

Can Hering's Law be proved in a 11 month old?

ABSTRACT: A case of an 11 months baby with suppression of skin leading to diarrhoea. Under Homoeopathy the cure reversed the disease process and went from General affections to mucosa and brought back the skin complaints.



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Case Registration No: N/6/01. Date: 14/2/01 DIET: Mixed. FATHER: 25 yrs in Service.
Baby P R B, 11 months, female child, MOTHER: 20, a Housewife
Hindu-Agri, resides in Navi Mumbai.

CHIEF COMPLAINTS

LOCATION	SENSATION AND PATHOLOGY	MODALITIES A.F. <, >	ACCOMPANIMENTS
G I T Since 2 ½ mths age Recurrent 2/mth for 8-10 days. Last attack: since 8 days	Diarrhoea Stools with Mucus ² 7-8 /day. Greenish, yellow ² , Sticky ² ; Sputtering ² Involuntary on Coughing and Sneezing. Redness of Anus ² O/E No signs of dehydration	A/F Suppression of Skin (Local application of Steroids) Till now not better with Antibiotics- Oral and Injectable	
URT 4 Episodes till now lasting for 3-5 days	Cold ² Nose block ² Discharge Watery, occ, thick with Cough	Rx allopathic	

LOCATION	SENSATION AND PATHOLOGY	MODALITIES AF, <, >	ACCOMPANIMENTS
Skin: Face, Ears 2 months of age 1 ½ mths. Now no lesions since then	Rashes ² Redness ² Itching ² Bleed	Rx Eumoso ² for 1 ½ months	
Dec 2000 for 10 days	Measles		

Mother's Health: Normal. Delivery: FTND.

Birth Weight: 2.5 Kg.

DEVELOPMENTAL LANDMARKS: Head Holding-3 m;

Sitting- 8 m; Dentition Not yet. Crawling- 9m;

Speech-Words 8 m; Standing- 10mths

Feeding: Breast Feed + Solids

PATIENT AS A PERSON:

APPEARANCE: Lean, Fair.

Skin: Soft, HAIR: Black

PERSPIRATION: Partial Head², Odors: Nil, Staining: Nil

DIGESTION; Appetite: Poor if ill.

CRAVINGS: Rice Ganji; Salty²

ELIMINATIONS: STOOL: C/ C.

URINE: Frequency: Day/Night: N. Difficulty: Nil

DIET: Breast feed, Milk, Rice water, Khichdi, Apple Juice, Eggs, Rice, Chapati

SLEEP: Sound. Occasionally startles

B. REACTIONS – PHYSICAL FACTORS Air: Open Likes, Fan: Prefers. Cranky if off. Uncovering: Desires, Covering: Dislikes. Removes Cap, Clothes : Light Prefers. Woolens: Bath: Warm. Thermal State: C2 H3

FAMILY HISTORY: P G MO—ASTHMA; FA-HYPOTENSION

PHYSICAL EXAMINATION: General Appearance: Temp: N. Pulse: N. RR: N. Weight: 6.75 kg

Throat: N. Tonsils: N. Nose: N. Ear: NAD. Tongue: Clean. Lymph nodes: NP RS: NAD. CVS: NAD. P/A :Soft, Liver/, Spleen: NP

C. LIFE – SPACE INVESTIGATION

Only daughter of a well to do Agri Family. Mother described her nature as irritable, obstinate, Startles at sudden noises and occasionally in sleep. She has no other fears.

CBC	Hb	10 gm%	E	2	PS – Abnormal RBC		NAD
	WBC	6000	L	36	PS – Abnormal WBC		10 gm%
Urine Stools	Routine	NAD	M	2	Platelets		6000
	Color	Green Yellow	N	60	NAD		N
	Reaction		Form and consistency	loose	Pus cells	Green Yellow	++
	Occult Blood RBC	+ + +	Mucus	++	Epithelial Cells		+
			Blood	+	Macrophages	+	
			Parasites	-		+	

CLINICAL DIAGNOSIS

Chronic recurrent diarrhoea –bacterial.
Recurrent URTI.

