Observation in a live patient is Invaluable

Abstract: This case proves why time and again obervation remains the most valuable tool while treating and why a Homoeopath should always remian a Good observer.

Dr S Praveen Kumar DHMS, MBS., MD (HOM)
102, K M Residency, St No 8, Ashok Nagar, Hyderabad-20
Tel: 040-27664146 / 040-27668898 (R). Mob: 9849054632. Email:pezwarna@yahoo.com

A man aged 65 y, was admitted to a corporate hospital on 6-8-2006 for fever since 5 days, after the local doctor failed to treat his fever with headache, body pains, weakness and loss of appetite. The battery of investigations were inconclusive. Known case of Diabetes and Hypertension and on allopathic medication.

Within 5 hours after admission, the patient went into deep COMA. The attending physician was shaken up with this development. Patient was put on the ventilator . More investigations followed, which also could not throw light on the cause of fever or coma.

After two weeks of treatment in the costly hospital the patient was shifted to a mediocre hospital where the same physician attended. Till 28th August the sons were hopeful that their father would become normal. But the physician expressed his helplessness and hopelessness.

On 29th August one son approached me for Homoeopathic treatment. I gave *Opium* 200 TDS for 3 days. As there was no change I was requested to see the patient in the hospital.

The patient was on ventilator with literally dozens of pipes and tubes connected. There was no response to any stimulus. In the AC room too the patient was without any covering probably because there was no sensation, but the son justified that his father loves it very cold more.

The examination of the eyes gave an invaluable clue: full dilatation of the pupils. This automatically ruled out my first routine and specific prescription of *Opium*. In Robin Murphy's repertory: dilated pupil in stupor: only one remedy in 3rd grade, ie, *Secale-cor*.

I gave *Sec-cor* 0/1 3 hrly one pill to be put inside the lower lip. After 3 days, the patient slowly started moving one limb; a little later followed by movements of other limbsl.Then he started making some peculiar noises. So *Sec-cor* 0/3 was given 4 hrly from 4th day. Slowly and steadily there was some slight improvement.

The family, by now were feeling the pinch of the escalating hospital expenditure With my consent the patient was shifted to the house after a months stay in the hospitals in coma.!

Today: The sons are taking care of him and so far he has not developed any bed sores in spite of being in the bed for more than 5 months. He opens his eyes when called and looks at people as if trying to recognize them. He doesn't have any tubes or pipes connected to him. Feeding is done through the mouth but liquids only.

All other parameters are normal. The family is happy though he has not been cured completely. This could happen only because of that invaluable observation. This case is not being given as a cured case, but one still under treatment- showing distinct improvement.

Catch Me if You Can!

Abstract: One fine evening on 25th Dec 06, a senior doctor, Dr Girish Bhate MBBS, a strong believer in Homoeopathy called me to visit one of his bed ridden patient at his home. With some trepidation I agreed, being my first experience. He was admitted in hospital for a Acute M I. His and chief complaint started since then. Let us read what happened to the case from the experience of this novice.

Dr Satyajeet Kallappa Vegani BHMS, ICR (Pune)
Homoeopathic Consultant, Residence: C/o K C Vegani, A/P Ashta, Taluka- Walwa, District- Sangli, Pincode- 416301
Tel-(02342)243624. Clinic- Yash Homoeo Clinic, Vishrambag, Sangli. M: 9850284524

Mr R P M, 93 yrs. Studied till 4th Std. Occupation- Cloth Shop. Belonged to Lingayat caste. Vegetarian. Sons 3, Married, well settled. Daughter 5, Married, well settled. Sister 1 elder? Died 20 yrs back. Resides at Ram Mandir, Sangli (0233) 2372847.

Location	Sensation	Modality	Concomitants
Mind 0-14th Dec D- 5 hrs (11pm-4am) F-Daily^{3+}, at night	Loquacity. Low muttering delirium. Wants to go home, even though at home. Wants to run away, has to hold him. Stupor^{++} While answering he is conscious, but soon stupor returns	AF- Started on admission to hospital. ?Fright^{3+}<11 pm – 4 pm^{3}daily night Not > with Psychiatric RxTrika (0.5mg)0———½T Sizodon LS0———½ T Trapex (1mg) 0——— ½	Weakness. App $\downarrow\downarrow\downarrow$ Since 4-5 days no stool. Sleep $\downarrow\downarrow$

