

Case Reports - for further Investigation - Spring '96 comments --- --- ---

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This article refers to "My Failure-a question" by Dr. S.C. Mishra, (QUINQUINA - Vol 4 -No.4 - page 43). Every physician meets such failures in every day life; whatever be their system of treatment.

I personally feel that Nat mur in Millisimal potencies from the very beginning would have taken care of the case better. Her 'politeness', yet 'revengeful' nature must have originated from repeated insults from her parents or friends. "Cannot forget her-insult easily, Sincere and obedient but obstinate when hurt, likes to give love and to be loved, religious", all points to Nat mur only.

The doctor mainly prescribed on pathological grounds, which will be failures only. Let us analyse the case on 21-4-96, during fever.

Vomiting during heat (Synthesis 676)
Vomiting on motion (-do- 676)
Sensitive to noise (-do- 175)
Pain, burning, foot (-do- 1261)
Quiet, desires to be(-do- 159)

Only Bryonia is coming in all the rubrics. Even the pathological state of 'gastric fever' as stated by Dr. Mishra is extremely matching with Bry. And Nat mur would have followed Bryonia well.

Try on Kentian way and you will have only rare failures. Some years

ago my wife was having fever for 21 days. All routine medicines failed during these 21 days. She had two prominent symptoms which are to be considered as 'Strange, rare and peculiar' Moaning during sleep; Desires, death - after consulting Phatak's Repertory only two medicines emerged - Aurum, Lachesis. Since the pathological state of low fever and extreme weakness more matched Lachesis, it was given in CM potency, a Singe dose. She slept immediately and had profuse sweat after one hour. The next morning she became normal!

Always prescribe on Minimum Symptoms of maximum value. Never prescribe for the Skin-Search for Characteristic Symptoms. (Please see the rubrics selected.)

However, it is through our failures we learn. More such cases are welcome. Thanks to the author.

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This is in response to your invitation for comments on the case report 'My Failure' by Dr. S. C. Mishra in QHQ, SPRING 96 Issue. In the concluding part the author suggests that no homeopath should insist on sticking to their system, but avail the services of good old allopathic treatment. I am fully in agreement with him on this point, only in case of severe accidents, and other surgical cases. His contention that allopathic treatment (medicines) do not always

suppress the disease is a myth; only the degree of suppression may vary. The hope expressed by him of a homeopathic cure of the allopathically controlled (suppressed) case is not easy, because the suppressed symptoms must necessarily be brought to surface again by homeopathic remedy. However he accepts that'....it would be injustice to let this little innocent girl suffer any more unnecessarily due to my ignorance !'

Dr. Mishra appears to have prescribed homeopathic medicines in allopathic form and expected results of the latter system. While it is desirable to have the knowledge of pathology for a homeopath to understand the altered physiological conditions, it can hardly be of any use in selection of the appropriate homeopathic remedy, as Dr. Mishra has based his diagnosis, ex:Nux V 30&200, Eup P30 for gastric fever, Mez 30&200 and Acid chryso 30 for eruptions Staphylococin 200 for staplyloci infection and later Pyrogen & gun powder in the same lines. Local application of calendula and gun powder amounts to suppression, probably worse than that of allopathic. While the former can be excellent for injury & burns as a dressing, such attempts can be counterproductive when vital force is in the process of cleansing the system(in this case centre to periphery). In this case the doctor changed his prescription frequently and in haste. First lesson we have to learn as homeopaths is to be patient and wait for the remedy to finish its action. According to his own admission, Dr. Mishra changed medicines ten times in a span of five days from 21/

4/96 to 25/4/96, which cannot be called homoeopathic by any stretch of imagination.

