



Ferrum To The Rescue

INTRODUCTION:

In acute prescribing the success of a Homoeopathic physician depends upon his ability to grasp the essentials of the case. Often a common symptom of a high intensity has great value so too objective symptoms.

To demonstrate:

CASE: 1

A 35-year-old male patient, a singer by profession, came to me in panic he had lost his voice! He had been singing at a concert for 5 to 6 hrs the previous night, which resulted in the voice strain. No other significant history was obtained.

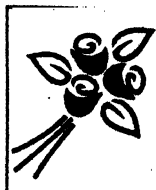
Ferrum-picricum 1M, a few globules dissolved in half cup of water, 1 tsp given hourly. Selected on AF failure of function of vocal cords. Two days later he happily reported that his voice was back to normal!

CASE: 2

A 32-year-old woman, a housemaid, presented with severe pain in the left shoulder since 10 days. AF extra house cleaning work. Pain < night, < slightest movement and working in water. > rest² and hot fomentation². She had already taken Homoeopathic treatment in the past week-*Rhus-tox* 1M, *Cimicifuga* 1M, *Kalicarb* 1M, *Arnica* 1M and *Ruta* 1M, without relief! O/E anaemic, flushed and restricted painful mobility at the left shoulder joint.

Ferrum-met 1 M (read Boericke's *Materia Medica* on the important modality worse after any active effort, supported by the important objective symptoms of anaemia with facial plethora).

After a single dose, the pain vanished, much to the pa-



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tient.

CASE: 3

A 7-year-old boy was seen by me at his home for high fever of 6 days duration. The parents were anxious as the fever persisted despite allopathic treatment. Routine blood tests and a chest radiograph were normal. No detailed history available. They told me the fever rose gradually over 2 to 3 days. The fever was continuous and responded poorly to anti-pyretics. The patient was not drinking much fluid due to absence of thirst. Cough aggravated by a draught of cold air.

I noticed he was covered by two blankets in a room with all doors and windows closed. The child was irritable and not cooperative; preferred to be left undisturbed. His temperature was 103 F with a high volume pulse of 136 beats /min. The tongue was flabby. Auscultation of the chest: occasional right basal crepitations with ruddiness of the face during a bout of cough.

Ferrum-phos 1M given (Insidious onset of fever, irritability and wanting to be left alone, chilly patient, flushing of face during decreased thirst, and right sided basal crepitations). It was administered by the plussing technique and repeated half hourly till the fever subsided. The next day, the mother phoned to say that the fever was 100 F, the child was less irritable and wanted doors and windows open but the cough persisted. Same medicine continued hourly. Next morning: the child had no fever and the cough was improved. The medicine was discontinued.

CONCLUSION:

These three cases highlight the importance of identification of essential symptoms and prescription of the appropriate remedy. In other words, a red line symptom or keynote symptom is of great value in paving the way to curing the patient.

