



## *Ms Iron v/s Local Train: A case of Rheumatic Valvular Heart!*

She was 20 years old then; now 22, well built, fair, tall and blond with a heavy bust, a known case of Chronic Rheumatic Heart Disease. She came to us on 29.10.2000, brought by her elder sister, who contacted me two weeks prior to discuss her case. At that time she was bed ridden and unable to even go to Sir JJ Group of Hospitals, Mumbai to get her monthly Penidura injection on the scheduled date (These Penicillin injections were given regularly to this patients since 7 years). Her Reg No at JJ was 16113, dated 1993. As per record she had last injection from the hospital on 16.10.2000 (Follow up Reg. No. 994/2000).

Soon after that, she developed low-grade fever, CCF and signs of shock and was bed ridden because of the relapse. At this stage her sister came for help. I prescribed some medicines just on history; that palliated her sufferings so she was able to again go to JJ hospital for her due course, last one was taken on 16.10.2000. There after she did not go to hospital, having decided to take only Homoeopathy.

Her clinical & complementary remedies prescribed on basis of symptomatology but without seeing the patient were *Veratrum-alb* and *Naja*, along with *Cactus* and *Crataegus* as supporting remedy in Q form. She had this since seven years, her first admission at JJ Hospital was as on 26.7.93 for Acute Rheumatic Fever with Carditis. Since then she is a patient of Rheumatic Val-

vular Dysfunction. Surgery was advised which she could not afford. During seven years she had several relapses inspite of proper follow-ups.

**O/E** At first visit, on 29.10.2000 - Pallor with face flushed full volume accelerated pulse, purple gums. Her complaints were palpitation on walking. Pain in knee Lt more than Rt << on ascending stairs. Breathing difficulty ++, << ascending upon. History revealed that, in the year 1993 she developed swelling and soreness of legs along with pain in the joints and fever. History further revealed before when she got injury on her leg while crossing the railway track, her one leg was trapped inside the track so she pulled it out, resulting into a bruise and later swelling.

### **PATIENT AS A PERSON:**

**Menses** were regular, 28 day cycle. Particular modalities were << rice, spicy food. general << heat. Storms also upset her. **MENTALS:** appeared confident and bold, but shy and wanted to become a teacher. Why? Likes teaching was her answer! She could not complete her studies because of her complicated disease, but was not sad.

### **PAST HISTORY:**

Jaundice. Mother: Asthmatic. Family history of TB (both Mother & Sister).

### **FOLLOW-UP:**

I prescribed *Arnica* 200, as a single dose, and asked her to continue *Cactus* & *Crataegus* in mother tinctures as specific support. I considered physical trauma as the actual cause of her problems. Till 10.12.2000 she showed improvement, *Carcinosin* was the inter-current and miasmatic remedy. She was ambitious and



**Dr MIRZA ANWAR BAIG**  
Mafkhar Clinic, 13, Imamwada Road,  
Mumbai - 400 009,  
Tel: 3774002/3754069. Fax: 3723358  
e-mail: homomafa@bom7.vsnl.net.in  
Web-site: www.homoeoheal.com



wanted to serve the Nation.

On 24.12.2000, she started showing the signs of relapse in form of palpitation on walking, chest pain lying on left. 'Naja' 30/2 doses were repeated, (first it was given to her without seeing her). But this time it did not help her much. She showed some palliation then again relapse. She also developed other constitutional symptoms, sometimes tonsils affection, sometime got fever along with palpitation, and cardiac dyspnea. I analyzed the case again: Palpitation on exertion, sweats easily <tea, <rice and some other. 'Thuja' as intercurrent, 'Carcinosin' as constitution, 'Adonis', 'Crataegus' & 'Phytolacca' as per laurels helped little & palliated her sufferings. *Calcarea* added little more benefit. At that time I also came to know that she had already stopped going to JJ, as she never felt benefited like now with those injections which she took, regularly, and religiously since seven years.

