

The Pitfalls of Practice...

INTRODUCTION: *This case is our usual run-of-the-mill case in practice which takes a turn to become complicated. How we can miss it and how to deal with it, is the essence of this presentation.*

Baby A A P, 5yrs, Gujarati, was being treated by us from 22nd Jan 03 with the usual frequent complaint of
 1) Respiratory System - Cold & Cough since Jan 1999, once in 3mths for 4 days, Coryza transparent, A/F DPT Vaccination, <Dust³. She was on Homoeopathic treatment for last 2 yrs. Initially she responded well, but later developed some resistance, so she discontinued from the other Homoeopath and came to me on 22/01/02.

2) Growing Pains, Calf, knees, sole since 2002 <HS-bed time < exertion >massage

3) Skin - Dry, easy scar formation. Wounds do not heal easily, leaves white mark >oil > Glycerine based soap

4) Headache <sun

5) Sleep disturbed since 2 mths 2 am onwards, Light sleep < noise, Dreams of snakes

COMMENTS: *It was a routine case till then and we are giving you all the details we took at our first case taking*

PATIENT AS A PERSON

Tall. TEETH caries²



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PERSPIRATION - nose, upper lip, scalp³
 APPETITE-POOF. THIRST 4 glasses/day,
 CRAVINGS-curd, eggs fried, sweets³, carrots³.

AVERSION - bitter

STOOL & URINE - Normal

MILESTONES-Normal

THERMALS - summer, sun<, Monsoon Likes, Fan-always. AC only in summer -C2H2.

FAMILY HISTORY--Mother-Larynx Nodules

LIFE SPACE-1998-Born in Madras.

Sensitive. Caring of her friends & sister. Avoids conflict. Will give in even if she does not want to. Cannot see her sister cry. Protective - maternal instinct. Interacts with people. Likes music, art, dancing. Spiritually inclined. Religious. Enjoys story telling. Cannot remain alone, wants company. Enjoys dressing up, make up, heeled shoes, *chaniya cholis*¹ - shiny is attractive. Sister is 1 yr younger. Mother was away for 1 week in the hospital for delivery, When she came back, pt was constantly with her; slept in the same room. A month later, she got up in the night, cried for 2-3 hrs; nothing would console her, no reason could be found. Doctor said trauma after new baby and it resolved by itself. Good at studies. But does not copy some details from board, eyes are normal. Anger+, short tempered, yells, sulks, wants consolation, Fear dark³.

RUBRICS SELECTED:

- Timidity
- Caring.
- Consolation Amel
- Fear dark
- Company Amel
- Desire fried, eggs, carrots, sweets,
- Affectionate
- Anger

¹ Traditional gujarati dance dress consisting of a embellished petticoat & a embroidered blouse.

ON THE BASIS OF THE ABOVE: the case was worked out and the remedies chosen for her were:

ACUTE: *Ars-alb*

CONSTITUTIONAL: *Calc-phos*

INTERCURRENT: *Tub-bov 1M*

She had been progressing reasonably on this plan of treatment. Then suddenly on 25/11/03, things were at a crisis. But we did not know that, and we just treated her as a routine case of fever. Symptoms were: 10 am - Fever 25-11-03 103°F cough, ear pain > warm, discharge brown, feels chilly, wants fan, covering.

Comments: Her usual acute seemed to cover the totality and she was given Ars-alb 200 1P=4, 4 hrly 1.30 pm - Ear Pain = 0, Fever > 4.30 pm - Fever 102°F Pulse 130/min, chilly Ars-alb 1M 102°F

(High fever not responding warranted change of potency) stat. Not Better.

Comments: So case reviewed and another acute selected. Hep-sulph 200, 4 hrly,

9.30pm - Fever 103°F *Sac-lac* 4 hrly

26/11/03 6.30 pm Temp 98.4°F Cough³ but frequency >, coryza greenish, sticky. Fever was > then again rose at 3.30 pm 102°F.

Comments: We were on Day 3 and fever was still not responding. So we had to take greater action and investigate.

ESR 54, X-Ray Chest: Rt Paracardiac opacity.

Impression - Rt segmental patch of pneumonitis. Rest N.

Sudden fear of dogs³ and doctors³. Would refuse to come to the clinic, till I talked to her on phone and convinced her to come. My two dogs, whom she had hitherto loved playing with, would now mortally scare her and she had to be held or picked up. All this showed constitutional change. Plus the fever was still continuing after 48 hrs of indicated Acute. So we had to investigate for any serious complaint.

Also by day 3 with these constitutional changes in mind and body, the case was not going to respond to any acute remedy. More drastic action had to be taken. Plus we had to be sure of the constitutional. The case was now reworked. And the constitutional remedy was decided as *Silicea*. On the following basis:

Fearful³

Fear dogs: *Sil¹ Calc²*

Fastidious: *Sil¹ Calc²*

Pneumonitis: *Sil¹³ Calc²*

And most importantly, *Calc* had not held on to the case and had let it progress to pneumonitis. So *Sil* was chosen.

26/11/03 *Tub-b1M 1P HS*

27/11/03 6.30pm Temp 99°F continuous. Cough >. Expectoration greenish but quantity decreased.

Sil 200 1P HS. Sac-lac 200 6P 1P=4, 4 hrly.

28/11/03 Cough >. *Sac-lac*

1/12/03 Cough >50%. Expectoration Thick, greenish. *Sil 200 1P HS*

3/12/03 No fever since 28-11-03, Cough > 60%. Dry, No expectoration. Weakness +. Leg Pain +.

X-RAY CHEST:

Comments: Repeated after 7 days, as all symptoms better.

RESOLVED! opacities noted in Rt lung have resolved. Rest lung fields and pleural spaces remain clear.

Sac-lac 200 7P HS

15/12/03. Better. No fever. No cough. *Sil 200 1P HS, Sac-lac 200 6P. Comments: repeated now to build up immunity.*

CONCLUSION: *Sure it was a zig-zag cure. Probably if we had diagnosed pneumonitis on Day 1 or 2, a remedy like Phos would have taken care of the whole case. But we missed that window, so by Day 3, the involvement of the whole system – mind and body called for drastic action- the anti-miasmatic and the deep acting constitutional- which went deep into the system and healed the patient as a whole.* □