



Mixed Cases

CASE 1: INSOMNIA FROM JERKS

Most of the time, thinking for specific line of medicine, we fail to select the correct indicated remedy when we most need it; eg for liver ailment, we think of *Chelidonium*, or for physical injury – *Arnica*; for dehydration

China or *Carbo-veg*; for bone injury – *Ruta*; for indigestion – *Nux-vom* or *Pulsatilla* and so on. We generally overlook them and do not give due weightage while prescribing. But as a homoeopath we should forego the specificity of remedy and must practice to visualize them without any bias.

This is one such case where I missed to select the right remedy at the right time and took long to bring relief to the patient. Mr D, 54 lost his wife in a road accident in August 2001. After this he lost his usual sleep, as he used to get severe body jerks when falling asleep. This made it near impossible to attend duty. He took leave and took some allopathic medicine, which gave him temporary relief. He then consulted me for his insomnia and jerk during sleep.

Based on his recent grief I prescribed *Ignatia* 200 (08.08.2001) the Homoeopathic specific for grief which did no good. He continued his allopathic medicine till 05.11.2001 and asked me for help again. This time I gave him *Ars-alb* 1M/3 to be taken every night for 3 consecutive nights. He got some relief but he used to get more jerks on his head when falling asleep. I prescribed *Ignatia* in 1 M potency thinking that this medicine is not acting properly perhaps due to incorrect corresponding potency he required.

But this too proved useless for him.

On 13.12.2001 I repertorised his case and took the



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mental trauma as an eliminating symptom and considered the other particulars as follows:

- 1 Mental trauma, mental shock (syn.221)
- 2 Ailment mental shock from (syn.6)
- 3 Head, jerking, sleep during (syn.271)
- 4 Flatulence (syn 725)
- 5 Sleeplessness (syn 1432)

All these rubrics pointed towards *Arnica* and I gave him *Arnica* 1M, which worked marvelously to control the jerks and he could sleep. Had I been able to prescribe this remedy earlier without depending on specifics, which are so set in our mind, then we could possibly benefit our patients more.

CASE 2: INVOLUNTARY STOOLS

A boy, 2 yrs old, was brought to me on 16.05.2001 for the following complaints:

1. When playing he passes stool and soils his underwear, as he has no control over it. Many attempts by parents to educate him properly was to no avail.
- 2 The child used to hold his penis before passing urine.
- 3 Itching of penis ++
- 4 He lies on abdomen at times and starts rubbing his penis by moving his hip up and down. For this habit his parents scolded him and tried to prevent him but in vain.
- 5 He is of dominating nature when playing with his playmates.

F/H parents are school-teachers. They have no systemic disease. Other symptoms as narrated by his mother: that the child never stands without support. He prefers to stand leaning on somebody-no cause or muscular weakness. but mere habit.

05.2001. *Thuja* 200/4 doses to be taken one daily.

23.05.2001 No change.

1. Rectum involuntary stool (syn 806)



2. Masturbation disposition (syn 890)

3. Itching penis (syn 889)

4. Dictatorial (syn 91)

All the above said rubrics pointed to *Lachesis*.

14.06.2001 *Lachesis* 1M/4 O.D.

20.06.2001 Slight improvement in the habit of handling penis. Sleeps very late. Slight improvement in involuntary stool. *Lachesis* 10M/4 O.D.

03.07.2001 Marked improvement in penis handling. Stool also not involuntary

but he does not defecate timely and regularly. SL

29.07.2001 No further > *Thuja* 10M/4 B.D.

27.08.2001 Some pale spots are seen on his face. No further > in other problems.

Lachesis 10M/30.D.

06.09.2001 Remarkable improvement in all the symptoms. No medicine after this. After this he lost contact with me till 23.05.2002 when I saw him with his cousin sister who came for treatment. He was perfectly healthy. None of the previous complaints were reported..

CASE 3: TUMOUR OF POPLITEAL FOSSA

Mr M Sahu, 70 yrs was brought to me on 24.09.2000 by his son who was under my treatment for Fistula, pt c/o pain in the Rt knee for many yrs. Getting up and sitting gives pain in knee are to big hard tumour in the popliteal fossa of the right knee which gives him pain when rising from seat and sitting down. He had taken some injection on the knee for relieving pain but no relief. He was advised surgery but did not agree. He lives in a remote village where he got his blood sucked from knee, which gave him temporary pain relief.

ASSOCIATED SYMPTOMS. Attack of sneezing morning and evening. Thirstless. Insomnia whole night. Temperament - very short tempered. Irritable.

Past History - Typhoid 30 yrs back, severe cough in August 2000 treated with conventional medicine. Synthesis Repertory's page 1394 indicates *Calc-f*, *Phos* and *Sil* against the rubric Tumors: knee: hollow of: But looking to his temperament I preferred to give him

Nux-v at first -30/1 dr TDS.

19.10.2000 Growth of popliteal fossa reduced, no pain now. Pain has gone down to leg. Overall better. *Nux-v* 30 repeated for one month more. 09.01.2001 the tumour has become very soft and reduced in size. Pain is still persisting in leg. Sleeps well. Appetite good. Now no irritability. Repeated the same medicine as it should be repeated frequently till a perceptible relief is obtained in a physical particular systems like tumours, fibroids etc. After this he did not contact me. His son reported that the popliteal tumour has vanished and he is in now in good health.

CASE 4: MANIC DEPRESSION

Mrs. B, 30 yrs, mother of 2 children came for consultation with the following complaints.

