

HOMOEOPATHIC TREATMENT OF SURGICAL CASES IN A HOSPITAL

DR. DINIAR MISTRY
M.S.

Solapur. Tel-23070

Case No - 10

SUBACUTE INTESTINAL OBSTRUCTION

Regd No- 3874.
Name of the patient:- Krishnabai Venkoba
Female aged- 55 year.
Date of admission. 15/5/74
Date of discharge. 18/5/74

C/o 1) Upper abdominal spasmodic pain, not radiating, associated with vomiting since one day. H/o 17 to 18 vomits on 14/5/74 containing mucus.

2) Constipation since 2 days.

Past history - Under psychiatric treatment for anxiety neurosis following death of her husband 6 months back.

CLINICAL FINDINGS-

- a) Generalised abdominal distension.
- b) Vague tenderness in upper half of abdomen.
- c) No rigidity.
- d) Bowel peristalsis visible occasionally.

CLINICAL DIAGNOSIS - Subacute Intestinal Obstruction.

MANAGEMENT - Ryles tube aspiration. Flatus tube. I V fluids.

HOMOEOPATHIC DRUG - NUX.VOMICA-30 in water given hourly.

16/05/92- Distension less by 3". Stool passed. IV fluids and aspiration SOS. Rx. Nux Vom-30 3 hourly

17/05/92- No pain. No distension. Urine and stool passed. Oral fluids started. Rx. Nux Vom-30 tds. Pt discharged on request.

Follow up- Patient was seen in outdoor a month later. Abdomen was soft, not distended but bowel peristaltic movements were still seen in lower abdomen through a very lax abdomen. She was advised elective operation but refused.

AUTHORS-COMMENTS -

NUX VOMICA was chosen only on the basis of its spasmodic and colicky pains. Its action was seen almost within 6 hours, the stools having passed and abdominal distension relieved progressively.

**APPENDICULAR MASS FOLLOWING
AN ACUTE ATTACK OF APPENDICITIS**

Regd No- 43
Name of patient- H. A. Latif
Female aged- 35 year
Admitted on- 22/6/74
Discharged on- 4/7/74

26/6/74- Size of lump less,tenderness less.
TPR- normal. Rx.Bryonia.200 tds for
3 days.

29/6/74- Pulse 70/min. Lump half the size,well
defined with much reduced
tenderness.Rx.Bryonia-200 twice a
day and Vitamin C 100 mg daily.

C/o-Pain in right iliac fossa since 8 days.
Pain in umbilical area with vomiting; some
treatment taken elsewhere.

2/7/74- Lump about 1"*1", not tender.
Bryonia-200 once daily.

CLINICALLY-

4/7/74- TPR - normal. No lump. Bryonia
omitted. Patient was given a dose of
Sulphur 1 M to be taken a week later.

- a) Abdomen soft-no rigidity
- b) Vague lump about 6" * 4" extending from
right iliac fossa to hypogastric region and
crossing midline. Lump has ill defined
margins and some what tender.
- c) peristalsis normally heard.

Pulse- 100/min.
Blood ressure- 106/76.
Temp.- 37.6 c

AUTHORS COMMENTS-

*A typical case of appendicular mass.Bryonia is
invariably a near specific in such cases.I have
used Bryonia from 30 potency upto 10M in all
such cases at least;and cases before this and
have invariably seen that the lump regress.In
certain cases however interpolation of Sulphur
in between helps for faster resorbtion of the
lump.On discharge Bryonia is usually followed
by a dose of Sulphur*

CLINICAL DIAGNOSIS - Appendicular mass
following acute attack of appendicitis.

INVESTIGATIONS - WBC -12600/cu.mm; P-86,
L-12, E-2, Hb-58%.

HOMOEOPATHIC DRUGS - BRYONIA-200 QID
started on 24/6/74. Vitamin C 100 mgms. daily
was the only other medicine given.

**RIGHT SIDED CEREBRAL COMPRESSION PROBABLY SUBDURAL WITH
PYOGENIC MENINGITIS.**

Name- Meenakumari Jadhav.

Regd No- 4697

Female child 3 year.

Admitted on 12/6/74

Discharged on 20/6/74.

This three year old girl was admitted on the pediatric side with the history of a fall 6 days before admission. Subsequently the child was said to have been unconscious for 24 hours. Regained consciousness for a day and then regressed to a semiconscious state. Before referring to my unit the child was treated by another unit with-

- a) Cryst. Penicillin 5 lacs 6 hourly.
- d) Streptomycin 1/2 gm O.D.
- c) IV Mannitol-100 cc.
- d) Paraldehyde 4 cc
- e) Blood transfusion-150 cc
- f) Inf Mag Sulph 2 cc twice a day.

INVESTIGATIONS DONE - CSF report on 12/6/74 revealed

- a) **Turbulent fluid**
- b) Cobweb appearance
- c) 220 mgs. proteins (raised)
- d) 640 mgs. chlorides (Normal)
- e) Sugar decreased

f) cells 1132/cmm, predominant cells-polymorphs.

The following was the condition on the day of transfer to my unit.

Patient Semiconscious, responding to deep stimuli only. Blood pressure- 130/80. Pulse-180/min. Right pupil dilated not reacting to light. Left pupil normal sluggishly reacting. Reflexes- Both plantars extensor and knee jerks exaggerated. Tone increased in all limbs.

Other signs - Black eye right side with a triangular shaped subconjunctival haemorrhage and a healing abrasion rt. frontal region.

Clinical Diagnosis - Right sided cerebral compression probably subdural with pyogenic meningitis.

Management - It was decided to trephine on the rt. side as soon as the pulse had settled. Meanwhile the standard allopathic treatment outlined before was continued.

Homoeopathic Drugs - Arnica 30, Hypericum 30, Natrum sulf 30 globules mixed and added to a big glass of water. Half of teaspoonful of this was continued every 15 minutes for 6 hours and rest of allopathic medicine continued as usual.

12/6/74-9.30 p.m. 3 hours after starting the above mixture the right pupil began reacting to light. Operation was postponed.

-12 midnight-pulse 160/min, pupils reacting but right still dilated.

13/6/74- 8 a.m. The above mixture was then given half hourly and condition had further improved. Pulse- 140/min. Right pupil less dilated than previous night and sluggishly reacting, left pupil normal.

Patient is calmer, not irritable & responding to stimuli. Both plantars still extensor

IV fluids, mannitol and Cryst. penicillin and streptomycin continued as above. The homoeopathic mixture given hourly.

14/6/74- Pulse and the pupillary signs the same but level of consciousness better and the plantar Babinski reflexes were not extensor in response. Allopathic drugs same as 13/6/74 plus 100 cc transfusion. Homoeopathic mixture of Arnica, Hypericum and Natrum sulf given 2 hourly.

15/6/74- Patient became conscious. Pulse 140/min. Urine and stool passed. Right pupil a trace more dilated than the normal left but reacting nicely to light stimulus.

Allopathic drugs- antibiotics only as before and Vitamin C 50 mgs daily. Homoeopathic above mixture 4 hourly.

16/6/74- Pulse-130/min Both pupils equal and reacting to light. Patient fully conscious. Same allopathic and homoeopathic drugs continued.

17/6/74- Condition same.

18/6/74- TPR normal. Pupils rt. still a bit dilated otherwise normally reacting. Antibiotics omitted. Patient on full diet. Homoeopathic above solution three times a day.

