

The Insensitive Sadhu?

SCREENING SHEET DATED 19/07/01 + SCR DATED 21/07/01

Mr YBR 43yrs Occupation: pan shop
 Father: 80yrs Mother: 75yrs Brothers: 5 Sister: 3
 Sons: 3. Daughters: 2

CHIEF COMPLAINT

His complaints started with a boil on right leg about 3 to 4 days back, which has healed now, but edematous swelling of the right leg persists, pitting on pressure and warm to touch. Cord like hard feeling on touch at right lower leg with little brownish pigmentation on calf and hard feeling on lateral aspect of right lower leg. Gradually the Pain++ spread along the whole leg < pressure and walking. Treated with Tab Cifran 3 tabs.

History of fever++ 10 days back with chilliness, which lasted for two days. Ailments from getting wet. Relieved by homoeopathic medication.

PATIENT AS A PERSON

SKIN: No cracks, no tendency to suppuration.

TEETH: Lt. 2nd Lower molar teeth extracted.

PERSPIRATION: Partial- forehead++, odours++, no staining.

APP: Normal, not aggravated by hunger.

Cravings: Green veg.

STOOL: N Urine: N

SEXUAL FUNCTION: Desire++, Frequency- daily once. (H/O 2-3/day)

Duration: can perform intercourse for 1 to 1.5 hours., Ejaculation: N

SLEEP: N Dreams: religious++ (Going to temple for prayers), Ghosts, Daily routine.



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REACTION PHYSICAL FACTORS

No motion sickness.

Headache < sun

Fan: Summer- full, Winter- slow,

Coverings: Summer-nil, Winter-blanket (because fan is on he needs covering)

Woolens: occasionally.

Bath: Cold always, Tepid in extreme winter. C2H2

PAST ILLNESS: Nothing specific.

Addictions: Tobacco chewing: 8-10 times/day. Alcohol: Toddy- rarely.

PHYSICAL EXAMINATION

Temp: 98.6, pulse-80/min, B.P – 140/98, Tongue – mild coated.

P/A- NAD, CVS-NAD, RS- NAD.

Right Leg - Pitting edema, warm to touch, healed lesion of boil. Tenderness++.

LIFE SPACE

Patient is of medium height with slightly obese built. The face is rounded with big eyes, and short hair on head. The clothes were dirty. At present patient is staying at Boisar with his wife, 3sons and 2 daughters and running a pan shop.

Patient was born and brought up at village near UP Bihar border. The family was big. pt was 3rd among 5 brothers and 3 sisters. Now father is 80 yrs and mother is 75 yrs old. Both father and mother used to work on daily wages. Financially the family was poor. It was difficult to run the house. During childhood patient did not have to face any responsibility. He studied up to first standard and left the school as his parents were not able to provide for the education facilities. Patient did not have any Interrsonal reltionhp difficulties with parents or siblings.

Since childhood, patient has belief in God and was curious to know about religious places and religious things. So he ran away from home at the age of 10 yrs. Patient was saying that the financial position was not sound, no sufficient food to eat and he did not have any kind of business (*ladte phirte rehte the*). Patient wandered from Delhi, Patna, Varanasi, Banaras, etc. Patient got acquainted with a group of sadhu's at Benaras and started staying with them and used to do prayers, Bhajan etc. Patient had to do work of washing of clothes, vessels etc. He grew up in this environment. At the age of 20-22 yrs. patient had nocturnal emissions and thought that it is not good so he should marry. After a long period patient returned back to parents. He got married and responsibility came on his shoulders. He started searching for a job and came to Boisar. Initially he worked as a plumber for few years and got a job in a factory. Over a period this factory closed down. Now he is running a pan shop. He also has one hotel, which is well furnished and he wants to give it to someone on rental basis.

Patient has good friend circle and has good reputation in the society. Everyone calls him sadhu maharaj. If he meets any acquaintance on road then they would ask him, "kyo sadhu kaha ja rahe ho?". He always talks on religious matters with friends and sometimes gives religious discourses. Sometimes he has religious debates with friends. He proves how Hindu Gods are great and how they came into existence (Utpatti). Many times he has hot debate with Muslims and Christians and shows them how other religions are formed from Hindu God. He can argue for hours. Whenever there is any religious function in factory then he is called to

sing bhajans. Everyone listens to him peacefully.

