

# Traumatic Amnesia

When taking a case, we sometimes forget to inquire about the remote causes of the trouble. Sometimes patients do not even mention how he contracted the problem for which he has come for consultation. It is the duty of a physician to go deep into the case, try to dig out the background of the disease in hand, and alleviate the patient's trouble in shortest period. In most cases we find mental or physical trauma remain as the causative factor. In my initial days of practice, I recollect cases where, at first, I was lost in the array of symptoms described by the patient and could not detect the cause. I relate here two such cases: in one, the history of trauma

was the only cause and in another trauma was the remote cause which the patient mentioned very late.

## CASE 1: TRAUMATIC AMNESIA

An astrologer aged 64, met with a road accident while returning from his office at night (Jan '95). He sustained a blow to his head causing concussion and complete loss of memory. He was unconscious for more than 48 hours in a local hospital where all treatment was given, but amnesia persisted. He was discharged after 15 days. He could neither speak nor recognize anyone. Later he started speaking, incoherent and slurred speech. He sat on his bed and went on picking up some imaginary things from bed (carphologia).

On 16/01/95 his son approached me but did not bring the patient. Initially I prescribed him a dose *Arnica 200* and *Nat-sulph 200* and asked to report me on the 18<sup>th</sup>.



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He reported-no change. I sent him a dose of *Nat-sulph* 1M. No change. I asked them to observe for a week. On 25/01/95 seeing no perceptible change in his amnesia I prescribed *Baryta-carb* 30/16, daily thrice. But nothing positive happened. I gave him *Baryta-carb* 30/16 again, as the patient was very old and this medicine has a definite reputation in loss of memory. Nothing happened again. I now asked the patient to be brought, as I wanted to see him personally.

The patient came with his son on 10/02/95. He sat before me and wished "Hello doctor, you know I took medicine from you a long time back, you remember?" (He had never came before!). After a few minutes he got up and walked out of my chamber and sat on a bench outside; after a few seconds he got up and came in but did not wait and went out again. I could not obtain any tangible symptom nor his childhood history or anything to base upon my prescription. Something about his behaviour struck me – restlessness. Why not *Rhus-tox*? I refrained and talked to myself, how is it appropriate? It is a case of complete loss of memory. How can it be applicable to this case? Therefore I checked the following rubrics:

K 109 Head concussion K 64 Memory weakness  
 K 72 Restless K 82 Speech wandering  
 Ph-166 Head: injuries to: stupefaction after  
 Want of recollection, Boeninghausen's characteristics  
 (*Rhus-tox*)

I found *Rhus-tox* as a third grade remedy running through some of the above rubrics.

I gave him *Rhus-tox* 1M/4 doses to be taken BD (six hourly) per day.

On 14/02/95 his son reported some improvement in his father's memory-recognized some family members.

22/02/95 SL 1 dr. 06/03/95 SL 1 dr.

22/03/95 Cannot remember names of friends.

15/04/95 He becomes confused about the place almost every evening and asked "who has brought me here to Jabalpur from Harihar (in Chennai)-his old native place where from he came to Jabalpur 35 years ago. *Cicuta* 200/4 doses (Phatak pg 61-Confusion location about)

23/04/95 Restlessness reduced. No improvement in forgetfulness of names. *Cicuta* 1M/1 dose.

14/05/95 Irritation daily at afternoon. Memory still very weak but can recollect names. Fear of accidents especially in evening time. Fear something bad will happen. He wants every one of his family members to be at home before 8 pm, does not like to sit long before TV and wants them to go to sleep early. Can't explain his fear of unknown evil. Walks with a staggering gait. Speech still slurred. He wants the door closed after evening hours. Fears of robbers. He wants everybody to be at beck and call and wants everybody's attention on him. If somebody is late to attend his call, he feels neglected and starts abusing. Fear to remain alone. Complains that his wife is not looking after him properly. Again I repertorized the case:

SR 473 Anxious Delusion SR 237 Fear of accident

K 43 Fear of misfortune K 46 Fear of being alone

K 4 Anxiety mornings, rising on

K 4 Fear evil of, morning on waking

*Rhus-tox* came up again.

