A Magical Cure?

INTRODUCTION:

This is an epoch making case of my career, one which gave me immense satisfaction and contributed greatly to a deeper understanding and evolution thereafter.

1. I never saw the patient. It is a case prescribed mainly on the history supplied by the patient's grandfather, an eminent Homoeopath from Jabalpur.
2. It was a difficult case and it made medical history. In Jabalpur at the same time there were 3 patients - all 16 yr olds-2 boys and 1 girl, with the same disease. The other two received highly sophisticated 5- star treatment from leading consultants in hospitals in Mumbai, but could not be saved. Our patient not only survived but today, 2 years down the line, he is hale and hearty and 100% fine, with no after-effects of the disease.
3. Several Homoeopathic remedies, like *Chelidonium* etc and it had not made a dent in his condition.
4. Here he was given mainly constitutional and antimiasmatic treatment and a particular repetition schedule was followed which is important in life-threatening conditions. This is what pulled him out. This case thus will demonstrate the different kind of necessary treatment which a Homoeopath must be agile enough to choose for THE case.
5. Another very senior Homoeopath in Calcutta was also consulted and he concurred with the treatment! (with lower repetition).
6. And most importantly, this case is fully documented in terms of all investigations graded almost weekly. Treatment was continued till all the parameters turned normal.

DR VISHPALA PARTHASARATHY LCEH
Milan Clinic,
Saraswati Road, Santacruz (W)
Mumbai-400 054
Tel : 6492762/ 6042749
e-mail: vishpala@.vsnl.com

So this case, in all senses, is the finest example of classical Scientific Homoeopathic practice, which I am proud to present to you, to demonstrate what good Homoeopathy can achieve.

CASE: Ma Sunny Khanna, 16 years, Grandson of Dr J S Khanna, an eminent Homoeopath from Jabalpur.
Developed Fever: 1.08.99 to 2.08.99 controlled with *Belladona 6.*
Then started the Pain in Epigastrium, Nausea, vomits (1-2 per day on 4.08.99 evening to 5.08.99) with Hiccough lasting 2 hrs on 5.08.99 evening.
Icterus noticed on 09.08.99

PAST HISTORY:

As an infant, suffered spasmodic cough controlled by *Ars-alb* 30
Measles in childhood. Frequent seasonal fever till 12 y.

FAMILY HISTORY:

Mother : Obesity *(Syc)*
Allergic Dermatitis over fingers *(Tub)*
Father : Hypertensive *(Syc)* Slight obese
PGM : Osteo Arthritis *(Syphillitic)*
PGF : Tendency to Gastritis, Cold & Cough *(Tub)*
MGM : Diabetic mellitus *(Tub)*
MGF : Gastritis, Acidity *(Sycotic)*

PT AS A PERSON:

Reserved. Speaks less, but very intelligent. At the age of 12 y, he started driving a 2 wheeler auto vehicle and now drives a car nicely. Good cricket player. Was poor in studies, since careless about exams and homework till his middle school, but slightly improved after 9th class. Since he is basically intelligent, he gets through with little studies getting almost 1st division marks. He is decent in behavior with friends. Dominating. At times, he cries loudly in anger. Careless about bathing and keeping things.

CONSTITUTION: Obese till 2 yr ago, but now appears above average built, height 5'.6", weight was 68 kg before this illness ie in July. Now reduced to 57.5Kg- a weight loss of 10.5 Kg in 2 months. Felt hot during good health, now occasionally feels chilly.

INVESTIGATIONS: All the investigations done in reputed Labs of Jabalpur and we have originals of ALL

Normal values: *(for reference)*

S Bilirubin: Total 0.2-1.0mg% ; Direct -0-0.2mg%; Indirect-0-.8; SGPT-upto40/L;
SGOT-upto 40/L Alk PO_4-37-147IU/L ; PT -