Diagnosis: Delirium, ?Organic Psychosis.
On antihypertensive drugs. When I started asking questions, he rudely^{3} said, "Doctor if you have finished then you can leave." He was quite reluctant to answer. His family members seem tired with his behaviour and as the attacks of delirium were at night, all had to be awake and during day time nothing would please him. Dissatisfied, irritable and scolds everybody.
While I was examining him, he loudly scolded the son to switch off the light. When I inquired he said it was his temperament. Particular^{3} about everything, otherwise would get wild. Dominating. Could not tolerate wastage of light/water etc.
During attack at night, he insists on going home, finally gets exhausted and sleeps at 4 am^{3}. According to the son when he was in hospital and when all procedures were going on, he got scared and probably that precipitated delirium.
Physical appearance: Lean, thin, fair. Handsome, white bearded
Stool: Unsatisfactory, always. Constipation since many years. > Laxatives – SOS
Now since 4-5 days has not passed the stool.
Nails: NAD
Eyes: Arcus senallis^{++}
Coldness/Heat: NAD
O/E: BP 170/90 mm of hg. P- 84/min
R/S: NAD

CVS: ?Murmur, (ECG- 'q' anterior wall acute MI).
P/A: Peristalsis ++, No Tenderness. Discomfort +. Rt sided inguinal hernia+
CNS: Stupor3+. Speech- incoherent. Conscious while answering but soon stupor returns.
Light reflex: Rt side diminished. Lt Side: N.
Hearing: (N). Vision- (N) clear3+
As patient was bed ridden and 93 yrs and reluctant to answer, whatever information required son provided.
P/H: Rt sided inguinal Hernia, 2 months, not operated, considering his age, his refusal to operate and the fact the condition is not much troublesome. BPH-3> Hom Rx Sabal-scrulata. Cataract- Bilateral: 10-12 yrs back -operated.
K/C/O: Hypertension, IHD, DM- II.
F/H: Son: Psoriasis, Father-D-Accident, Wife-DM: Paralysis. Has expired.
Mo-DM: Diabetic foot : Foot amputed. Has expired.
INVESTIGATION
12/12/06: Hb: 10.6 gms/dl, ESR: 30 mms, WBCs (Total): 8,500/vumm. RBCs: Relative neutrophilia. M+ BAND: 04%, POLYMORPHS: 80%, LYMPHOCYTES: 12%, MONOCYTES: 02%, BASOPHILS: 02%. Platelets: Count- 2,79,00/cumm, Parasite: Absent
IMP: Hypochromic Microcytic Anemia with relative Neutrophilia. Blood Sugar: 138 mg/dl, Blood Urea: 28mg%, Creatinine: 1.0 mg%, Na: 134mEg/Lit, K: 3.4 mEg/Lit.
ACUTE TOTALITY (FROM COMPLETE REP: CR)
DIAGNOSIS: Delirium ? ORGANIC PSYCHOSIS
(1) A/F- Fright3 (Confirmed from son)
(2) Delusion – imagination home. His home is not in-Complete Repertory.
(3) Escape, attempts to, delusion, during – CR.
(4) Delirium – loquacious – CR.
(5) Answers stupor returns quickly after-CR.
REMEDIES: Opium/Hyoscymus/ Veratrum
ACUTE Rx: Opium 1 M (1) HS and Stock.
CHRONIC TOTALITY
(1) Rt side
(2) Blood Vessels, Lens, Muscles, Ligaments Glands- prostate; Pancreas
(3) Degeneration
(4) Relaxation
(5) Lean, thin, fair, Handsome
(6) Fastidious3
(7) Rude3
(8) Miser
APPROACH: Boger
CONSTITUTIONAL: Lycopodium 30
DD: Cal-fl but Lt sided and not so fastidious
Tub as, Intercurrent, Fundamental – Syco-Tub or Dominant – Tub, Syphillis?
On 25/12/06: 9:30 pm. I started with Opium 1 M (1) HS. Psychiatric Rx stopped completely. Anti hypertensive/IHD Rx continued.

Coma Joke...

Following a nasty car accident, a man's wife slips into a coma. After spending wks at her bedside, husband is summoned to the hospital. "It's amazing" says the Doctor, breathlessly. "While bathing your wife, 1 of the nurses noticed she responded to her breasts being touched." The husband is very excited & asks what he can do.
"Well," says the doc, "if one erogenous zone provokes a response, perhaps the others will too." So the husband goes alone into the room, where he slips his hand under the covers and begins to massage her bits. Amazingly, the woman begins to move and even moan a little. The man tells the doctor, waiting outside.
"Excellent!" he says. "If she responds like that to your finger, I think you should try oral sex." Nodding, the husband returns to the room - but within minutes the heart monitor alarms go off, and the medics pile into the room.
"What happened?" shouts the doctor, as he checks the prone woman's pulse.
"I'm not sure," replies the man, looking sheepish. "I think she choked.