19/6/74- Condition same except for slight pus discharge from venesection wound. Homoeopathic solution given twice a day only till 23/6/74.

24/6/74- No pus discharge from wound. Almost equal pupils both sides. Patient fully conscious sits and walks. No drugs allopathic or homoeopathic and patient discharged.

AUTHORS COMMENTS-

This was obviously a surgical case complicated by the fact of a positive CSF report on admission. The cause was in all probability a clot compression on the right side. Though the typical lucid interval was seen on admission a feature more seen classically in the extradural haemorrhage, the pace of the symptoms were more slower suggestive of subdural compression. After starting the homoeopathic solution of Arnica, Hypericum and Natrum sulf the first change noted was the improvement of the right dilated pupil. On this alone it was decided to postpone the trephining. Arnica was selected on its well known anti traumatic action, Hypericum because of the brain injury and Natrum sulf added to counter act any oedema and swelling of brain tissue. Doubtlessly a single remedy alone initially might have been used but I preferred to give the three mixed together and the dramatic improvement in the

course shows that this line of giving did work more remarkable, as the CSF report on 14/6/74 was normal. Of course the antibiotics were here and this did help but the pyogenic meningitis becoming normal in 2 days as judged by the CSF picture would only mean hastened vitality by the use of the homoeopathic remedies. The subsequent restoration to normal consciousness on 15/6/74 that is just on the fourth day only indicated the rapidity by which whatever the cause of the compression was resolving. A mere cerebral oedema can not be the cause of the girl's initial condition on admission. In allopathic medicine that a clot compression can be resolved is almost an unheard of possibility. That it did so in this case

must be solely due to the homoeopathic remedies. It must also be pointed out that the dynamic action of the homoeopathic remedies was no less in spite of the antibiotics and other allopathic medication which was given simultaneously. It must be stated that in my experience this is the first case of such a type. This does not mean that all cases of cerebral compression can be so treated constant. Supervision and observation of patients condition very frequently must decide the advisability or otherwise of a trephining intervention which in any case would not contraindicate the use of homoeopathic remedies both before and after trephining.

Case No.13 MULTIPLE STAPHYLOCOCCAL ABSCESES.

Name of patient- Damayanti Bhamare.
Regd No- 4461
Female ward
Admitted on 5/6/74
Discharged on 28/7/74

Patient admitted on medical consultant side with history of

- 1) Bodyache last 15 days.
- 2) Oedema over legs since 4 days.
- 3) Fever since 4 days

Findings on admission

- 1) Muscles painful and tender especially on buttocks and legs.

- 2) Pulse 100/min. BP-110/70
Clinical diagnosis polymyositis.

Allopathic drugs given were Tendril Asprin & Tab Prednisolone with Vitamin C & B.

On 19/6/74 patient was referred to me for surgical opinion after above treatment given for two weeks almost with no change in temperature or patients condition. ESR done on 10/6/74 is 90 mm .

On 20/6/74 a large left sided gluteal abscess was incised and a kidney tray of pus drained.

Homoeopathic Symptoms on 20/6/74- Patient was fair and plump. Sweating all over with weakness and with slight breathlessness on walking, looked pale.

20/6/74- WBC count - 18800/cmm. Rx. Calc carb - 30 QID with Vitamin C 500 mgs QD.

22/6/74- ESR-70 mm after one hour.

24/6/74- Another abscess in lumbar area drained and right sided neck swelling which was an abscess aspirated. From this aspirated pus no pathogens were isolated. My notes on 28/6/74 read-

Condition improving patient not toxic but runs a mild pyrexia in evenings. Appetite-good and tongue clean.

1/7/74 -WBC count-11400 /cmm. Hb-44%
Rx. Calc carb 30 given BD with vitamin C 500 O.D.

On 3/7/74- Swelling on the right side of neck root incised and few cc pus drained. Pus culture showed Gram positive Staphylococcus coagulase sensitive only to colistin, Kanamycin, Framycetin and Garamycin.

On 5/7/74. Silicea 6x QID started and Calc carb omitted.

From 5/7/74 to 10/7/74 temperature was normal but pulse rate was still 100/min.

On 15/7/74 WBC count 11000/cmm

On 18/7/74 All incised wounds were clean with minimum discharge. Puls 80/min. Rx. Silicea 6x continued twice a day.

On 29/7/74- All wounds had almost healed and all drugs were omitted. Patient discharged.

AUTHORS COMMENTS.

A case which was medically diagnosed as Polymyositis and given Corticosteroids and tendril with Vitamin B injections turned out to be a case of Multiple Staphylococcal Abscesses. On admission to my unit all above drugs were stopped except Vit C and Calc carb initially selected with the idea of absorbing the pus from those sites which had not been drained and also because she appeared to have Calcarea symptoms. Calcarea certainly prevented new abscesses from appearing and distinctly improved her general condition. After the last abscess in the neck was incised Silicea was given in order to throw out whatever abscess material was still there in the cavity and then dry up the discharge. Silica in low potency can give rise to newer abscesses, so it was not selected as the first remedy but as the follow-up remedy for Calcarea. It is to be noted that this case improved without any antibiotics which were in fact completely stopped once the patient was on homoeopathic drugs in my unit.

Case. No.14

DRY GANGRENE OF LEFT GREAT TOE.

Name- N.V.Jadhav.
Regd No- 4712. Male-30 years of age.
Admitted on 29/6/74.
Discharged on 20/8/74
.Address- Niwli Tal. Latur.
Next of kin- Walkamma Nagnath Gaikwad,
limaye wada , Solapur.

Patient admitted with history of injury to left leg a month back. Swelling over great toe developed. Later on ulceration appeared over dorsum which went on spreading and burrowing till the present size. H/o- Tobacco chewing and Beedi smoking 20/day since last 15 years.

Local Examination-

- 1) Dry gangrene of left great toes, 2nd and 3rd with 2" x 2" ulcer on dorsum having purulent discharge, unhealthy edges and slough in the floor.
- 2) No pulsations at all in dorsalis pedis and post tibial and popliteal arteries. Femoral pulsation, present.
- 3) Normal pulsation present in right limb.
- 4) Other systems normal
- 5) Severe pain in affected foot.

Allopathic drugs-

- 1) Streptopenicillin 1 GM daily given for 8 days with Vitamin C 500 mgms. daily.
- 2) Local dressing with pure Calendula.

Patient was posted for lumbar sympathectomy, but operation was cancelled as patient's blood group A Rh -ve not available.

- 7/7/74-** Antibiotics omitted. Hot and cold test in two test tubes over the area adjacent revealed relief of pain by hot test tube. Rx Arsenic alb 30 QID started.
- 17/7/74-** Ulcer improving on dorsal aspect and pain in calves decreased.
- 26/7/74-** Ulcer reduced in size, pus minimum, clean edges and granulation to the ulcer with epithelium and contraction in size of ulcer seen. The two dry black stumps of the 2nd & 3rd metatarsals visible in the area.
- 28/7/74-** Arsenic 30 morning and noon, & Sulphur-30 evening and night.

5/8/74- Epithelium in ulcerated area had crept upto the metatarsal bones. Pain only at night and less in intensity.

6/8/74- Kept for excision or disarticulation of the two gangrenous bony metatarsals. Patient given spinal and while cleaning the part by Saline swabs the two bony pieces snapped off very easily at the level of the floor of the ulcer. Further operative procedure was thus cancelled. Rx. Arsenic & Sulfur continued but only one dose of each given.