Considering the introductory paragraph the patient appears to be of Natrum Mur constitution with the strong mentals "self respecting, modest but revengeful, cannot forget her insult easily" warm blooded but puts a cover (sensitive to heat & cold). Even if his repertorization indicated a different remedy (which is unlikely since the doctor claims to have no guiding symptoms), keeping in view of the past history of the patient (sore skin of the folds in early childhood) homoeopathic aggravation should have been expected in the face of undue repetition of deep acting remedies in succession (Mez 30&200, Pul, Sul, Graphites 30&200 (in such case sulphur should have begun with a low potency and never above 30c). Further exposure of heated body to cold water (summer day; played in marble rock and later in stagnated water was sufficient to invite fever). Despite all these drawbacks the patient had improvement in her fever (104* on 23/4 reduced to 100* in two days. i.e. 4* in just two days) which the doctor's pseudo-allopathic mind failed to appreciate. Moreover in spite of the aggravated look probably the patient's general conditions were improving which is evident from the appreciation and cooperation (24/4/96). Even if the temperature was not descending (that was not the case here) we have ample number of remedies to take care in the form of mother tinctures and low potencies. viz. Aconite, Baptisia, Bryonia, Ferr phos, Rhus tox (sudden cooling of the heated body) etc. as mentioned by the chief editor. We should always remember that the failure comes due to the individual practitioner, not the science. There is nothing wrong in accepting the fail-

ure by the homoeopath. Everyone learns from the mistakes. But failures of the individuals should not be attributed to the science and bring ill repute to the noble therapeutic science. While every one cannot be expected to practise classic homoeopathy and work out always the similimum, basically important points can be adhered to by all who claim to be homoeopaths. Avoid: frequent change of remedy; repetition in haste, administering contradictory (inimical) remedies and above all any act of neglect.

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An eclectic is replying to this issue, case study of the author.

Dr. Donald Law wrote about 23 years ago "Homeopathy is one branch of healing that has made its peace with the orthodox medical school (allopathy), and has found itself almost buried because of it. All the early homeopaths were allopaths, and the emotional need for union, with the parental medical world was too strong for them.

The author was not mentioned anything about the young LADY'S background, previous illnesses, causation etc. We must give attention to exciting and fundamental causes and other circumstances as helps to cure (as stated in the organon). Full totality of symptoms were not given. I am mathematically certain that we will give her three remedies, morning Articum lappa for her skin rashes, eruptions etc., then for coarseness in the noon we will give her Hydrastis canadensis, and as she has not been given any vaccinations etc., we will give her Thuja (night), and within these three she must get a cure within a period of 15 days, or earlier.

We will give her all remedies in mother tincture form with water (one ounce), at least 40 drops. It has been found by research that Articum lappa is a skin remedy and cures many skin conditions as it is 'rich in minerals and vitamins (blood purifier), etc. Hydrastis canadensis is our antibiotic, it's good for acute inflammations, splendid for constipation etc. Thuja is also an antibiotic for cough, and mucus in the system. We do not know her menstrual history. One thing we must bear in mind that some people respond to a particular therapy, but if we work out and put in some effort homeopathy can help in a cure. This writer does not handle any case without meeting the person in flesh and blood, that give us many clues/ treatment etc. Publishing such failures will be for academic handle any case without meeting the person in flesh and blood, that give us many clues/ treatment etc. Publishing such failures will be for academic interest only, our friends in allopathic profession, will run us down, as their medicine will be supreme over homeopathy? Please publish successes. As far as my personal opinion is concerned, I think case studies are of academic interest, as each person is different than others. After all Homeopathy is an individual medicine, not a mass medicine.

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In your last issue his title is "My Failure", but the blame is laid at the door of homoeopathy; you must have noticed. It was clearly his failure. A girl of 15, can't FORGIVE + RED eruptions (all the rest was unnecessary) - clearly pointed to NIT.AC and not to a failure of homoeopathy.

आसफलता का पोस्टमोर्टम

त्रैमासिक पत्रिका विनविना वसंत जून ६६. श्रवण ४ अंक ४ में डॉ. एस.सी. मिश्रा का "केस रिपोर्ट" मेरी आसफलता "एक सवाल" के द्वारा पत्रिका के सम्पादक ने पाठकों की राय आमंत्रित किया है। इसी तारतम्य में मेरा यह पत्र यदि हिन्दी में ही बिना काट छोट किये प्रकाशित किया जाता है तो यह परिश्रम सार्थक होगा।