DATE	FOLLOW UP	ACTION
26/12/06 9 am	Sleep-Deep^{3+}, No delirium attack slowly became conscious- stupor^{2+}. Speech- Heaviness of tongue. Involuntary urine passed at night. O/E- BP- 130/90. P-80/min. R/S- Clear. Light reflex ↓↓on Rt side. N on Lt side	Placebo ? *Med* < : 1M was too high dose
26/12/06 2 pm	Orientation^{2}+ of time, place, person. Appetite > for the 1st time in last 10 days. Stool: Not passed. Light Reflex – (S). Patient said please cure me as soon as possible.	Placebo. As better
27/12/06 2 pm	No delirium attack; Stupor=0. On 26th diarrhoea alternated with constipation. Son gave lomotil PP asked to stop it. App- Same, Sleep- Good, BP- 140/90, P- 84/min. Patient "examine properly, come daily to see me." When was examined said, your hands are cold. Senses – intact^{3+} Able to see the clock and exact time from far away.	Placebo. As better
28/12/06 10 am	No Delirium Attack. Stupor-0. Sleep- Good. App: ^{2}+>. Diarrhoea/Const –D/F. 2+>. BP- 130/90 P- 84/min. Patient; Asked many queries about disease/treatment, when answered, said it is a medicine of wisdom in Marathi. Then he cried with folded hands and requested to see him properly and to cure him as soon as possible.	Placebo.
29/12/06 2pm	No Delirium attack. Sleep ↓: 1pm→ Talks about business. Plans (sleep). Speech-(N)Walks with support in the room, sits for 15 min. Feels fresh^{3+} Stool/Urine (N). BP- 120/70, P- 80/minR/S- NAD. P/A- Peristalsis- (N). But was rude. History by son: When Patient was 5 yrs old his 'Fa' died. His 'Fa' had some business loss and died of accident. Since then patient lived alone with Mo. Hard work 3+. Mo also worked hard. One day she got foot injury. Doctor advised to ampute, which Mo refused. Amputation was done without her consent. At that time, patient used to work during day and look after her in the night. She was in Govt hospital. When Mo realized about her removal of feet she was shocked and became bed ridden and died, in night when he was in deep sleep. He came to know about Mo's demise in the morning. Patient's son feels that this is the reason that he does not allow anybody to sleep in the night and always wants his son to sit near him. He fears that like mother he will also die and nobody will notice. Since	Placebo. ? Const Rx should be given.

	childhood he has faced adverse calamities^{3+}, stood firmly alone against it. He has everything car, bungalow, shop, all family member settled. Now he bed ridden and thus dependent, which is not acceptable to him. He is a fighter. This independent individual now yearning^{3}+ for life or saying as if "Catch Me If You Can!"	
30/12/06 10 am	No Delirium attack. Feels fresh^{3+} Sleep: 1pm Stupor- O. App-N. Speech- N. Urine-N. Stool- Not Passed. Abdomen feels hear $^{3+}$> Passing gas. BP- 120/70. P- 80/min. R/S- NAD. P/A- Peristalsis +. Patient: Give me strong medicine. Impatient^{3+} about prognosis and requested to do something so that he can walk and sit in shop. Advised wait and watch.	Placebo. *Lyco* 30 as sleep↓ Flatulence++ Passing Flatus Intestine ↓↓ (Not given)
31/12/06 9.15 am	I was out of town. Patient's son called to say that Yesterday night again delirium+, but was less intense. Speech – incoherent, loquacious^{3+}. StuporBP- High (checked by local M D physician)	Advised *Opium* 1M was given. Already stock
01/01/07 5:30 am	31/12 = Fever. R/S – Wheezing^{3+} Breathlessness^{3+} Speech- N. Conscious^{3+}Patient asked son to give him bath. Chest- wheezing^{3+}, full of mucus^{3+}. Dr Kulkarni (MD) tried suction of mucus as patient was too weak to expel it but all in vain and patient suddenly became serious and died at 5:30 am	

Discussion: Probably, If I would have given *Lyco* on 29/12/06 then he might have been able to live few more days?

On 31/12/06 at night there was severe LRTI with breathlessness^{3+} where *Carbo-veg* might have helped but I was out of city for two days and when I returned on 01/01/07 patient died suddenly. After all, Death is inevitable we can just offer better quality of life.

It was great^{3+} experience of my life. I learned the miracle of *Opium* with help of which patient died at least peacefully. Theme of *Lyco:* Struggle for existence and as a 'fighter'. I also learned the role of susceptibility/sensitivity and its implication on posology.

The case was improved^{3+} but might be constitutional or intercurrent was not given at the right time and the system had to fight with poor resources at the age of 93 yrs and finally failed to adapt. Proper history and observation certainly makes positive response in our handling otherwise well improved case can land up in difficulty.

Initially, when I visited, seeing my age, family member were not too keen for the treatment since they thought I am inexperienced and young, even though Dr Bhate re-assured them. But after seeing the effect of *Opium* they started calling me Doctor Saheb... This is how, Homoeopathy will earn us respect. In turn what will we give to Homoeopathy? ○

Renew for 2007
Save Rs 25 if send before 30 Jan.
(Send DD for Rs 250 only favoring NJH)