8/8/74- Clean granulation visible over the site where the bone was. The ends of the bone no longer visible.

16/8/74- Wound i.e. ulcer very healthy looking. Granulation normal in size and reddish ulcerated area now only 3/4 inch in size. Patient does not complain of pain in ulcerated area. Pulsations in vessels of affected part same as on admission i.e. only femoral present.

20/8/74- Kept for skin grafting over the small ulcer area but patient refused and discharged on request.

The organism from the wound swab taken on 30/7/74 showed proteins vulgaris resistant to all antibiotics except Kanamycin & Garamycin.

COMMENTS-

This case of T.A.O or Burger's disease was due for two major operations, one a sympathectomy and another an above knee amputation. The former was postponed due to non availability of

blood . Antibiotics initially were given only for 8 days. However throughout the subsequent course he was on arsenic 30 initially and then arsenic and sulfur. Arsenic was selected on his basis of being better by heat and Sulfur I usually interpolate with other drugs or give it independently also. I have seen it improve the granulations in any ulcer, and I believe helps in raising body resistance. Nature in this case had almost done the amputation of the metatarsal stumps needing only a brisk cleaning. (pre-operative) by me for the final falling off.

The patient has not yet come for the followup. Another important finding was the marked improvement in pain while on Arsenic both in the calves and in ulcerated area.No pain killer allopathic,no antispasmodic and no vasodilator were given through out patients stay only homoeopathic drugs except for antibiotics during the first week only. Certainly in this case the homoeopathic drugs so improved the local part that an above knee amputation which otherwise would have been surely done was avoided.

Case No.15

SUBACUTE INTESTINAL OBSTRUCTION DUE TO ROUND WORM

Name- M.B Zipane,
3 year old female child.
Admitted on 10/7/74.
Discharged on 1/8/74.
Reg No- 5589.
Address- Umarga.

Diagnosis - Subacute intestinal obstruction due to round worms.

These were the notes of pediatric house physician who also noted that there was a rash all over body.

Investigation- X-ray multiple fluid levels in the abdomen.

C/o Pain in abdomen and constipation since three days. H/o antihelminthics drugs given before this but no worms had passed. No vomiting throughout.

Physical findings - Restless, poorly built. Pulse 160/min. BP-104 Systolic.

Tongue moist.coated and dehydrated. Per abdomen-Lump felt in umbilical right lumbar and rt iliac fossa.Size 6"-4"; tender,ill-defined edges not moveable and dull note on percussion, no spleen or liver palpable.Rest of abdomen tense slightly,distended but peristaltic sound heard.Per rectal exam-Nad.

Treatment given in the pediatric unit was Ryles tube aspiration ,IV fluids and Cry Penicillin Inj.Patient was referred to me on same night at 10 p.m. My note agreed with the previous findings except that lump size was about 4.5* 2.5 inches. Treatment given was that allopathic streptopenicillin was omitted,aspiration and IV fluid continued.

Homoeopathic treatment-Nux Vomica-30 in water given every 15 minutes for 8 doses then hourly.Operation that night was considered but postponed due to the condition of the patient the pulse rate was being very fast 160/min. Within three hours of Nux vomica the pulse rate

had dropped to 140/min. Rest of abdomen remained same.

11/7/74- at 5.30 a.m. with the above line of treatment the pulse had dropped to 120/min. There was still greenish aspiration through Ryles tube. Patients condition improving. Bowels sound heard all over abdomen. Signs of ascitis in the abdomen. At 5.30 p.m. motion were passed, yellow liquid and loose. Nux vomica was continued two hourly the lump in abdomen however was of the same size.

12/7/74- Three round worms passed in stools, aspiration and abdominal distension was less. Size of lump more well defined. Temp-102 F. Nux vomica omitted and Pyrogenium-200 given two hourly. WBC-11000/cmm.

13/7/74- No temp. Pyrogenium omitted. Size of lump appears less. IV fluids with oral fluids continued. No homoeopathic medicine.

14/7/74- Lump size 4*2 inch. Right sided from rt lumbar, rt iliac fossa and crosses mid line extends to Lt. iliac fossa, well defined edges slightly tender. Rest of abdomen nad. This lump did not now appear to be only due to round worms. Its very tenderness suggests inflammatory peritoneal bowel mass. Hence Bryonia 30 BD started.

15/7/74- WBC-11800/cmm. Hb-60%, Condition same.

18/7/74- More round worms were passed. Tongue was coated white. Thirst was there. Distension was less.

19/7/74- Condition further improved. Lump decreased in size, no fever.

25/7/92- Bryonia only once a day. However patient showed irregular bouts of pyrexia at evening time.

26/7/74- Hepar sulf 30 started.

28/7/74- No fever.

30/7/74- Abdomen soft. Lump 2*1 inch.

1/8/74- No fever. Mass hardly felt. Stools normally being passed. Child eating well and moving about. Pt discharged.

COMMENTS-

This case was managed throughout by homoeopathic remedy, though of course supportive treatment like IV fluids, aspiration etc. were given. Originally the lump and symptoms suggested round worm obstruction as the cause of the lump. The response initially to Nux vomica a standard remedy in the beginning of obstruction was good and pt. passed stools next day and pulse rate dropped to within normal limit a few hour after Nux. Subsequent examination of the abdomen made it more probable that the lump was mainly inflammatory and not due to round worm hence Bryonia which is good for serous inflammatory swelling before actual pus has formed was started. However it was only after Hep Sulf had started that child's temp. settled and the lump became smaller and vague it was almost not felt at the time of discharge of the case.

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APPENDICULAR MASS OR ABSCESS?

Patients name- Bismillah Munde.
 Female- 40 yrs.
 Regd.No. 7430.
 Admitted on 30/8/1974.
 Discharged on 28/9/74.
 Add- H.No.463, near Diwani court
 Pandharpur.
 Brought by Shantabai Amin Shaikh.
 S.Y.Chawl, Sholapur.

9.9.74. lump-1" x 1" shown to another surgical consultant, lump firm. Bryonia omitted. 7.9.74. to 11.9.74. no medicines.

Very firm remnant of lump felt on deep palpation in RIF. RX, calc.flour.12x od.This was given upto 25.9.74.

26.9.74. lump hardly 1/2" x 1/2". felt like a small lymph node in RIF. no other complaints. Pt. discharged on request on 28.9.74.

C/O-Pain in abdomen for last 15 days. Pain confined to RIF & increasing since 2-3 days, no vomiting or constipation.

O/E- 4" x 2" lump at Rt. iliac fossa tender with firm margins. Second degree uterine prolapse. Pulse-94/min.temp-37.4C.

Provisional diagnosis- Appendicular mass? / abscess?

Treatment started 1B, 400/200. WBC. count 18,400/cmm. tds with IV fluids.
 31.8.74.

2.9.74. Pulse-84/min. Lump size reduced to 3" x 2".RX.Bryonia 200 bd.

4.9.74. Tenderness & pain over lump much less.size 2" x 2". stools passed. 6.9.74 .lump size-2" x 2". Pulse-68/min. Referred to the gynecologist for consultation of uterine prolapse. Adv-surgery for prolapse. WBC. count-9800/cmm.

