

# A Case of Prolapse of Intervertebral Discs

## PRELIMINARY INFORMATION:

On 18/9/2002 Mrs ISB reported, Vegetarian, Hindu –  
Leva patidar, Housewife with no education background,  
70 yr, married from 1948, Husband: 75 yr retired Rail-  
way employee

Father expired in pt's Childhood, Mother expired when  
92 yr old.

Brother: 65 yr. One sister Expired at 75 yr.

Second sister: 72 yr

Children: Sons: 52 and 47 yr. Daughter: 49 yr

## CHIEF COMPLAINTS:

LOCATION	SENSATION	MODALITIES	ACCOMPANIMENTS
Left Sacro-Lumbar <sup>1</sup> Joint Since:26/8/2002 Sudden Onset	Pain Numbness	> traction > lifting the leg up	Nausea Giddiness
Soles- Fingers Since 7-8 yr Left thigh Right thigh occasional	Burning  Pain	< all seasons > cold water > ice water > cold application on head < night > hot fomentation > support	
Knees since: 20 yr	Throbbing pain No swelling	< sitting/ folding knees > hot fomentation > allopathic treatment	

## ASSOCIATED COMPLAINTS:

LOCATION	SENSATION AND PATHOLOGY	MODALITIES	ACCOMPANIMENTS
Skin Back, Chest, Axilla, Groins. 30 yr Back. Duration 2 yr	Maculo-Papular Eruptions Watery Discharge	> EXTRACTING TEETH > skin specialist > tepid water	
CVS 2 Episodes 5 yr Back	Exertional Dyspnoea	admitted in hospital twice < climbing steps	
GIT	Indigestion, Eructations Occasional pain	< allopathic treatment	

## PATIENT AS A PERSON:

SKIN- h/o boils; suppurated once which took one month to heal.

TEETH - Pyorrhoea once

PERSPIRATION- Yellowish Staining Fast, Odour +

CRAVING and AVERSION - Not significant

ELIMINATIONS - Normal

MENSTRUAL FUNCTION - Hysterectomy 18 yr back due to prolapse of uterus and menorrhagia

OBSTETRIC HISTORY- Normal

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SLEEP - Normal  
DREAMS – Dead relatives

**THERMALS:**

BATH -Cold Water In Summer And Tepid In Winter  
Covers with Shawl upto neck - all 12 Months  
Soles UNCOVERED ALWAYS  
Fan Summer Full and Winter Mild

**FAMILY HISTORY:**

Paternal uncle Cancer

**PHYSICAL EXAMINATION:**

BP 120/86 mm of Hg. Weight 56 kg.  
SLR 90/90. (ie Not positive)  
No sensation in left distal 1/3<sup>rd</sup> foot except great toe.  
Right foot NAD  
Ankle jerk diminished on right side.

**INVESTIGATIONS:**

28/8/2002  
CBC: Hb 12.6 WBC 7100 N 66 L 30 E 4 ESR 22  
Serum Creatinine 0.6  
Lipid Profile: Cholesterol 168 LDL 110 HDL 34 VLDL  
23 Triglycerides 116  
Blood Sugar: F -70 PP- 139

**MRI LUMBO-SACRAL SPINE 31/08/2002**

Changes of spondylosis including loss of curvature (scoliosis), disc degeneration and osteophytosis with facet arthropathy at L4-L5 level. Posterior and left paramedian protrusion of L 2/3 disc causing indentation of the thecal sac & left nerve root indentation at neural foramina. Posterior and right paramedian protrusion of L4/5 disc causing thecal sac indentation & bilateral nerve root compression. Rt posterior lateral protrusion of L5/S1 disc causing indentation of right nerve root at neural foramina.

**XRAY LUMBOSACRAL SPINE (AP AND LATERAL)**

Moderate dorsal and lumbar spondylosis with anterior and lateral and posterior osteophytes. Disc spaces are normal. There is generalised osteoporosis.

*(This confirms that X-ray LS Spine with a clinical diagnosis of PID is NOT indictaed. MRI is a must-CO-ORDINATING EDITOR)*

**X-RAY LEFT KNEE (AP AND LATERAL)**

Mild to moderate osteoarthritis of the left knee joint.  
X-RAY LEFT HIP with femur (AP): NAD

**LIFE SPACE:**

History was submitted by the younger son with whom the patient is staying. Patient was not able to come for the first interview, hence details were given by her son. She was later called to confirm the prescription.

She gets very irritable if something goes against her wishes. She gets irritable on everyone in the family right from her husband to grandchildren. She expresses her anger by banging vessels. He has noticed this temperament since early childhood. Patient would shout on grand children for the slightest mistake and would complain to the son, who in turn would explain her that they are small children. Her irritability and anger lasts only for short time and later she cools down.

Extra work, like when relatives come for undergoing treatment in Bombay and stay for months, which happens frequently, increases her irritability, as she has to manage the household work, children and relatives. Post illness she has become more irritable. Because of the pains she cries and asks everyone whether she will ever get alright?

Patient's eldest son is staying in Mumbai and came only once during her illness. She constantly complains about this.. Patient's daughter is working and during her maternity time she came to stay with her and patient had to take care of daughter's children, which added to her irritability and mounted her anxiety of managing the family.

Son says that she lacks affection in her nature towards

anyone including grandchildren. She is not attached to anyone. She is egoistic and compares with her daughter-in-laws and says that during her days she used to do so many things and today D-I-Ls are not able to do in that manner. She is weepy by nature and cries easily on any matter: egl if some close relative expires. She cannot keep family secrets and tells everything to the neighbors.

#### MENTAL STATE AND DISPOSITION:

Lack of affection/indifference

Irritable

Anger < contradiction

Egoistic

Anxious

Wants company

<Alone

Dreams Dead relatives

#### SUMMARY OF FOLLOW UP:

Treatment was commenced from 18/9/2002 with *Sepia* 200 1 PHS. *Kali-carb* was a close D/D, but *Sepia* selected as a chronic constitutional remedy considering the mental state and desire to always uncover soles. There was a definite regression in her pains for initial three days and again the pain started. So *Sepia* 200 3 PHS. She was able to tolerate her pain well and after two weeks she complained of stiffness in her toes and pains increasing at night. Hence *Sepia* was made 200-

7 PHS.

On 16/10/2002 she complained of pain in shoulder joint. It was diagnosed as frozen shoulder and was advised hot fomentation and exercises. *Thuja* 200 1 PHS introduced as the anti-miasmatic remedy with *Sepia* 200 6 PHS. With this she improved considerably and on 23/10/2002 she reported to be overall 50 percent better. Same line of treatment was continued and her sensation in the feet got restored completely by 13/11/2002. Frozen shoulder also improved.

On 27/11/2002 she developed sore throat having modalities of thirst for warm water which >. Congestion in throat got promptly relieved by *Hepar-sulph* 200 6hrly.

There was overall improvement in her functioning with relief in the pain in lumbosacral joint, knee and sensation of foot restored. Patient discontinued treatment on her own after 12/12/02 as she felt better and is reported to be doing well till date. We have no information about any improvement in her nature.

**CONCLUSION:** Any pathology can be treated provided the patient gives characteristic symptoms and allows a well-indicated remedy to be chosen, which is carefully used under supervision. It would be useful if X-Ray reports also show corresponding relief. But in our kind of practice, expensive investigations are not always easy to repeat.

“Courage is the most important of all the virtues, because without it we can’t practice any other virtue with consistency.”

- Maya Angelou -