Severe persistent nausea in early morning after getting up. Sight of food also brings on nausea. Looking at any one sick makes her wonder what will happen if she falls sick? Total anorexia. No thirst at all. She saw a mad man and she started thinking what if she becomes mad like him? Thus thinking hard, she gets horripilation. Always feels tired and exhausted with frequently yawning, which is more frequent in the morning. Lacks self-concentration. Delusion of being mad. Hopeless thoughts with feeling as if she is not going to be cured. H/O recurrent coryza.

2 Caesarean section deliveries due to lack of labour pain.

Temperament - quiet nature. Indisposition to talk much suppression nature.

F/H Father was a patient of depression. Mother well. Desire chillies. Saltish food.

Menstruation - very scanty. Regular and timely. Duration of menses - 3 days. Ambithermal.

30.11.2000 *Nat-mur* 200/4 OD

29.11.2000 No>, feels worse from morning to 1.30 p.m. no desire to eat. But after feels somewhat good after 1.30 p.m.

Sep 1 M/4 o.d. SL 10 o.d. *Sep* 10M/2 o.d. SL 10 o.d.



She did not contact me for a long time. After a few months one of her relative informed that she is keeping perfectly good health and is not depressed now.

CASE 5:

Mr Gautam aged 28 yrs a union leader of class three employees and a social worker came to me on 11.10.2000. Since May 1999 he is feeling sick with crawling sensation in scalp and heaviness in head with vertigo. He gets palpitation before going to sleep. This he is observing for last few weeks and took some medicine without relief. He feels tension and restlessness in the brain. His tongue gets stiff rendering it difficult to talk. Tingling starts in his hands and feet after sitting a long time. Abdomen gets bloated followed by loud eructations, which bring him some relief. Overall he feels better when occupied. His palm feels as if some heat is emanating from it. Never feels nervous. Quick and hasty in action. Impatient. Hasty in eating. Dreams without any head or tail. Dreams of daily work. Thirst-he takes a jug full of water after rising in the morning and then 6-7 glasses a day. Stool o.k. Desire saltish and mild sour food.

H/O jaundice. May 1998, Typhoid 1983. Repeated malaria. Multiple injury in legs and forehead. Got married in Feb 99.

Investigations: colour doppler echocardiographic evaluation dated 02.05.2000 reveals everything normal. C T Scan of F/H parents o.k. Mother has some abdominal trouble.

I took the following rubrics

- Hypochondriasis (Ph.189)
- Hurry (ph 188)
- Occupation>(ph260)
- Vertigo (ph387-388)

I selected *Nux-v* and gave him in 200 potency for 6 days daily one to be taken in bedtime.

03.11.2000 did not take the medicine properly and regularly as he was busy with some work of his union and had to go outside the city. No perceptible change.

Nux-v 1M/2 OD bed time.

24.11.2000 Slight better. *Nux-v* 1M/4 SL 7 and *Sul* 200/4 O.D. morning. He was found perfectly relieved and needed no medicine subsequently.

CASE 6: CHOLESTROL-HBP -A CASE STUDY

Mr N K J aged 53 yrs engineer in State Electricity Board. sedentary job Stocky built, good height. Had been taking treatment from me for pain in heel, high blood pressure, piles and sexual weakness. He was on allopathy for a long time for high blood pressure and as a result he developed sexual weakness. Then he developed diabetes mellitus, which had been completely, controlled and cured with homoeopathic treatment. Now for his heel pain I gave him *Zingiberis* 30/1dr TDS for 7 days on 13.10.2001.

26.10.2001. Slightly better in heel pain *Zingiberis* 30/1dr TDS for another 7 days.

04.11.2001.No further > in heel pain. During this period he got chest pain got his heart checked up and he was advised to get his cholesterol and prescribed *Zincum-met* 30/7 b d

19.11.2001 much better in heel pain. *Zincum-met* 30/8 B D

20.12.2001 75% > in heel pain. He did not take any allopathic medicine for high cholesterol. So this time I gave him *Allium-sativa* Q 1 oz 10 drops B D.

26.01.2002 he developed some ulceration in his cheek. I advised to stop all. All-Sat Q and prescribed *Nat-mur* 200/3 as his cheek was sensitive to hot drink and hot food.02.02.2002 Slight > in cheek ulcer. *Nat-mur* 200/3 O.D.

11.02.2002 No farther improvement in cheek ulcer. *Lycy* 200/4 BD.

24.02.2002 No > in erection. Early ejaculation ++, *Nit-ac* 30/1dr TDS.

17.03.2002 No > in any respect. *Graph* 200/4.

25.03.2002 > in mouth ulcer only. No>in other problems. Advised to start *Allium-sat* Q again.

07.04.2002 Cheek ulcer again flared up and he was advised to stop it and gave *Graph* 1M/4.



13.04.2002 No change. No medicine.

25.04.2002 Graph 10m/3x 15 minutes.

25.05.2002 He reported that his cheek ulceration is almost gone but other problems are still persisting. He did not stop allopathic medicine for high blood pressure.

It may be seen from the above noted details of treatment that the patient is allergic to *Allium-sat* Q, be-

cause whenever he started taking that medicine he developed cheek ulcer. But it is a fact that during the course of homoeopathic treatment his blood cholesterol has remarkably come down.

After taking *Allium-sat* Q, which may be seen as, follows:

Date of Exam. (mg.dl)	Total Cholestrol (150-250 mg/dl)	HDL (30-75mg/dl)	LDL (upto 150mg/dl)	VLDL (upto 30)	Triglyceride (M=40-160 (F=35-135))
19.10.01	263.96	48.38	90.0		127.9
28.03.02	214.0	88.5	99.6	25.9	129.5
09.04.02	180.00	52.00	103.60	24.40	122.00

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