COMMENTS-

Once again a typical appendicular mass was given BRYONIA. The question was whether this was a mass /an abscess. If it was an abscess would BRYONIA still work? Pt.had came 15 days after attack had temp., on admission had a raised WBC count & it looked clinically more in favour of an appendicular abscess than a mass.Yet BRYONIA gave excellent results.Subsequently Cal.flour.was selected instead of Calc.carb.which would have been otherwise given because the lump was very hard & also because of associated uterine prolapse.Since discharge Pt.did not turn up for follow up for the prolapse.

* * *

Dr. Diniar Mistry. M.S.
 Consulting Surgeon & Homoeopath
 46, Railway lines, Solapur. Tel - 23070

Case No.17

GANGRENE OF LEFT FOOT

DR. S .R. WADIA

M.B.B.S.(Bom) F.F.Hom.(Lond)

D.HT.(U.S.A.) F.I.H.A.(U.S.A.)

Name - Mrs. S
Age - 75 years

I saw this patient as an urgent case in April 1969, Sunday evening. This case was given up by the surgeon and an urgent operation was advised. She had gangrene in the last toe of the left foot, the foot and the heel were also of a purple colour. The whole left leg was cold to touch and there were no pulsation she complained of a pain as if the foot was bandaged tightly and it was very painful she was not able to wear the slipper in her foot. A file was shown to me with prothrombin time of blood and lot of Anticoagulants were given. She was determined not to have an operation as an amputation from the hip was advised. Lachesis 200, 3 doses were given on 4/4/69 as there was no improvement

the remedy was repeated after one week. Later on Lachesis 1000 was given, after a week the little toe became more painful and burst with a lot of dark foul blood it was dressed with Calendula the pain, swelling and discolouring also improved. The leg that was cold was now better, same thing happened to the fourth toe that also burst. The patient felt better within a fortnight and was able to walk after a month, this unusual case was shown to a surgeon with no effect. The patient lived for about 5 to 7 years in absolutely good health This shows the power of the homoeopathic remedy.

The remedy was selected on the following basis

- 1) side left
- 2) colour of skin purple
- 3) sensation of constriction

Case No. 18

FISTULA IN ANO

Name - Mr. K. PNN.
Age - 72

A case of Fistula in Ano since 1955. Was given 24 injections and was repeated again in 1973. Was treated by a Homoeopath who gave Silicea 200 to no effect.

- 1) When I saw him on 17/11/1978, he had five openings round the anus from which pus and blood was oozing with slight pain. Surgery was advised but it was not done.

- 2) Past history of Hydrocele operated; Cataract both eyes removed but vision very poor. Vaccinations and inoculations + +
- 3) Family history of maternal aunt and uncle T.B. Mother- chronic cough.
- 4) Wt.-49 Kgs.
- 5) Hot patient

The patient was in a very poor condition of health and was desperate to get well. His son was in U.S.A. and though he very much liked to

visit him, he told me that instead of sending him to States, to send him up to God because there was very little hope of getting well.

- 17/11/78 Thuja-10m, 3 doses
- 05/12/78 Very slightly better Bacillinum 30, 3 doses
- 19/12/78 Discharge less Floric acid 30, continued for 2 months.
- 02/04/79 Patient better but still pus & blood is coming out Bacillinum 200 (2)
- 02/05/79 Patient examined again. Opening smaller and only two in number Floric Acid 200 (3)
- 21/05/79 Still better Floric Acid 1M (3)
- 06/06/79 Slight bleeding with pain from fistula Bacillinum 1M (3)
- 08/04/80 Though patient was better 2 openings persisted with discharge of pus Tub Bov 10M.
- 30/07/80 Patient is very much better for the first time and only one opening is seen other four had healed up.
- Berb Vulg 30 was continued for 2 months which was upgraded to 200 1M 10M & 50M with excellent results.
- 20/01/81 Better all openings closed. Medicine was discontinued.
- He is settled in U.S.A. we talked on phone when I was last in the States

for the International Hom. Conference.
5 years back.

Re:-A Tip Berberis Vulgaris

Please see Pages Nos. 242-243-Lectures of Materia Medica by Dr. Kent.

"Tearing extending around the anus. Herpes around anus. Fistula in ano." Now the Surgeons nearly all advocate that if there is a fistulous opening around the anus it must be operated upon. Homoeopathy cures such cases. I have not operated on one for twenty years. If fistula is closed up, and the patient is leaning towards phthisis he will develop phthisis; if he has a tendency towards Brights disease; then he will develop Brights disease. This remedy has been found very useful for patients who have been operated on for fistula in ano.

EDITORS COMMENTS -

For me to comment on Dr Wadia's cases would be akin to blasphemy. Note the remarkable effect of Lachesis that saved the patient's limb. Also note how methodically Dr Wadia has given his medicines in sequence for the fistula case! First he counteracted the vaccine miasm, then the tuberculinum nosode on basis of TB on maternal side. This was followed by Fluoric Acid which is complementary to Silicea if the patient is hot. Tuberculinum was again interpolated when Tuberculinum seemed to act incompletely. Finally Berberis V-a remedy I would not have thought of ordinarily was given for nearly 3 months and it cured the case completely.

Dr. S. R. Wadia, Consulting Homoeopath.
Alipur Building, Colaba, Bombay.

Case No.19
A CASE OF COLITIS

Dr. Uttareshwar Pachegaonkar
GCEH (Bang'r), Ambajogai.

Patients Name. SSC
Aged- 30 years on 16 March 89.
 Office clerk in marketing
 organisation.

Presented himself with complaints of loose motion. Mucus with stool, since a dysenteric attack in th monsoon before 14 years. Early morning looese motion waking him from sleep. Semisolid stools with mucus with prolonged tenesmus and undone feeling. Foul smelling stools. Bowels urging after every spell of eating or drinking < morning, < heavy food. Epigastric pain-drawing, burning, pressure. > Rumbling sensation in abdomen on eating or drinking > by passing stools. There has been persistent loss of weight of 8 Kgm. in one year despite regular diet and allopathy.

Headache-dull aching -frontal and vertex > by vomitting. Nausea and retrosternal burning > induced vomitting. Nausea and retrosternal pain < by sour food and Dal food.

Appetite good, hunger tolerable, has desire for spicy food and meat. Dreams of office job and business. Family history of father having hypera cidity.

Anticipatory worry. Angered easily, can not express his anger always. Married before 10 years. Burning at anal end-vague, on passing stools. Eructations empty < after passing stools. Frequent micturation evening and night and < excessive intake of tea. Diabetes mellitus has been ruled out. Mild gentle working young

man. Sweating with oily face. Thin active speech. Has been diagnosed and treated by Allopaths as Amaebic colitis or irritable colon syndrome case.

First prescription given - Tuberculinum
1M. single dose followed by Hydrastis can. 30 tds/7 days.

13/04/89 Passes mucus with stools of foul smell. Tenesmus is less. Had no abdominal pain above umbilicus in last three weeks. No spell of nausea and vomitting. All other complaints persisted along with apprehension of recovery.

Treatment :-

Merc sol. 30 tds/4 days with Natrum phos 6x 2tds/2 weeks.

08/05/89 Eructations after passing stools. Flatulance with discomfort by stools. Rumbling in abdomen & profound weakness.

Treatment - Arg Nit 200 QID one day. Biocomb
No. 25, 2tds.