I verified *Rhus-tox* in the "New Comprehensive Materia Medica of Mind" of Dr Chitkara (p 560 and 562) and found it quite applicable for the patient. This medicine is indicated in Kent's Repertory as 3<sup>rd</sup> grade remedy for all the rubrics mentioned above. Since this remedy *Rhus-tox* had restored his memory, I choose to give further trial and prescribed it in 10M (14/05/95). After this I saw the patient on 27/09/95. He told me that he is going to his office daily and has started his astrological practice, in a small way. Also he is arranging the marriage of his youngest son in Chennai.

**DISCUSSION:** *Rhus-tox* selected on the basis of the symptom Restlessness proved to be by chance, a key to unlock the memory block in head injury.

*Truly speaking, I was not at all sure of having such a miraculous result in bringing back his lost memory.*

*Rhus-tox* runs through the rubrics taken in most ordinary type i.e. 3<sup>rd</sup> grade remedy and in some of them it does

not appear at all. His anxiety and apprehension mostly points to *Arg-nit* and *Mag-sulph*. This encouraged me to go through this remedy again and again in various Materia Medica and tried to find out its wonderful influence on our grey matter, but found nothing in any of them.

**CASE 2: TRAUMA INDUCED DIPLOPIA**

Mr N C, a lawyer aged 34, came to me on 06/03/98, with a complaint of double vision only when reading. For the last four months, letters seemed to be overlapping. Consulted an ophthalmologist but no help at all. The patient is chilly, suffers from coryza and sneezing on slight exposure to cold air, Urticaria appears on back of hand on exposure to cold, sneezes incessantly after rising in the morning. This is since 1991. Costive bowels. Temperament polite and suppressive. Appearance – tall, slender. Complexion fair. Desire sweets, open air, slow in performance of his routine work.

P/H Falciparum malaria, Typhoid, fracture nasal bone in 1983, tonsillectomy in 1980.

F/H: Mother NAD, Father BP after the age of 60 and died of heart failure, Brother-piles.

06/03/98 *Kali-bich* 1M/1 OD

21/04/98 No change. *Psor* 1M/1

04/06/98 No change. This time he informed that had suffered long time back from head injury to his left parietal region. His old problem of recurrent urticaria is now somewhat better, *Cicuta* 200/4 OD

07/08/98 Throat irritation due to white wash of his house. *Ars-alb* 1M/4 followed by *Pothos* 200 and *Sil* 200 one dose each.

28/01/99 No recurrence of diplopia. Urticaria still + which < on exposure to cold. *Hep-s* 1M/1.

27/02/99 Very slight > in urticaria *Hep-s* 1M/1.

02/08/99 Urticaria > but not completely. No recurrence of diplopia. He is perfectly cured of his vision problem after *Cicuta* 200. This symptom was perhaps due to the long-standing bad effect of left sided head injury.



# Advantages of Knowing the Constitutional Remedy of the Patient

**INTRODUCTION:**

Homoeopathic understanding of the patient, his constitution and his disposition assists us in the management of the patient. Homoeopathy has this great advantage in the management of the case.

There are cases from the case files and video shoots of Bhuj, which was visited by some of the ICR faculty on 8/3/2001. They spent 10 days there and treated a num-

ber of cases, with great success. These cases would fill up one whole issue. Here we want to just stress one aspect through one case

**CASE 1:**

Master Vijay (name changed) who had been a victim of the Bhuj earthquake had severe crushed injuries to the ligaments to the left hand and left foot. He had received best of the treatments for the management of his injuries. He was put in the plaster for his ligament injury and sling for his hand. He had been admitted in the camp hospital for his injuries. His other family member were scattered in different places. Only his paternal

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