मेरा विश्लेषण यह है कि दिये गये केस में होमियोपैथी आसफल नहीं हुई है। गन पाउडर 6X देने के बाद बुखार उतरनी शुरू हो गया था और रोग आरोग्यता की ओर चल पड़ा था ठीक हो रहा था कि ठीक उन्हीं अंतिम क्षणों में चिकित्सक डॉ. मिश्रा का धैर्य जवाब दे गया और अंतिम चार दिनों में एलोपैथिक औषधि का सेवन करा देने के कारण सारा श्रेय एलोपैथी को चला गया तथा डॉ. मिश्रा ने अपनी "धैर्यहीनता" को "आसफलता" की संज्ञा दे डाली। इस "धैर्यहीनता" का सर्वप्रधान कारण यह है कि रोगिणी लड़की डा. मिश्रा की स्वपुत्री है। यदी केस की भाषाशैली और उसके विशेषणों पर ध्यान दिया जाय तो वर्णन भावनाप्रधान अधिक है। कि सी भी पैथी का चिकित्सक जब अपने परिवार के सदस्य का स्वयं इलाज करता है तब वह रोगी को शीघ्रतिशीघ्र आरोग्य करने के फेर में रहता है, इसमें जरा भी विलम्ब उसे आधीर बना देता है। वह मरीज को केवल मरीज के रूप में नहीं देख पाता और भावनात्मक आबधुता होने के कारण वह उतना निष्पक्ष, निरपेक्ष नहीं रह पाता जितना कि अन्य रोगी के प्रति रहता है, यहाँ चिकित्सक के मस्तिष्क को शीघ्रता का भाव अपनी गिरफ्त में कैद कर लेता है, इस कारण बड़ेबार औषधि चयन के समय महत्वपूर्ण निरणायक लक्षण विवेक और आंखों से ओझल हो जाते हैं और रोग अच्छे होने के लिये कितना समय लगेगा इसके आंकलन में भी चूक घे जाती है। और ऐस कि सी भी चिकित्सक से होता है।

आइये, अब उपरोक्त बात सिध्द करने के लिये प्रकाशित तथ्यों और कथयों का सूक्ष्मता से अवलोकन किया जाय और तारीखवार छटनाओं पर ध्यान दिया जाय तो "धैर्यहीनता" सिध्द हो। जाएगी पुरा घटनाक्रम कूल १७ दिनों का है दिनांक १३.४.६६ से ३०.४.६६ कि प्रमुख बातों इस प्रकार

से है।

१. रोगी लड़की की उम्र १५ वर्ष है, जिसे अभी तक प्रथम रजोदशन नहीं हुआ है और वह डा. मिश्रा की स्वपुत्री है।

२. दिनांक १३ अप्रैल ६६ को रोगिणी भेडाघाट जाती है और रुके (ठडरे)हुये पानी में सलवार पहने पहने कई घंटों तक पैरों को पानी में टाले इखाती है और यह गीला सलवार पहने पहने ही शरीर पर ही सूखता है, इसके अतिरिक्त पिकतिक मनाने के कारण इस दिन इस लड़की का कुछ अधिक शारीरिक श्रम हो जाता है।

३. रुके हुये पानी में गीले होने के बाद ही लगभग १५-१६ अप्रैल ६६ के आसपास शरीर में चमेद्रीभेद प्रकट हो जाता है।

[यहाँ मेरा एक अनुमान है कि १३-४-६६ अथवा इसके १-२ दिन के आसपास लड़की को प्रथम रजोदशन प्रकट होना चाहता है किंतु पानी में अत्यधिक समय तक पैर गीले रखते के कारण वह दब जाता है और बदले में गीला चमेद्रीभेद प्रकट हो जाता है।

४. चमेद्रीभेद प्रकट होते के २-४ दिन बाद दिनांक २१-४-६६ को लड़की को १०४^F तक बुखार आया।

५. दिनांक २५-४-६६ को प्रथम रजोदशन प्रकट हुआ और इसी के साथ-साथ लड़की का बुखार १०४^F से घटकर १०२^F पर आ गया।