Now she is able to go out and enjoy life. Also she came on her own to collect her medicines, whenever she needed. Then I lost the track. However, she kept on coming to the Academy OPD and was attended by other homoeopaths. During this period she had a fall while riding on a back seat of motorbike and hurt her elbow. Some trauma medicines were prescribed (Dated 9.8.01 to 16.8.01) after which she recouped gradually but rheumatism relapsed and made her bed ridden again. Few more days passed like this without improvement.

Her sister requested that I come personally to their house and see her. When I saw her, she was lying quietly on her bed under the fan. I found her in a state of shock with bloated face and signs of congestive cardiac failure with history of fever with delirium. Her head and face were hot but extremities cold with pitting edema, more on Lt leg, with purpuric eruptions, with fever. Her sister reported that during night, fever used to be high with delirium. She used to repeat TV serial's incidences,

as if had happened to her. Her sister used to laugh, but she would become irritable and sad.

There was also a large purple erythematous patch on the wound, one of her ankle looked as if it was erysipelitic. Her pulse was slow, weak and irregular but heart sounds were loud with haemic murmur. She was also having a dull, burning ache in the region of heart. While examining her, she fainted while trying to sit. Her face became pale. I also observed, with slight motion her heart beat increased, with visible pulsation on the neck.

She was lying quietly turning towards right and holding up left leg towards abdomen. Lying on left shoulder was painful, because of rheumatism. Drawing up legs used to relieve pain in abdomen

This was real difficult condition for her and for me as well. What to do? Send her hospital? Sending her to public hospital meant, they would ridicule on me and Homoeopathy. Since patient and the family members were not very anxious, I did not send her to hospital.

I questioned myself again and prayed to God. The patient came to my rescue. She was holding her knee in such a way as if the slightest motion on bed was causing her distress in form of palpitation and prostration. Her sister also guided me by telling few more symptoms, like twitchings and trembling during sleep, with violent shrieks. Sometimes nausea and vomiting! I was watching her constantly: And after carefully studying and analysing, I was able to understand the actual pathogenesis of her sufferings. Her heart was totally failing. She had developed cardiac infection and also of brain, she showed the signs of meningeal irritation.

I questioned myself, "does it mean she is developing signs of Basal Meningitis? An even more serious ailment!"

After analysing the case, its pathogenesis and the clinical status, I decided the remedy. I gave her



*Medorrhinum* 1M, single dose immediately, followed by *Veratrum-viride* in repeated doses.

The criteria for the *Medorrhinum* palpitation with slightest motion, and a relaxing comfortable posture to abdomen so that the oppression of the chest can be minimized. Repertory language speaks the same in terms of knee chest position. Here *Veratrum-viride* was a pathological prescription as per the totality of the clinical picture, you may call it as clinical remedy. The proving and symptomatology of *Veratrum-viride*, matches with clinical condition of "Carditis" and spino brain meningitis also termed as "Basilar Meningitis". While *Medorrhinum* as intercurrent. The guiding symptom was palpitation on slightest motion: Repertory "Kent", chapter Chest (Page 896, old American Edition).

Rheumatic toxins affect heart, then brain or lungs, before causing more fatal complications. *Ver-viride* can help here in bringing out of the toxins from deeper organs to the surface. In this case it was given in 30 potency and in multiple doses, every 4 hourly for few days. This helped in bringing her toxins out from within. Now she developed more rashes on both her legs with itch. But she started walking. Fever also went down as was palpitation and pain.

For this no 'Repertory' was referred, I called this a "Pathophysiological approach" and often advocate this method to my students-it is sometimes an easier way to get a similimum, but only if one also knows the physiological and pathological symptoms of the remedies and the ability to induce that particular pathology.

*Veratrum-viride*, the American (White) 'Hellebore' is an "Indian Poke", acts well on the cerebellum and cerebral portion of the spinal cord (Brain stem) and the muscular system. This herb also acts on the heart.