Date	Bilirubin			SGPT	Alk PO_4	PT in seconds	Hom Rx after
	Total	Dir	Ind				consultation
11.08.99	09.0	7.8	1.2	850	492	-	Steriods
20.08.99	19.2	13.3	5.9	180	-	-	
22.08.99	27.0	18.5	8.5	141	-	11.8/38.0	
23.08.99	15.0	12.6	2.4	164		-	
24.08.99	24.0	12.7	11.3	250	196.2	-	
25.08.99	21.0	15.1	05.9	146	-	13.3/41.4	
31.08.99	33.7	22.4	11.3	75	200	13.2/49.2	
01.09.99	36.2	25.8	10.4	80.2	204.2	14/16	*Tub-b*1M 1st dose
06.09.99	27.32	22.11	05.21	90.1	198.0		
13.09.99	26.5	18.4	8.01	104.7	802.8		*Tub-b* 2nd dose
16.09.99	19.70	18.00	1.70	84.4	482		
21.09.99	23.2	17.2	6.00	81.00	627		
27.09.99	26.6	17.3	9.3	141	718		
27.09.99	18.8	14.1	4.7	96	458		*Tub-b* 1M 3rd dose
04.10.99	22.00	18.4	3.6	112	670		*Calc-iod* 200 1st dose
04.10.99	17.2	14.8	2.4	75	585		
11.10.99	15.8	13.2		70	336		
18.10.99	18.7	13.4		132	258		*Tub b* 1M 4th dose
28.10.99	15.8	13.4		94	162		*Puls* 200 wkly
9. 11.99	13.6	10.2		80	275		
20. 11.99	12.8	10.1		100	165		
6.12.99	7.0	5.8		102	102	Hb=12.8	*Calc-iod* 200 2nd dose
22.12.99	4.1	2.3		78	87		
3.1.00	1.93	.85		45	64		
19.1.01	1.00	0.60	0 40	33	319		

Ultra sound upper abdomen on 22.08.99 and 01.09.99 and CT scan on 02.09.99 with oral and I/V contrast shows no evidence of obstruction.

PREVIOUS HOM TREATMENT:

Nux vom 6- on 4th & 5th Aug '99.

Chelidonium 30 (on clinical suspicion) - 7th August to 21st August then reduced to *Chelidonium 6* from 22nd to 31st August morning. One dose of *Chelidonium* 30 again given on 31st night.

Intercurrent remedy – *Merc-sol* 200 –a dose on 21st evening; 2nd dose on 22nd August morning.

On 22nd August Morning he was given by the ladies of the house, one dose of Jarri-booti (some crude drug) in curd.

On 24th August Morning he was given one capsule of vitamin B complex with Z, which resulted in nausea

OTHER INVESTIGATIONS: All dates are 1999

Tests	11.8	23.8	1.9	2.9	4.9	4.10
Hb	14.8			12.2		
WBC – TC/ DC		N	N	N		
Serum •roteins Total	5.2	6.8				
Albumin	3.0	5				
Glob	2.1	1.8				
Ratio	1.4:1					
Blood grou•	B Rh +					
Australia Antigen	-VE	-VE	-VE		-VE	-VE
Hepatitis A Abs, IgM, Qual					+VE	+VE
Hep B CORE Abs, IgM, •ual					-VE	-VE
Hep C Abs, IgG, EIA					-VE	-VE
Hep E Abs IgM EIA					-VE	-VE
Hep E IgM, Qual						
Hep E IgM Value					0.009	.009
Hep Delta Abs, total					-VE	-VE

and vomiting for 3–4 hours.

Sulphur IM given on 26th Morning

Tuberculinum IM given 1st September morning on advice of Dr Vishpala Parthasarathy, pending full history write up.

(NB: The father had telephoned me and told me a brief history and on the understanding of the gravity and the underlying miasm, I told him to introduce one dose every 7-15d and meanwhile to send me the history. This took him a few more days to send. Meanwhile he continued his own treatment)

Chelidonium 30 TDS from 2nd September alternating with *Nat-phos* 3X TDS

Again *Tub-b IM* 1 dose was given on 14th Sept night.

Chionthus 1 x 4hourly 4 times daily from 15th Sept.

Chelidonium 30 stopped from 14th Sept and *Nat-sulph* 6 TDS started alternating with *Chionthus Q.*

Again *Tub-b 1M* given on 28th Sept night

Calc-iod 200- 1 on 29th September morning.

Chionthus Q & Nat-sulph 6x alternately from 30th September onwards.

13.10.99 Dr VP received the full history, which has been given to you as above. Chronic cholestatic Hepatitis after Hep A. Bil ++ Had given steroid x 5d Slow recovery. Liver=N.

Now my treatment proper starts. Tub 1M and *Puls* 200- daily was advised.