Patient gets good sleep and always dreams about God, sees that he is visiting temples and doing prayers, bhajans etc. He also dreams of ghost and also of day today happenings.

Patient's wife is a housewife and they get along well. Patient has strong sexual desire. Earlier he had to do intercourse 2-3 times a day. Now he has sex once/daily. Patient said he performs sexual intercourse for 1-1.5 hours. His wife has to run for stool immediately after coition.

Patient is irritable but rarely gets angry on anyone. Financially patient is capable of feeding his family.

Patient raised many questions regarding the homeopathic history. He started communicating well after understanding the purpose. Later started questioning about physicians family etc. He appreciated homoeopathy, telling that it (Homoeopathy) had disappeared for some-time but it is now coming up again.

OBSERVATION: ITS IMPORTANCE IN PRESCRIBING:

During the interview, patient's son was crying loudly, with running nose. Patient cleared it with his hand and wiped the hand with his own shirts. While patient was walking in corridor his kid was in his lap. The child passed stool on his hand but patient was not at all bothered.

REMEDY: *Sulphur*, naturally One dose of *Sulphur* 30 cleared up the whole case in just 2-3 days. No recurrence.

Our sardarji was filling up an application form for a job. He promptly filled the columns titled NAME, AGE, ADDRESS etc. Then he came to the column Salary Expected: He was not sure as to what to be filled there.

After much thought he wrote: Yes

CHILDHOOD

Poor, large family
UP Bihar border

RAN AWAY 10 yr

PLUMBER

WORKER

PANSHOP

STAY WITH
SADHUS

20 22 yr

Marriage

Celibasy. ↑ sex

BOISAR

Nocturnal

Emission

10 days back fever
with chilliness

A/F; getting wet

D - 2 days

> Rx. Hom

3 days back

Boil on leg

(Rt)

PSORA

SYCOSIS

DIRTY

↑SEXUAL DESIRE

↑ Medium height with obese
built Face rounded with big eyes
short hair.

Perspiration - Forehead:
Odours

Craving - Green Vegetable
< Sun

Sup Venous Thrombophlebitis

RELIGIOUS

HIGH SEXUALITY

EGOISTIC

Irritable

Boasting

DEBATES

Argumentive

Dreams

Tubercular

1. Religious
2. Ghosts
3. Daily routine

19/7/01

Rt. Leg

Pain²

Edema²

Brownish discolorat

Cord like hard feeling

< press

< walking

Patient ---Wife (HW)

5 kids

Sex for hours

Insensitivity

Zero to Hero in 7 Days

INTRODUCTION BRIEF:

On 20-11-03 a patient brought her husband with severe backache since 1 week. On examination—he had a marked scoliosis. His SLR (Straight Leg Raising) was positive³ (just 1⁰; just on lifting the ankle from the examination couch he had severe pain) and then too he just grimaced with pain (Naturally, a 100 kg man certainly could not scream!!!)

We asked for MRI-LS spine which was done the next day and showed: Early degeneration lumbar spondylosis. Small left lateral protrusion L4-L5 contacts existing nerve root and causes mild left foraminal compression. What to do? MRI report called for immediate surgery and release of pressure but I was sure Homoeopathy will work. Anyway he had waited 1 week with Allopathy, so why not a few days more with Homoeopathy, I thought?

We took the case and put him on 4 hourly medication. In 48 hours when he was examined, his SLR was 45⁰. Medication reduced to BD. On Day 4 it was 60 degrees. He could walk comfortably. I still advised him bed rest and said I would examine him on day 7 and then send him to work. No way! Pt went to work straight from my clinic, without asking me or telling me!

On Thursday, Day 7 SLR was NOT POSITIVE. ie there was no pain; only local pain in a minor degree at the L5-S1 region. His repeat MRI was asked but patient has not done yet.

Can you guess the medicine? Here is all the data we

got. (Answer on next page).

FULL CASE

Mr PV 36/M is in advertising, having a sedentary job. He came to me on 20/11/03 with acute severe pain³ in lumbar region radiating to Lt leg since 1 week (13/11/03). 1st day pain was very mild but then increased, making him stay at home since last 2 days. The pain also disturbed his sleep modalities < movement Rt side > rest. > Warm. > Turning Bed. O/E his SLR was positive (1⁰). X- ray showed narrowing of L4 – L5 disc space.