६. सि २६-४-६६ को बुवार १०१^F आया और २७-४-६६ को १००^F हो गया। बस इसी २७ तारीख को रक्तपरीक्षण की रिपोर्ट सामने आ गई, बुखार तो उतर रहा था परंतु चमेद्रीभेद से तंग आकर मानसिकता यह बन गई कि एन्टीबायोटिक दे दी जाय। साथ ही दो दिन एन्टीबायोटिक भी दे दी गई और ३०-४-६६ को बुखार पुरी तरह ठीक हो गया और उसके २-३ दिन बाद चमेद्रीभेद भी सुख गये।

यहाँ यह ध्यान देने की बात है कि दिनांक २१-४-६६ से २४-४-६६ तक बुखार १०४^F चल रहा था। दि २४-४-६६ को गन पाउडर 6X दिया गया और उसका उचित प्रभाव मि पड़ा जिससे दूसरे ही दिन २५-४-६६ को लड़की का बुखार कम हो गया।

दवा हुआ प्रथम मासिक घम प्रकट हो गया, २६-४ को १०१^F पर बुखार आयी २७-४-६६ को १००^F पर आया यह सब से सिध्द है कि केस में सुधार और पगती लेने लगी थी किन्तु इस तथ्य की ओर डॉ. मिश्रा ठीक ठीक आंकलन नहीं कर पाये तथा भावनात्मक प्रभाव के कारण उन्हीं लगा कि लड़की को फायदा नहीं हो रहा है। इस प्रकार मरीज से अपन त्ववरा उनका ध्य रवत्म हो गया और जब केस सुधार की ओर था ठीक तभी अंतिम ३-४ दिनों के लिये एलोपैथिक चिकित्सा करा देने से "धैर्यहीनता" को आसफलता के रूप में पेश किया गया है।

मेरी राय में गन पाउडर 6X का चयने ठीक था वह अपना प्रभाव दिखला रही थी परंतु उसका ठीक ठीक आंकलन नहीं किया जा सका। मेरे इस दावे को पुष्टी उपरोक्त वक्तवित पक्तियों से हो जाता है।

इस केस में दूसरी खरा बात है कि डॉ. मिश्रा को इस बात का अत्याधिक पछतावा है की केस होमियोपैथी से ही क्यों ठीक नहीं हुआ एलोपैथीकी शरण में क्यों जाना पड़ा। तो इस संबंध में मेरा बिचार है कि अगर एलोपैथी में न भी जाते तो भी अगले ५ दिनों में केस ठीक हो जाता। क्योंकि यह रोग प्रथम मासिक घम गिलेपैरो की वजह से दब जाने के परिणामस्वरूप हुआ था, बुखार उतर ही रहा था, मासिक घम प्रकट हो चुका था चमेद्रीभेद ठीक होने के लिये ४-६ दिन का समय और लगाना ही था। चाहे कि सी भी पध्दती की ओर कोई भी दवा दी जाय १-२ दिन में चमेद्रीभेद द गायब नहीं हो सकते थे। यह बीमारी का रोगकाल ही टाक्यूट श्रेणि का था।

जहाँ तक अलोपैथी चयन की बात है डा. मिश्रा जब स्वयं लिखते हैं कि रुके हुये पानी में जहाने के बाद हो चमेद्रीभेद और बुखार आया तो ऐसि स्थिति में मेरे विचार से उल्लेखक कारण के आधार पर इस में लिपिया का चुनाव सामयिक हो सकता था, किन्तु गान पाउडर में भी अपना प्रभाव दिखाया है।

उसे पूरा अवसर नहीं दिया गया।

'Homoeopathic Therapy for Living with Allergies'

Today, allergy is a common condition that could attack on any person of any age in any circumstance. This has special reference to our age which is victimised by the air pollution by the 'scientific revolution' is transgressing all limits.