Meanwhile they also had sent the history to **Dr KANJILAL OF CALCUTTA WHO CONCURRED WITH TREATMENT AND CHOICE OF RX**, but with less rptn. *Tub* mthly / *Puls* weekly. PGF thought this safer. So treatment initiated.

1 week later: 20.10.99 Itch <AM. Skin yellow >25% Persp Palms and soles.

2 weeks later: Physically, pt appears better and near normal in all respects except deep icterus in eyes. Yellowness of skin 25% reduced. Itch^3, now partly reduced. Gets much perspiration after which itch <. Perspiration over palms and soles, frequently. Though likes Fan and Air but at times feel chilly and also wants to cover. Appetite is good and eating is almost normal.

Results are clearly and unmistakably demonstrated by the decreasing lines in the investigation, given above.

DIAGNOSIS: Acute Viral Cholestatic Hepatitis

REASONS FOR REMEDY SELECTION:

PULS: PHASE REMEDY

Evening < - very marked. And most peculiar
Child-like make-up. Likes open air.
Pt has turned Hot ➔ chilly in acute phase

TUBERCULINUM: INTERCURRENT

Based on the basis on the appreciation of the dominant tubercular miasm. Used in 1M Potency as it is a Nosode.

CALC-IOD CONSTITUTIONAL REMEDY

HOT CALCAREA

TO UNDERSTAND THIS CASE AND THE APPROACH, IT IS NECESSARY TO UNDERSTAND SOME GENERAL THEORIES: LET US TAKE THEM ONE BY ONE.

TUBERCULAR MIASM (IN BRIEF)

Vitiated susceptibility
Characteristic weakness
Disease progresses
Rapid Sinking of the system.
MIND: Artistic. Outgoing. Refined. Sensitivity.

In our collective experience, the underlying miasm in Jaundice, is often *Tubercular*: known through indicators: infection, liver dysfunction, proneness to infection. Lowered immunity, debility, weakness, which takes many months to recover. This establishes *Tuberculinum* as the main intercurrent remedy.

So the conclusion that this epoch making issue will prove beyond doubt:

Proves and establishes beyond doubt the great utility and widespread use of the 4th miasm-the Tubercular miasm.

Master Hahnemann called it pseudo-psora. Kent and then Roberts evolved it further, but in different directions. Establishing and exploring all its dimensions and use in serious disorders will eventually (in the annals of history) go to my mentor the late Dr M L Dhawale.

ON THE USE OF THE INTERCURRENT REMEDY (IC)

As the name suggest, an intercurrent remedy is one which comes in-between the current. Here current means the flow of the Homoeopathic remedy.

Situations when the IC or anti-miasmatic remedy is called for:

1. When the remedy worked an initial amelioration and then it stalled. The IC will re-establish the flow.
2. When there is paucity of characteristic symptoms, use the IC based on the Fundamental miasm of the patient. This IC will open up the case and stimulate the susceptibly, to show a clear picture of the constitutional remedy, which, if given at this right time, will then lead the system to cure.
3. When not getting a picture of indicated remedies or when indicated remedy fails to act.
4. All these 3 situations arise when the susceptibility is tampered with, due to noxious agents- either natural -like disease or man-made like chemicals or strong medicines.

A BRIEF UNDERSTANDING OF MAISMS AND *DISEASES:*

Disease is a travel from functional to structural, from *Psora* to *Sycosis* to *Tubercular* to *Syphilis*.

How the disease travels in an individual case will be dictated by his soil, his Fundamental miasm. One case may go directly from Psora to *Tubercular* with the dominant expressions at Tubercular level- like diabetes and Tuberculoid leprosy etc. Another child is born with cleft palate- the expression directly syphilitic miasm, dictated by his inheritance. This we call **the load the system is born with.**

Dr ML Dhawale started his serious experimentation with the leprosy project. Other projects followed and the miasmatic understanding and approach was verified time and again in practice. In fact, today, a large no of diseases of the 20-21st century fall into this miasm and the use of the nosode *Tuberculinum* far exceeds the use of all the other anti-miasmatic remedies put together. But each IC has its place and utility.

FINAL CONCLUSION OF THE CASE: *Tuberculinum* alone could not have cured the case. This was proved inadvertently by using 3 doses before the case was received, studied and *Puls* given. So it did act as the anti-miasmatic remedy, and along with *Puls* as the deep acting phase remedy and *Calc-iod* as the constitutional, took the pt to full recovery. ❑