The striking features of this remedy are: rapid & full pulse, intense fever with twitching. Delirium due to cerebral congestion, also intense vomiting. Apoplexy or fullness sensation in the brain with livid face or eyes flush. Patient shrieks in delirium or sits quietly since motion aggravates her suffering. These are the striking

features of 'Basilar Meningitis' as well.

The tragedy is that homoeopathy has always been underrated. The fact is that 'Rheumatic Heart Diseases' cannot be cured by allopathy, even surgical palliation requires long term follow up treatment.

*Medorrhinum* single dose, in 1M was given on 19.9.01, while *Verat-vir* continued till 13.10.01. Thereafter placebos, along with some biochemic salts. The patient reported walking on 11.11.01. Now her cheeks were red, eyes lively. She looked beautiful and healthy so I took the opportunity to go for a longer interview. What happened and how it happened? I inquired about the exact incidence which happened 7-8 years back when she was crossing the railway line.

She revealed, she was going; to school and wanted to catch the train in hurry. But while crossing, her left foot got struck somewhere in the track. Actually she wanted to catch the same train, which was halting on the platform. She tried to get herself free but couldn't in spite of pulling her leg again and again. In the meantime, the train started moving, so she also applied full force in panic and finally could manage to get herself free. She found her leg was terribly wounded and her sandal broken. Some how she could manage to go to school but on the same night she got high fever with swelling and soreness in the leg. I also looked her 'Echo Cardiogram' taken at JJ on 10.11.93 which revealed:

'Left Ventricle' was mildly dilated with good systolic function. 'Left Atrium' was dilated. The function of Right Atrium and 'Right Ventricle' was normal. Mitral valve was mildly thickened, with no calcification, its functioning affected and was showing full opening. Aortic valve was mildly thickened with normal motion and no systolic doming. Pulmonary valve was normal. No pericardial effusion or vegetation noted.

Their conclusions were as follows:

1. Rheumatic heart disease
2. Severe (Grade III/IV) eccentric jet MR
3. Preserved LV Systolic function
4. Mild (Grade II/IV) AR



### 5. No e/o active carditis on 2D Echo-Examination

Now I could guess the meaning of her red cheeks. Although she looked strong but she had no stamina to pull her foot out from the track. Irons (Ferrums) are mentally strong but physically weak. I missed her remedy earlier. She was an Iron Lady but I couldn't identify her in the beginning. Thus it took such a long way. Pseudo-plethora can cause sudden bleed into the brain

and or into the arteries of heart. Which is a characteristic pathological symptom of "*Ferrum-metallicum*". *Ferrum-met*, 30/3 doses, on 11.11.01 as her constitution helped her so much, that she started walking with a baby in her arms, her sister's two year old son. She was very happy so was I. *Ferrum-met* was repeated for few more doses on 20.12.01 then on 13.2.02 in high potencies. Today Ms Iron is very fine, now she can run holding a baby in her arms!

## Case 2: Master Iron v/s School playground:

A 10 yr old boy, very intelligent but rough & tough child, born during Bombay Riots behaves arrogantly with elders but is gentle with little ones. Once while returning from school, he complained to his mother that he had pain in his finger. It transpired that, some days ago he was digging in the school's playground with his fingers, during rains, and that may have hurt him.

His mother brought him to my daughter Dr Rozina Zaheer, who on examination found some signs of infection, with serous secretions and eruptions on the finger. She gave the child *Dulcamara*, as per the specific guiding symptom, 'infected skin with copious serous exudates and eruptions'. The child started playing again and did not complain anymore.

But the mother noticed that he developed some pus in the eruption, which in fact, was the mucopurulent discharges, and was a sign of healing since body clears out the antigens through the pus and then heals itself. The mother thought he had developed sepsis. So she took him to an allopath who, after dressing the wound gave antibiotics and also injection Tetanus Toxoid to the child, (this according to me is a blunder. I believe that in late phase of any traumatic infection, Tetanus Toxoid can cause adverse reaction).

Now the child developed fever with urticarial rashes, so she took him again to the same allopath who gave

another injection, (possibly Avil), for the rashes. (This kind of common treatment, at times causes more serious ailments than the initial disease due to suppressed eruptions). After then the child developed headache and malaise and also stopped eating. Now she brought the child to us again, without disclosing the treatment that she took from the allopath.

