturally panicked and gave *Ars-alb* 200 every 1 hourly, and *Bell* 1M every 1/2 hourly. She called me late night with this news and that fever was now 104. I was sure this was aggravation and advised to stop all the medicines since it could give aggravation and to give paracetamol if required.

18/4/05 She telephoned that there was no fever.

19/4 /05 Pt had 4 loose stools and 3 vomits in last 12 hrs. Fever 105. Fever would rise only in the evening and he would feel better in the morning. He also had sore throat < swallowing, > warm. Thirst for water +, small sips at a time but aversion to ORS. Now they were even out of paracetamol. The anti-biotics were over. They would reach shore and touch UK only on Thursday, which was 48 hrs away. The only medicines they had over there were homeopathic medicines in the small kit I had given them.



With alternate day fever and GI symptoms, the chances of typhoid ran high, but there was no way we could confirm.

I asked to give *Ars-iod* 200 1 dose after every loose stools and *Ferr-ph* 6x if fever remains high 1/2 an hour after *Ars-iod*.

20/4/05 He was much better. Fever 99, stools 2/day, semi-soft, no vomit.

21/4/05 He reached UK, the investigations done and all tests normal. Child too was well. The MD physician examined him and pronounced him well- no residue of the acute illness.

We told then resumed the constitutional medicine which was given for enhancing his immunity;

Today is the 5th of May 05 and there has been no further SOS calls.

If it had not been for the small Homoeopathic kit, it would have been difficult to handle such an emergency. Therefore for your own safety, one should always travel with a travel hom kit and a Homoeopathic doctor attached at the other end of a telephone!!!

Now no one can dare say Homoeopathy cannot handle an emergency and that too from afar . . . all of you who have such dramatic cures, do send in your cases.

Efficiency, thy Name is Homoeopathy!

An anecdotal case: Our new compounder joined us in Feb 05. Normally, being the type A personality, I leave them well alone for the first month, waiting for them to be broken in by the rest of the team.

A month and a half passed. This smiley big-eyed girl remained slow and anxious. . . I often found her staring at the computer screen for a full minute between 2 steps of the process of typing. Often, between patients, I would find her missing at the compounding table. . . on 14-4-05 I enquired as to the reason and learnt that if 3 patients descended at once, she would have to rush to the toilet!

I took matters in my hand. Early morning of 15-4-05, first thing, I seated her and explained that patients are our bread and butter and the *raison d'etre* of our life. Without them none of us would be there, so any form

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of abhorrence to them and their ilk is a strict No-No. Then I asked if there are other problems they better be discussed and sorted out, which makes for easiness within. I looked up to find her smiling but her big eyes filled with tears! I gently patted her and said nothing to cry about, just handle whatever work you are given one after another.

And so saying, I gave her a dose of – yes (you guessed it) *Arg-nit* 200 and set back to observe.

The day was a busy day, and there were no sounds of things falling or patients shouting!! No crisis situations! At the end of the day, I asked her how was it? Very good, she said. And the other compounder said, I had no difficulty, Vidya worked perfectly today!!

Moral of the story:

So if you want perfection you need homoeopathy!!!!

**3...God won't ask about the clothes you had in your closet,
He'll ask how many you helped to clothe.**