17/07/89 Stools frequent urging with much foul smelling mucus and constant tenesmus by passing stools. Nausea and vomitting by induced vomitting. Sleeplessness due to over thinking.

Treatment : Nux Vom 200 HS/5 days.

14/09/89 Mucus with stools by eating fresh roasted maize grains and cucumber. Blood and mucus with cadaveric/foul smell. Twitching in abdomen.

Treatment : Merc Sol.30 QID/2days Biochemic comb No.9(sos) in water.

02/10/89 Stools well formed. Epigastric burning. Pain along spinal column. Sound sleep, fidgety of feet while sitting (Noted in Clinic) Eructations and flatulence + +.

Treatment : Lycopod 30. tds/2days.

22/11/89 Well formed stools with urgent desire soon on waking from sleep. Rumbling and flatulence with discomfort in abdomen.

Treatment : Sulph. 200 single with Aloe Soc 30 (sos) for loose motion.

20/12/89 No burning at anal out-let, little mucus with stool.

Treatment : Sulph 1m single dose.

11/01/90 Had developed polyuria of severe type since last 15days hence was admitted in Govt.Medical college Medical ward. Patient was passing profuse amounts of urine. Diabetes mellitus or Diabetes incipidus were ruled out and the old diagnosis of irritable colon syndrome/Ulcerative colitis was confirmed.

Treatment : Merc Sol 6.2drops tds in water.

14/01/90 Same as above

Treatment : Acid phos 30. 5 drops tds in water for two days.

24/01/90.Frequency of urination subsided. Profound weakness.

Treatment : Acid phos 30.tds for 1 week.

06/04/90.Weight gained.Little mucus with stools.No foul smell.Tenesmus less.Stool well formed.

Treatment :Green wheat grass juice/Acid sulf 30. tds 1 week.

30/04/90.Stool well formed Headache,heavy feeling.

Treatment: Aloe soc.30 tds.,Vit.C.500 mg BD 1 month. Vit.E.200 mg OD 1 week followed by Vit .E.400 mg OD 2 weeks followed by Vit.E.600 mg OD/4 weeks.

22/05/90.Tingling in limbs after prolonged rest. Stools well formed. Heat in general. Sleeplessness.

Treatment : Syph.1m.single dose. Acid sulf. 30.tds 1 week.

07/06/90.Improving with weight gain,and solid well formed stools.Sensation of heat in anus.

Treatment : Sulph.30.OD morning for 3 days. Vit. E. 400 mg. OD/2 weeks. Vit.E.200 mg. OD/2weeks.

21/06/90.Same as above.

Treatment : Sulph.200.single dose followed by Hydrastis can.30.tds/1 week.

01/08/90 Improving Treatment:- Green wheat grass juice.

AUTHORS COMMENTS:-

Above patient responded very well to Merc sol.in the whole course of treatment.I still

wonder why there was an attack of severe degree of polyuria without any apparent reason. I could not judge whether it was because of untimely use of Sulphur 200 and Sulph 1M in consecutive prescriptions or it was a favorable crisis the organism has undergone resulting into cure. Any way the credit of full cure goes to the patient for his complete recovery as he stuck on to homoeopathy inspite of acute episode of polyuria for complete one week.

EDITORS COMMENTS:-

This is a very difficult case to begin with as there are no clear cut symptoms given by the patient. In such situation one has various choices of approach-

- a) begin with a nosode most appropriate to the case as Tuberculinum in this case.
- b) begin straight away with any polychrest antidote to the allopathic medicines like Nux vom, Pulsatilla etc.
- c) go on the causation-which in this case was a dysenteric attack in the monsoon. That could come to Natrum sulf or Rhustox even Dulcamara.
- d) go according to his pathological level of diagnosis i.e. amaebic colitis and begin with Merc sol or Thuja.
- e) give a single dose of Sulphur 30 & await unfolding of symptoms.
- f) give placebos and observe again for a week.
- g) get whatever symptoms are available and repertorise and see what comes.

Just for the sake of finding out if any drug came I selected a few rubrics and repertorised from Phatak, Kent & Barthel.

These were-

- 1) Eructations empty with
- 2) < after stools
- 3) Desires spices
- 4) Diarrhea, waking with urging
- 5) Diarrhea indiscretion < (for heavy food <)
- 6) Anticipation <

The two highest that came out were Sulphur and Phosph.

If his condition relapses I feel he might do well with Phosph 200 or 1M with an intercurrent Tuberculinum after that.

The profuse urination episode is really unexplainable.

Details of repertorisation done briefly.

- 1) Eructations empty, after stool < [Ph 327] -Bry 1, Calc 1, Caust 2, Car V 2, Con 2, Merc 1, Merc cor 2, Graph 1, Phos 2, Sel 1, Sil 1, Sul 1.
- 2) Desires spices [Ph76] Ars 2, Chin 2, Hep 2, NV 1, Phos 2, Puls 1, Staph 1, Sul 2.
- 3) Diarrhea, urging on waking [K621] Grap 1, Lyco 1, Phos 1, Sul 3. etc.
- 4) Diarrhea indiscretion <, [for heavy food, K624] Aloe 2, Ars 2, Bry 2, Carb v 2, China 2, Colch 2, Iod 2, Ip 2, NV 2, Petr 2, Phos 3, Acid phos 2, Podo 2, Psor 2, Puls 3, Sul 2.
- 5) Anticipation, < [Barthel 54] Calc 1, Gels 2, Phos 3, Tub 3, Arg nit 3. **Sul 10/5, Phos 12/6.**

Phos also fits in the burning anal area plus epigastric and retrosternal burning. Phos also fits into the picture of mildness and gentleness, thin build and active young man.

A CASE OF PSORIASIS

Patient's Name Sulabha

Aged 14 years on 30 th Jan 89.

She presented with complaints as below. Psoreatic eruptions. Diffused skin lesions on whole body since 3 years. Eruptions had distinct red margins with thick white scabs peeling on rubbing. Itching not so prominent but < in afternoon. Sun-ray therapy was advised by local dermatologist which aggravated the problem. She had good appetite, craving for spicy and salty food. Bowels clear, two times a day, quick and soft. Urine clear. Headache < on exposure to sun. Past history of influenza and measles.

Menarche not yet attained, Abdominal pain < while eating. Used to have occasional dreams of snakes.

Treatment started with Bacillinum 200 QID for 1 day with Kali sulf. 6/1 week.

22/02/89 Status quo

Treatment:-Natrum mur. 1M QID with Calc sulf 6x tds for one week.

07/03/89 Scaling of scabs declined. Itching persist

Treatment:-No medicine.

24/03/89 Itching and scalying of lesions persist. Dandruff has been aggravated.

Treatment:-Psorinum. 1M single dose. with calc sulf 6x tds for 1 week.

11/04/89 Dandruff persist. Three episodes of abdominal pain. Margins of psoreatic lesions more red and looking violent.

Treatment:-Hepar sulf 30 QID for 2 days followed by Calc sulf 6x tds for 7 days.

17/04/89 Sharp decline in symptoms of skin. Had two episodes of abdominal pain with painful urging for stools.

Treatment:-Merc sol 30 tds for 3 days.

20/05/89 Decline in symptoms of psoreasis. No pain in abdomen. One boil on face.

Treatment:-Hepar sulf. 30 tds for 2 days.

15/06/89 Status quo.

Treatment:-Psorinum. 1M single dose.

13/07/89 Status quo.