My feelings on those lines indicated above were intensified while

cance and relevance of this book in the field of medical science while we go through this book. Dr. Nanda has been very scrupulous in dealing with the various types of allergy in detail. He has explained the general information about allergy in Unit I and the specific allergies in Unit II. Unit III has dealt with some common allergic dis-

sent towards the author's allopathic approach. "Once the offending food is identified, it should be eliminated from the diet of the patient. Any food which the patient is unable to take due to allergy must be compensated for, by substitute(s) to maintain nutritional adequacy". (Page 63)



BOOK REVIEW

going through the book of Dr. Dhiraj Nanda entitled "The Homeopathic Therapy for Living with Allergies". Dr. Dhiraj Nanda concludes this book with a very relevant question: "Would one like to give his young ones (including those who are yet to be born) a world in inheritance in which the polluted air goes in with first breath?. A world in which the first breath of young one, makes him sick instead of making him healthy; A world in which (our) next and coming generation would not get a breath of fresh air; **WOULD ONE LIKE HIS CHILDREN AND THE COMING GENERATION TO PERPETUALLY SUFFER?**" (Page 156)

We can easily assess the signifi-

**First Edition: 1995
Dr. Dhiraj Nanda,
A-101, Lok Vihar,
Pitampura,
Delhi 110 034 (India)
Price : Rs.75/-**

cases. The non medical approach and some commonly used homeopathic medicines have been referred to citing examples in Unit II and III

This book has succeeded in portraying before the readers the various types of allergy cases not as well as unnoticed in general.

I feel convinced that this book can rightly claim as an authoritative study on allergy. With due respects, I may be permitted to express my dis-

I must disagree with this view on the ground of my own experience in this regard. It is obviously an allopathic outlook, the directions to eliminate the offending food (the elimination of eggs or tomatoes, etc.).

On the other hand, I can ascertain that such food items could be safely used without any difficulty whatsoever if homeopathic medicine is used.

In spite of this dissenting note, I can assure that this book is very useful and definitely very helpful for homeopaths in the treatment of allergy cases.

-Reviewed by Dr. K. Kunhikannan

QUINQUINA

New Arrivals JOURNALS

[For addresses and other information about the journals, readers please refer to the back issues of the QHQ.] *New

ADVENT OF HOMOEOPATHY (Quarterly)
Editor: Dr. Y.R. Agrawal. Vol 13 No. 3, 4 Jul-Sep. Oct-Dec 96

ASIAN HOMOEOPATHIC JOURNAL (Quarterly)
Chief Editor: Dr. Girish Gupta. Vol 6 No. 3 Jul-Sep 96

***CARE 'N' CURE** (Quarterly Bulletin No. 1, 2)
Published by Dr. N. V. Srinivasa Rao Memorial Homoeopathic Research Centre, Ramakrishna Pharmaceuticals, 434 Bank Street, Hyderabad 500001.

CCRH QUARTERLY BULLETIN
Editor: Dr. D.P. Rastogi, Vol. 18 (1&2) 1996.

HAHNEMANN DISHA (Hindi)
Chief Editor: Dr. M.K. Gupta, Vol. 5 No. 19 Oct-Nov-Dec 96.

HAHNEMANN KI AAWAJ (Monthly) Editor: Dr. Nirmal Tej Singh Soti, Vol 6 No. 6, 7, 8, 9

HEALTH NEWS LETTER
Mg. Editor: Dr. Arup Bhattacharya, Vol. 1 No. 3/96, 4/96

HOMOEEO KING (Kannada Monthly)
Editor: Dr. U.S. Vanhally

HOMOEEO GAGAN (Hindi)
Editor: Vinay Kumar Gupta, Vol. 5 No. 1 Oct-Dec 96

HOMOEEO MIRROR
Editor: Dr. S.S. Kochhar, Vol. 4 No. 9, 10 Sep, Oct 96.

HOMOEEO SEVAK (Monthly)
Editor in Chief: Dr. S.M. Jain, Vol. 23, No. 9, 10, 11, 12 Sep, Oct, Nov, Dec 96

HOMOEOPATHY IN PRACTICE
Chief Editor: Dr. S. Muhammad Aljam
Vol. 4 No. 2, 3

HOMOEOPATHY SERVICE
Chief Editor: Dr. Thomas A. Kuruvila
Vol. 9 No. 68, 69 Sep, Nov 96

***JIGYASA** (News Letter)
No. 1 Nov 96 (Presented and published by Dr. Girish Gupta, GCCHR, B-1/16, Sector A, Aliganj, Kapoorthala, Lucknow 226 020)

KLASSISCHE HOMOOPATHIE (German) Editor: Dr. med. Thomas Gennep.
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