He was given *Bryonia*, which brought the fight back, he developed fever with eruptions. A dull child became restless! Dr Rozina thought, possibly her prescription was not correct. (Ed: *Homoeopaths too can confuse the case*). Considering rashes, fever, restlessness and also the rainy season (of last year, when he fell sick) she suggested *Rhus-tox*. Then the case got palliated, but relapses set in. Sometimes looked like typhoid, sometimes malaria? Mother went to the allopath again but without much benefit. Then he was given allopathy and homoeopathy simultaneously, which made the child enter into deeper pathology. He developed swelling and soreness all over the body along with fever; puffiness of the face. He was advised hospitalization. Now the real panic started. Mother contacted Dr Shahida Baig (my wife) on phone, for a second opinion? This, was my entry to the case.

His present symptoms (as described by his mother to my wife on telephone) "Swelling of the face +++ , more around the eyes and cheeks. The child is very irritable.



Doesn't allow mother to leave him. He keeps holding her hand. His lips are dry, tongue is also dry and coated, swelling and soreness in the hands with stiff and painful joints. His abdomen is bloated. Fever is high with few rashes here and there on feet and on hands. He is hungry but vomits out. Water also cannot be retained. Asks for cold water, but vomits it out after sometime. He cannot open his mouth because of the swelling. He also doesn't want to cover".

Without seeing the patient I suggested a dose of *Phosphorus* 200, and I told my wife the child is in real problem. Until then I didn't know about the whole story.

The same day, late at night, his mother reported some good response to that medicine, but the fever kept rising. But he started retaining with no further vomits. She called again next morning. "He has bad cough now with vomiting while coughing. Now his vomits contain greenish yellow discharge with some bloody expectoration. Although his fever has come down, also the swelling, but few more rashes have appeared all over the body. Becomes restless while coughing and gagging, otherwise the child is calm". No medicine was prescribed only some biochemics were told on phone. That morning I saw him around 11 A.M.

His appearance came as a shock to me: although the child was sitting in a drawing room on the sofa with little support on his back. His condition was critical. He had all the symptoms and signs of Acute Nephritis. I questioned myself will it be safe to treat the child at home? Then suddenly I came to know from the mother, "that his swelling of the face was much more the day before, and was irritable, but now is comfortable and

better than before".

After examining him I found liver and spleen were palpable, with fullness in epigastric and tenderness over the kidney regions. I also observed that, although he was quiet, every little motion was causing nausea. His tongue was dry and thirsty. He had not passed stool for two or three days. I suggested few doses of *Bryonia* in frequent doses and left for the clinic, after inquiring the full details of the case that how his problems were started and which has been already described in the beginning. It was a clear-cut case of nephritis, and because of the septic focus with eruptive disease, which was in the finger at the beginning. The other possibility was suppressed eruptions, forcefully by Avil (he was not even sure it was Avil) injection?

At my clinic I repertorized the case through Kent Repertory: I gave importance to 3 things:

- (1) Vomiting on cough
- (2) Spleen enlarged
- (3) Liver enlarged and finally suppressed eruptions and onset of acute nephritis with eruptive disease.

*Ferrum-iod* covers all these things. It also has important pathological symptoms of Acute Nephritis following eruptive diseases like measles. *Ferrum-iod* 30 in repeated doses revived the vital energy and threw the eruption out in the form of Measles. That took few more days to final recovery but with no medicine, only placebo and a dose of *Sulphur* at the end.

Thanks to Homoeopathy and thanks to *Ferrum-iod*, the child recovered completely.



Why do Sardars always smile during lightening storms?  
They think they are having their photographs taken.  
How can you tell when a Sardar sends you a fax?

It has a stamp on it.  
Why can't Sardars dial 911?  
They cannot find the eleven on the phone.  
How do you get a Sardar on the roof?  
Tell him the drinks are on the house.