Also C/O Rt & Lt shoulder pain when he is overstressed occurring thrice per wk.

Nose block 1/wk in cold climate.

He carries irregular sleep habits; awake till 2 am; up at 9.30, not feeling fresh next morning.

PATIENT AS PERSON:

APPEARANCE: Tall and obese Ht:6'4". Wt:105.2 Kg. He gained his wt within 3 mths after joining advertising in 1997.

APPETITE: Normal. Acidity++, flatulence < evening.

THIRST: 4-5 glasses/day

CRAVINGS: sweets³, chicken³, fish³, spicy², meat¹.

HABITS: smoking³ (10-15 per day since 12 years. P/H consuming alcohol 2/W stopped since 2 years)

STOOLS: 2-4 day not satisfactory.

URINE: Normal

PERSPIRATION: profuse, non-staining, non offensive.

THERMALS: summer<. Likes winter. Fan: S++. W+. A/ C++. Covering S-. W+. Bathing with warm water in all the seasons.

LIFE SITUATION AND MENTAL STATE: (IN PATIENT'S OWN WORDS)

15/5/1966: I was born in Jammu. Elder of 2 sons. Studied in Public school. Fa was working in a finance com-

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pany. He was transferred to Delhi.

I was an average student. Met Shabnam in college and fell in love.

1989: Gave combined Defence service exams just to help his brother in Science Subjects but topped. I was not really interested so did not join. Problem in getting married was that I was not earning. I never could stick to any one job. So both the families were worried. I was in Calcutta. Family pressure on my Girl friend to get married to someone else. So we decided and got married and then declared it done at home. How parents called us back and got the marriage socialized. Her family accepted in 1 month. My Mother compromised but my Father took 2 yrs.

2nd incident of stress was in 1994 when I started a new business in Calcutta. There was severe financial crisis. I was alone in Calcutta. Wife was in Delhi. There was complete numbness and blankness in the mind. Depression, nervous breakdown. Wanted to be alone, went into withdrawal, didn't go to work. There was desperation, frustration. Became irritable, shouted at trifles. Talked to myself.'

He took treatment for bipolar disorder, was given anti-depressants which stopped on his own since he realized that he was becoming drowsy.

TREATMENT:

1997 went to Delhi, though still not mentally well. Still drinking. Then realized he must come out. Thought of joining the theater.

Today in 2003, attacks of depression feeling still continues periodically. At those times, does not feel like interacting with people. Feels gloom around himself watches TV < evening. > next morning. > busy. Can not focus on reading. He felt that amount of work which he should have, was not there. There is a habit of over-commitment and over-achievement.

Mentally he is introvert, opposite to his wife. He talks only to selected people. Irritable³. Anger violent. < contradiction. Rebellious. Reserved. Fear of authority. Obstinate. Spendthrift—does not plan for future. He also had rejected feeling. Lazy³.

RUBRICS SELECTED:

- A/F financial loss
- Anger violent
- < contradiction
- Reserved
- Obstinate
- Rejected feeling.
- Squanders money
- Laziness
- Smoking
- Prolapsed disc

DATE	SYMPTOMS	TREATMENT
20\11\03	BP 140/76, wt 105.6 SLR 1	<i>Nux-v</i> 200 7P, 1P=4
22\11\03	>40%. MRI shows a small lateral protrusion of L4-L5 disc, compressing the nerve. Today pt does not limp. Uncomfortable to sit. SLR 45 ⁰	Ct all
24\11\03	>60%. SLR 75 ⁰ .	<i>Nux-v</i> 200 7P HS
27\11\03	Pain> ¹ .	<i>Nux-v</i> 200 2P HS
6/12/03	Cold since today with nose block. >2. SLR 80. can walk for 10 meters at a stretch. C/O cold with nose block since 28/11	<i>Thuja</i> 200 1Dose <i>Nux-v</i> 200 7P HS
Still Under	Observation. Repeat MRI to be done. Will report in next issue. Anti-sycotic Anti miasmatic remedy required.	