Treatment:-Bacillinum 1M single dose.

17/08/89 Black scars of old psoriatic patches persisting.

Treatment :- Ars. lod. 30 tds for one week.

20/09/89 Dandruff persists.

Treatment :- Bacillinum 200 single dose.

23/02/90 New patches appeared. Very small but distinctly psoreatic in nature.

Treatment :- Ars. lod 30 tds for 4 days.

26/03/90 Abdominal pain on and off. Menarche attained in last month. Slight pain and delayed menarche.

Treatment :- Pulsatilla 30 tds for 4 days.

20/04/90 Status quo.

Treatment:-Advised sprouts in diet. Pulsatilla 1M QID for a day.

23/05/90 Abdominal pain subsided. Painless & regular menses. Psoreatic lesions persisting only on scalp

Treatment:-Silicea 1M QID for a day.

03/07/90 Scalp lesions and lesions on extensor surface of forearms persisting. Over all decline.

Treatment :- Silicea 1M QID for a day.

23/08/90 No new lesions. Scars black coloured persisting.

Treatment:-Echinaecea Q 10 drops BD in water.

01/10/90 Status quo.

Treatment :- Sul.6 OD for 5 days.

06/11/90 Status quo.

Treatment :- Ars.Iod 30 tds for 3 days.

14/12/90 Status quo.

Treatment :- No medicine.

04/01/91 Scars +

Treatment :- Berberies aquifolium Q 10 drops tds in water.

DR. Uttareshwar Pachegaonkar. GCEH (Bang'r)
Jaywanti Nagar, Ambajogai, 431 517 (India)

05/04/91 Dandruff of moderate degree. Faints scars of old lesions. No itching or scalying.

Treatment :- Berberies aquifolium Q 10 drops tds continued.

AUTHORS COMMENTS :

Initially Natrum mur in high potency worked wonderfully well because of history of abuse of quinine in suppressing Malar ial fever. The recurred attack of psoreatic lésions declined on appear ance of menses. Combination, appearance of menarche with administration of Pulsatilla followed by Silica together facilitated disappearance of skin lesions. Otherwise such cases of psoriasis are very rigid for treatment.

EDITORS COMMENTS:-

Psoriasis cases are always obstinate and difficult problems. They tend to relapse again and one often finds that the remedies which worked at the "first attempt". of remission, don't seem to work again. A remission must remain for at least five years before one can say that a cure has HAPPENED.

Case-no. 21
A CASE OF ECZEMA

Dr. Anand Rane,
LCEH,
Pune 29

A male patient 40 years old consulted 6/6/90 for his eczema on right hand. Patient had this suffering for last five years. Patients complaints were pustular itching eruptions, burning, swelling & yellow sticky foul smelling discharge and his accompanying complaints were fever with burning urination

6/6/90- Rx. Cantharis 30 tds for 3 days

8/6/90- Same. Sticky discharge increased Rx. Graphitis 30 tds for 3 days.

20/6/90- Patient reported he took Allopathic Injections because there was no improvement and discharge was more.

27/6/90 There was again one eruption. Itching night. Small ulcer on penis. After asking further question patient gave me the H/o STD for which he took 5 injections of Procain Penicillin. So Rx. Syphillinum 1M HS

I did assured the patient that his all symptoms may increase but he must report me back.

3/7/90- His skin eruptions better but ulcer on penis and yellowish discharge from it increased. Rx No medicine

7/7/90- Penile ulcer and eczema considerably less. Rx. No medicine

11/7/90- No further improvement. So Rx. Syphillinum 1M BD for 1 day only.

14/7/92- Penile ulceration much better but itching. Eczema almost better.

26/7/90- Better.

12/6/92- Reported SOS. Better even on today.

AUTHORS COMMENTS-

My improper case taking and patient's ignorance turned into initial failure but correct medicine after reconsidering the case worked like a miracle. So educate the patient and give importance to proper case taking.

EDITORS COMMENTS:-

This case was obviously psoric-cum syphylitic in its make up. Very often patients either do not reveal a H/o venereal infection in the past, nor is it always possible to elucidate such a fact during the first consultation. Then these cases always go back to allopathy when they find no immediate relief of the skin condition and often return back to the homoeopathy with either the same or altered clinical picture. In such cases I tend to look for Nux, Puls, Thuja, Sepia & Carbo veg to antidote the allopathic medicines, and rarely a tautopathic antidote can be given. After this back to the homoeopathic remedies on whatever indications one can get prominently. In this case Syphyllinum caused a return of the discharge and ulcer on penis which then subsided along with the eczema. Very often medicines given on skin modalities will not work; that given on mentals or generals work better & can clear the skin condition, given time & patience from both the doctor and his patient.

Dr. Anand Rane, LCEH, 157, Dahanukar colony, Kothrud, Pune - 29

Case No. 22
LUMP IN THE BREAST

Dr. Farooq Motiwala,
BHMS,
Nasik

Name of the patient Mrs. M T
Age 45 Years
Occupation : Housewife
Marital status : Married - 2 sons &
 1 daughter

Brief Background of the case : This case has been under my treatment for varied complains: The main presenting complains on 21-12-1989 were

- 1) Frozen shoulders
- 2) Menopausal Syndrome
- 3) LEUCODERMA
- 4) puffiness of the lower eyelid

She has been under homoeopathic treatment and has got significant relief in all above complains including leucoderma.

Then on 4-1-1992, patient reports of lump in the right breast. Other details:-

- 1) Menstruation was totally absent for last 3 months.
- 2) Pains in the joints were significant since last month.
- 3) Had a past history of a similar lump about 4-5 years back, was operated and the cyst was excised.

04/1/92 Phytolacca 30 tds. On basis of site affinity. Patient of fair complexion.
2) Bellis per Q 10 drops tds was given for its action on lump & tumor

14/1/92 No improvement, lump growing larger size of a chicken egg. No pain. Hard in consistency. Last prescription repeated

01/2/92 The lump growing larger. No pain. Carcinocin 200, one dose and Calc flour was prescribed, on the basis of family history of Cancer, and hardness of lump like a fibrous mass.

08/2/92 Patient reported with the lump in both breast, right side mass, the size of a fist. Stony hardness felt. Very painful and tender. Her brother in America who is surgeon, advised immediate surgery.

Rx. BRYONIA 200, 3 doses, 4 hourly was prescribed on the basis of stony hardness with marked tenderness of lump and hot feeling on touch.

15/2/92 Patient gave a ring saying the lump has subsided significantly with the starting of the menstrual flow. There after within a week the breast was completely restored to its healthy state. The patient herself felt very fresh and rejuvenated. The pains in the joints all disappeared.

(Note: I request the editor to comment on whether the favorable response was due to the series of drugs that were given or was it that Bryonia was the first drug of choice, if so your expert opinion please.)

EDITORS COMMENTS -

Dr Motiwala's case is very interesting. From the history it appears to me that the lump in the right breast was a cyst- perhaps surrounded by an inflammatory zone and like all cysts it seemed to be rapidly growing . No carcinoma lump grows in 10 days like that-besides this the other breast was also showing a lump.If so it would point out to a condition of bilatral cystic fibro-adenosis, an essentially harmless condition. I do not think either Phytolacca 30 or Bellies per.Q were acting,though I am not so sure of what exactly carcinocin 200 did.The lump which was cystic was abviously under tension-that is why it felt so hard and was so tender.Therefore I feel it was Bryonia that did the work of causing a return of menstrual flow and hence, with subsidence of the lump and relief of the joint pains also.