H/o Atopic dermatitis and measles

TOTALITY: Chronic Diarrhoea after suppressed skin eruptions with redness of anus, Irritable Perspiration head²

Obstinate Craving salty
Hot Delayed dentition

CHRONIC REMEDY: *Sulphur*

ACUTE REMEDY: *Aloe*

SUSCEPTIBILITY: Moderate —200—Infrequent

SENSITIVITY: High—200-1M. Infrequent /Cautious

SUPPRESSION: ++—30—Infrequent

CHRONIC: (LSMC + ATTRIBUTES)—200—Infrequent

DISCUSSION

The case demonstrates evidence of **Suppression** of Skin allergy by local application of Steroids. Disappearance of Expressions on the skin has lead

to affection of **the colon mucosa** and in addition to morbid Susceptibility leading to chronicity and recurrence of complaints, leading to overall deterioration in the growth of the Child-(under-weight)

Sulphur selected as the Chronic Remedy has been able to set forth the Susceptibility on the right path of recovery by Re-emergence of the old suppressed symptoms

Further Follow Ups of acute diseases & the use of Acute Remedies for the same followed by a dose of *Sulph* 30; indicate the stages the system passed through in the process of travel from **morbidly to normalcy**

Course of Disease: Skin to Mucosa to General
Course of Cure: General to Mucosa to Skin leading to overall improvement in **susceptibility**

1) Retrospectively if *Sulphur* 200 could have been introduced earlier? Or would the System have thrown up an Aggravation?

2) *If less repetition used?*-Ed

Cases

FOLLOW-UP

DATE	SYMPTOMS	INTERPRETATION	ACTION
14/2/01	Treatment started Weight: 6.75 kg	Acute State	<i>Aloe</i> 30 QDS 2 Days
16/2/01	Stools 2/d. N today, Anus Redness >2	Give Constitutional	<i>Sulph</i> 30 1 P CM in AM
20/2/01	Stools-N; Skin-Face - Rashes +	Exteriorization Relapse	SL
27/2/01	Stools 6/d 3 days ago. Today 3 stools since morning. Skin <	Exteriorization + Relapse	<i>Sulph</i> 30 1 P CM—2nd dose
5/3/01 Tel	Sudden Vomiting 4 times ?cause	Acute State	<i>Ars-iod</i> 200 2 doses 4 hrly
6/3/01	>3 Weight: 7.25 kg	Acute phase over so repeat constitutional.	<i>Sulph</i> 30 1 P CM—3rd dose
9/3/01	Stools 7/D since 2 days: Sputtering; SKIN: Face, ears, scalp-Rashes +, Yellow Crusts	Acute State	<i>Croton-tig</i> 30 4 hrly
15/3/01	Stools -N. SKIN <	Acute State >3 Old <	<i>Sulph</i> 30 1 P CM-4 th d
20/3/01	Skin > Weight: 7.50 kg	>	SL 30 1 P CM—5th dose
27/3/01	> 2	> 2	SL
2/4/01	Cold, Thick Yellow Discharge, Fever 100	Acute URTI	<i>Puls</i> 30 QDS 3 days
7/4/01	> 3 Dentition started	Acute URTI >3. Rpt C after 3 wks.	<i>Sulph</i> 30 1 P CM—6th dose
24/4/01	No Complaints Weight: 8.50 kg		SL
4/5/01	Sudden Vomiting since yesterday 6-7/d Diarrhea Watery 7-8/d T= 100, Grade II Dehydration	Acute Gastroenteritis with fever. Needs to be treated.	<i>Ars-iod</i> 200 4 hrly
9/5/01	> 3	> 3. To consolidate --	<i>Sulph</i> 200 1 P CM-(1)
Sept 01	Patient under observation for 4 months. Had mild skin rashes. Just observed.		SL

In a Restaurant window:

"Don't stand there and be hungry, Come on in and get fed up."

In the front yard of a Funeral Home:

"Drive carefully. We'll wait."

At a Propane Filling Station,

"Thank heaven for little grills."

And don't forget the sign at a Chicago Radiator Shop:

"Best place in town to take a leak"