Just as an exercise I decided to find out if any other medicine could have worked. From Phatak I took the rubrics and remedies

(main ones) as follows.

- 1) Amenorrhea-menses suppressed plus
- 2) Mammae:-Con 4,Phos 3,Sil 3.
- 3) Nodes breast:-Con 2,Sil 3,Lyco 1, etc.
- 4) Breast sore painful:-Con 2,Lyco 1,Sil 1,etc.
- 5) Breast swelled:-Con 1,Sil 2,Phos 2,etc.
- 6) Breast hard:-Con 1,Sil 2,etc.
- 7) Breasr Inflammed:-Sil 1 etc.

Which gives us Conium 10/6, Phos 5/3, Silica 12/7. If to this one adds the final rubric Discharges > its Sil 2 etc. (Phos & Conium not there)

Its possible therefore that this case may need Silica as the next remedy provided other factors fit into the picture.Its possible this patient will have again the same picture of breast lump arising in one or other breast especially if her menses gets again unduly late.He can try Silica then & see what happens. I would like an update on this case in future.

Dr. Farooq Motiwala, BHMS, Principal, National Homoeopathic College, Nasik .

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MARASMUS WITH RICKETS

Dr. S. D. Kemker
Solapur

Baby aged 6 months came with marasmus and rickets due to lack of mother's nursing because of her death during parturition.

On examination patient was lean, thin, abdomen bloated, head big compared to the size of body and used to have loose motions with top feed (milk). Because of chronic diarrhea patient was dehydrated. Treated by different allopathic pediatricians without any improvement in patients general condition. So Ayurvedic PRAVAL BHASMA was prescribed for a week which helped in lessening the frequency of loose motion and the stools were formed to

Then patient received Calc phos-30 tds for 15 days. After 15 days baby was totally different in look-less irritable, increased appetite & no more signs of dehydration. So calc phos 30 BD was continued for further 15 days. This time child had hard stools with foul smelling sweat over the neck & for this Silicea 30 BD was given for a week followed by Calc-phos 30 BD for further 15 days.

Today the child is three and half year old and getting prize in healthy baby contest.

Case No- 24 -

NON HEALING SUPPURATED WOUND

A male patient aged 65 years came for treatment of his non healing suppurated wound over the right thumb and was suffering for last three months. Patient was not diabetic. Patient was mild, cool temperament, dark complexion with strong smelling profuse sweat all over the body.

Examination of the local part revealed that the nail was removed by surgery, still infection was present with foul smelling pus discharge, swelling and fistulous ulcer over the thumb.

Patient was treated with higher antibiotics like Penicillin and Ledermycin. I started off with Thuja-200 tds for 1 week on the basis of antidotal to the higher antibiotic therapy as well as semisolid nature. Dressing of the wound with Calendula Q. After one week foul pus discharge was present. So Silicea-200 tds for one week

was prescribed with local Calendula dressing. After one week pus was well drained and new tissue started forming and the ulcers were healed. I continued Silicea 200 BD for a week which completed the healing. Later I also found out that Thuja and Silicea are complementary to each other.

EDITORS COMMENTS -

Dr. Kemker is a graduate of Ayurveda who has been drawn of late into the intricacies of homoeopathy. His simple prescriptions on his two cases narrated above have spurred him on to involve himself more deeply in this line of healing. His treatment of the baby reveal afresh how quickly and with greater results our remedies work on babies & children - results that can not be ascribed to so called suggestions or placebo effect.

BLEPHRITIS WITH STYES

DR. K. N. LIMKAR
GHMS, Barshi

A girl aged 16 years consulted on 3.2.92 for her following complaints.

1. a) Headache, vertigo, sneezing, cough and cold.
b) Redness of eyes with photophobia : associated with oedematous swelling of eye lids and styes and burning pain.
c) Worse by closing eyes. All these complaints since 12 days.
2. Past history of recurrent multiple boils, tonsillitis, mumps & chronic otitis media.
3. **Personal history-** Habit of tea, 10-12 times/day. Thin, cylindrical, smart, intelligent menses irregular and scanty and painful. Stinging pains in inner aspect of thigh and in labia during menses. With redness and swelling of labia. Dreams full of care and unrefreshed sleep.

Treatment started with 3 doses of Sulphur 1M for one day only.

8.2.92- Skin rash appeared with recurrences of boils on buttock. Rx.Silicea 1M single dose.

11.2.92- Boils and styes burst opened with oozing, pain was more. Rx. Apis Melifica-200,B.D. for 7 days.

18.2.92- Relieved ,feels much better. Oedema, discharge and pains less.Rx.Pulsatilla-30.O.D. for 5 days.

23.2.92- Patient very happy. No complaints. Rx.No medicine.Asked to come after 15 days.

7.3.92- Menses normal. Pt feels happy,no styes, no boils. Rx.No medicine.

AUTHORS COMMENTS-

On first day Silicea was the medicine of choice; but on past history of boils, mumps & tonsillitis case was opened with antipsoric medicine-SULPHUR. SILICA after Sulphur helped to rupture boils and styes and Apis reduced acute pain and inflammation.

Case No. 26

ECZEMA WITH RHEUMATISM

A primary school teacher aged 36, consulted on 9.3.92 for his eczema on wrist, upper extremities and legs. Bleeding on scratching, hot , & at night. Better by cold application and motion. Skin rough, thick scalying with desire to rub with comb. Thirst for cold water but for little quantity. Backache with restlessness. Stiffness of joints better by

movements. Mentally sad with suicidal thoughts.

Personal history- Bitter taste, thirsty, desires milk. Drowsy after eating.

09.3.92- Rx.Rhus tox.200 O.D for 3 days.

12.3.92- Feels better.Rx.No medicine.

- 15.3.92- Stiffness,pain and tenderness in joints increased. Rx. Led. pal 200 one dose and Rhus tox 200 O.D. night for 3 days.
- 18.3.92- Improving.Rx.No medicine.
- 25.3.92- Joint better but eczematous eruption still present.Rx.Sul-200 O.D. night for 10 days.
- 03.4.92- Eruptions cleared and joint pain absent.Rx.No medicine
- 18.4.92- Better.Rx.No medicines.

EDITORS COMMENTS-

I would hesitate to open a case with sulfur 1M or give sulphur 200 daily for 10 days for an eczematous eruptions. I have had frightening aggravations before,but obviously Dr. Limkar has had very good results -so may be next time I might get a little bit bolder with a higher potency of sulfur.My usual practice is to open the innings with the single dose of Sulfur 30 "batsman",see how long he remains at the batting crease before deciding to send him back to the pavillion.

Dr. K. N. Limkar, GHMS, 17, SUPER MARKET, BARSHI

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A CASE OF HEPATIC COMA

Dr. H. H. Agarwal
185 , Modikhana,
Solapur

Mr X aged 63 years, farmer habit of drinking alcohol since last 10 to 15 years also tobacco chewer was admitted on 10/1/92 with cirrhosis of liver and deep jaundice. He was on allopathic medicines and went into hepatic coma.

On examination patient was comatose not responding to deep stimuli. Deep stertorous breathing was heard. Pulse and BP maintained normal, conjunctiva deep yellow. Pupils dilated, mild reaction to light, dryness of the eyes with red ants over the eyes, catheter was passed for urination and urine output was also good.

10/1/92 6 a.m. Opium 30 half hourly started dissolved in water with Liv T 10 drops QDS. Much improvement in mental sphere was seen after 12 hours where in the patient started movements of the pupils, movements of the head and responding to deep stimuli so Opium-30 half hourly was continued further and after 24 hours

11/1/92 6 p.m. Patient opening eyes and speaking some words trying to recognize the relatives just doing some gestures after seeing them. Opium 30 in water one hourly. Ryles tube removed.

12/1/92 Patient taking orally fluids, urine catheter removed, patient talking well and recognizing his relatives.

13/1/92 Patient very much better gave his complete history, moving about in the ward. Opium 30, 3 hourly continued.

13/1/92 6 p.m. better Opium 30 6 hourly

14/1/92 9 a.m. better, but at 10 a.m. went into coma suddenly. Opium- 200 6 hourly. On 4 p.m. no change. At 9 p.m. Helleborous was selected because there was no change in Unconsciousness level, eyeballs turning up and forehead wrinkled.

15/1/92 No change Rx Helleborous niger 200 five drops in half cup of water. 6 p.m.- No change. Rx Helleborous niger 1m 3 doses 3 hourly.

It was seen that with each 1m dose of Helleborous patient would go into convulsions for about 3 to 4 seconds. So only 2 doses were given 3rd dose was not Repeated. Patient passed away at 2 am.

EDITORS COMMENTS-

I was called in to see this case when the patient was in a stuporous semi-comatose state. Not at all hopeful of this patients regaining consciousness I had suggested Opium to be continued along with the Liv T drops. It is my experience that once a cirrhotic case enters the coma stage he hardly ever comes out of it. It was therefore a great surprise that patient regained consciousness and was completely alert and well for 2 days. Then in explicably he slipped

back into coma by 14/1/92. Why this Happened? I can't say. Subsequent higher Opium failed so also Helleborous. But after every dose of Helleborous a slight increase in his twitchings or convulsive movements lasted. It is my opinion that both Opium and Helleborous have a good selective affinity on the brain, but not on the liver.

failure of Opium and Helleborous. The transient improvement for 2 days I attribute more to the action of the liv T drops which contain material doses of remedies in combination acting on the liver. Such cases are almost hopeless and unless one can revive the dying liver cells the comatose state is irreversible.

Case No. 28

A CASE OF HEPATIC COMA

In a hepatic coma the liver is the target organ damaged, the coma is secondary hence the

16/3/92- No change Nux vom-30 5 drops in half cup of water, half hourly.

Mr. Y, an auditor 50 years old having indulged in drinking alcohol since last 20 years & also having habit of tobacco chewing was admitted twice in the hospital for ascitis and jaundice because of cirrhosis of liver and was totally bed ridden since last 2 to 3 months. Patient was admitted in comatose state on 15/3/92. history given by relatives is as follows:-

(Nux vomica was given because this was a person who had habits of eating rich food, alcohol and tobacco and also due to his profession in which he's taxed more mentally.)

From history Phosph was the remedy.

Past history of Typhoid and Jaundice. Family history of diabetes in Father. Food-diet mixed, desires spicy and pungent food and aversion to hot food and sweets. Thirst-N/P. Urine-red urine at home. Mild sweating on exertion.

16/3/92- 6p.m.-No change. Rx. Phos 30 1 drop in cup of water 1/2 hourly.

Patient passed away at 2 a.m.

On examination patient was in stuporous state. Temp-95.8 (Subnormal). Pulse 101/min low volume. Respiration rate-18/min with prolonged expiration. Conjunctiva yellow not very deep. Wincing face on deep stimuli, no flapping of alae nasi, no fetid breath. Skin dry hypoproteinemic, petechial echymosis present. Greying of hairs with frontal baldness. Teeth - caries. No gynaecomastia.

EDITORS COMMENTS:-

Like the first case opium was given to begin with followed by Nux vomica. No material doses of Liv T drops were given. From the history of the patient it looked like Phosphorus could have been this persons pre coma-remedy and though it was given the patient didn't respond at all.

The above two cases are reported with sole idea of inviting suggestions from people who have had these problem coma cases and to know what happened to their cases. I have neither heard nor read of any liver cirrhotic coma case that came out of coma and survived for a year atleast.

15/3/92- 4 p.m. Rx. Opium 200, 5 drops in half cup of water, half hourly.

VETERINARY SECTION

Dear Friends,

Nowadays many veterinary physicians are giving homoeopathic treatments to the animals. This is very hopeful sign of increasing & wide acceptance of the Homoeopathy; and this in turn will help for the demonstration of scientific validity of Homoeopathy.

In future we will get more articles from Dr. M. R. Pachegaonkar who is a well known veterinary physician of Ambajogai. Dr. Pachegaonkar is giving homoeopathic medicines to animals since 2 decades with very good success.

Many of the students from Homoeopathic colleges are from rural area and they may be having pet animals in their houses or at the farm. These students will get more opportunities of treating animals with homoeopathy and can observe the efficacy of our medicines, and this will be a addition to our knowledge. Dr William Boerick in the preface to his Homoeopathic Materia Medica says-

*"Homoeopathy is essentially not only many sided but all sided. She investigates the action of all substances, whether articles of diet, beverages, condiments, drugs or poisons. She investigates their action on the healthy, the sick, animals & plants. She gives a new interpretation to that ancient, oft quoted saying of Paul, **Prove all things**-a new meaning, a new application that acts universally. Elimination of the useless may gradually take place with the growth of accurate physiological and pathological knowledge."*

So we expect more articles from Dr. M. R. Pachegaonkar and other friends for this section.

Dr. Subhash Meher
Organizing Secretary

The Homoeopathic Clinical Case Recorder.

Case No. 29
TWO VETERINARY CASES

Dr. R. G. Mohalkar
C/o Animal Husbandry Department
Solapur.

Case No-I

A Doberman dog belonging to Mr B.D.Shirke was admitted in the Veterinary hospital with the history of having developed blood vomits and blood dysentery.He was kept on IV fluids and given for 5 days higher antibiotics Sequil and Metronidazole injections to no effect.Inspite of five days of this the dog was almost gasping and having harsh abdominal breathing. With nothing to loose and in desperation I decided to try a homoeopathic combination. I gave a combination of Ars alb 30, Acid phos 30 and Merc sol 30.It was given every hour direct on the tongue for six hours and then given two hourly six times.By the end of this course all complaints had subsided.During homoeo medicines no allopathic drug was given.The dog remained a bit weak for a few days but till today he is absolutely normal.

Case II (30)

Two years ago a buffalo belonging to a farmer suddenly developed Rt sided facial paralysis.For 15 days this animal was given Neurobion and other injections with no effect.ultimately I decided to give the most indicated remedy that I could think off.It was the winter season and the animal had probably got chilled in the cold weather.I gave Causticum 200 daily one dose for 8 days-gave a gap of 8 days and repeated the same dose in 200 strength daily for another 8 days.By the end of this course all signs of paralysis vanished.Till today the buffalo has not had another attack.

EDITORS COMMENTS:-

Note in both these cases extensive allopathic medic ation had failed.They recovered simply because their vital force resp onded beautifully to the indicated remedies.Do I hear whispers saying they recovered by "natural healing"-suggestion effect"- "placebo effect"?? I hope not so!!