Case of Recurrent Allergic Rhinitis

OBJECTIVES:

Understanding the child through various available expressions

Experiencing the role of environment on the growing child's psyche and its repercussion in the behavior.

Learning to differentiate similar Materia Medica images with the help of above.

CASE:

The patient was a 12 yr-boy, 7th Std in a convent, was brought for treatment.

Mother, B-com, was a housewife. Father, M Sc, worked in the production dept in a factory.

Sister: 5 yr, senior K G, Grandmother: HW

Grandfather: died. Veg.

LOCATION	SENSATION & PATHOLOGY	MODALITIES A F < >	ACCOMPANIMENTS STRICT TIME RELATION
Respiratory system Nose Since age 1 year	Coryza, Cough, Increase in Resp rate. Fever P/H/O primary complex (in infancy)	Anti-tubercular Rx for 1 year	
1st acute episode Duration 10-15days	Coryza followed by dry[2] cough within ½ hour Cough=continuous Irritating	AF C of Weather[3] < Tomato sauce < Jams < Cold-drinks < Candy	Appetite decreases
Now usual episode: duration 8-10 days	Chest pain Fever mild	< Rasna < Drinks with added preservative < Monsoon+++ > Summer < HS before sleep < Morning, 15 min after sleep	

PHYSICAL CHARACTERISTICS:

APPEARANCE: thin extremities, wheatish complexion, slightly curly hair

SWEAT: Scanty APPETITE: Good

STOOL / URINE: Normal functioning

CRAVINGS: spicy vegetable++, palak paneer++, groundnuts, milk

AVERSION: cauliflower, karela

DEVELOPMENTAL LANDMARKS AND PROBLEMS:

Head-holding-3rd month; Dentition-diarrhoea with every tooth. Crawling-7th month

Babbling 9th month. Talking 1st year. Walking with support 9th month; without support 10th month. Bowel &

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urine control- by 1st year
SLEEP during: movement of limbs, intermittently through night. Occasionally talks.
DREAM: once shouted loudly and trembled for ½ hour. (Also refer life space).
THERMAL: Hot. WEIGHT 26 kg.
O/E one cervical gland on left side, CVS/RS/PA-NAD
Nails- white spots ++. Tonsils: hypertrophy +.
Nose- hypertrophied turbinate ++
Tongue- large posterior papillae.

P/H/O all molar teeth had caries [not permanent teeth]
Recently had Urticaria rash with allopathic drugs
F/H/O Mother: allergic recurrent bronchitis
Grandmother: hypertension & cervical spondylosis
Grandfather died in 3rd myocardial infarction

LIFE SPACE: Data from mother:
He is the elder son, 12 yr, studying in 7th std in a convent school, with a younger sister of 5 years. His family includes mother, father and grandmother. He was born in 2nd year after marriage. When mother was pregnant, there was stress and pressure from mother-in-law. The elder co-sister, poorly educated, used to be the source of quarrel, she would influence MIL to scold her. She wanted to work after marriage but in-laws did not allow. All this created tension throughout pregnancy. Constantly broods "though I work sincerely, why these people scold me?".
Even now she is an anxious Mother, constantly admonishing "Nikhil don't do this and don't do that" but he is out of her control. Patient listens only to father, who has control over him. Since 3-4 y, there is change in his behavior- very irritable, shouts, doesn't listen. Very strong sibling rivalry with younger sister- in eating, drinking, objects, care and attention. He even feels he is getting less food or drink!. He takes away her toys. Even if sister is ill and cared for, he cannot tolerate it. Though he beats sister, he can't tolerate another child beating his sister, then he beats that other child. If she is ill, he behaves well with her. His sister is more affectionate than him; though she is also irritable by nature, she submits; she understands him. When he was the lone child, all pampered him. This changed after sister's birth. To worsen matters, sister resembles paternal relatives while patient is more like maternal relatives. So the grandparents compare and the partiality started without heeding that it could affect patient. Then again, sister is intelligent, fair, smart and good looking while patient has wheatish complexion. Naturally sister is more appreciated, He feels bad about it and whenever goes to maternal grandmother, he complains about paternal relatives.

Basically, he is an affectionate child and if anybody is ill, he gives tablets, water etc. But his loving nature is over-shadowed by his behavior. If he is prevented from watching TV, and asked to study he gets angry and throws things. He needs TV even at mealtimes. Takes frequent breaks in study- for bathroom or gets hungry! TV has contributed to his poor academic performance. Everybody now teaches him about behavior. He breaks toys and games. If he is made to study, he demands his sister should also be asked to study; he concentrates more in things happening around than in study. He is a restless boy, constantly moving hands and legs. He likes to play cricket. Schoolteacher reports him as talkative and naughty child and so asks him to sit in first row. At home too, he is talkative.

He was attached to grandfather who died of Myocardial infarction [1½ year back]. His behavior worsened since then. He dreams of grandfather [twice] that "grandfather came, feed him & went but when grandfather was going he said "don't go, don't go". He gets frightful dreams intermittently. During sleep, he moves limbs through out night. Sometimes he starts or gets frightened in sleep. He has fear of dark. Wants company, very restless even during interview.

CASE ANALYSIS:
CLINICAL DIAGNOSIS: Recurrent allergic rhinitis along

with hypertrophied nasal turbinates

UNDERSTANDING PATIENT: From birth, he had been pampered. Sister's birth created a problem, when attention of everybody shifted to this newcomer. This sudden shift of center of attention started affecting him, and resulted in sibling rivalry. Of course sibling rivalries do arise in children but pass off with time. But here it is persisting. It is important to note how this works in the patient. This child has shown self-centeredness as a prominent behavior, which is his way of adaptive behavior. He still wants to be center of attention and therefore shows irritation over others, so much so that family criticize his behavior: this vicious cycle goes on and problem is increasing instead of getting solved. This disequilibrium is affecting his health and negative behavior is also persisting, as too the tendency to destroy things.

On the other hand, he is affectionate and attached to family members. This is evident when his grandfather died, he got dreams of grandfather.

OTHER ATTRIBUTES: activity++, restless++, talkative++, irritable+++ . Milestones early

FUNDAMENTAL MIASM=syco-tubercular

DOMINANT MIASM=tubercular

MATERIA MEDICA IMAGES=*Phosphorus, Tarentula, Iodine, Kali Group, Calc-iod, Tuberculinum.*

DIFFERENTIATION:

Phosphorus: Center of attention along with activity in the behavior, tubercular miasm and the naughty, talkative behavior. But the irritating and destructive behavior and absence of sweetness of *Phos* rules it out. Also Patient is hot.

Tarentula-Lot of resemblance. But the finer shades like affection and care eg when anybody is ill in the home, though overshadowed by negative behavior. Then again his core problem is with attention [pampering] receiving concurrent with sharing of affection, which is not seen in *Tarentula*.

Calc-iod: activity, tubercular nature of case, destructiveness [due to *iod* element] brings case near to *Calc-iod* but patients problem differentiates calcarea nucleus

Kali group: self-centeredness, attachment with family, affectionate nature brings *Kali* in the picture.

The other qualities like activity++, restlessness++, destructiveness, thermal-hot, tubercular miasm are well covered by the *iod* element.

ACTUALITY

DATE	FOLLOW-UP	ACTION
29/8/01	Cough+ with yellowish expectoration; weakness+; fever =0	*Kali-iod* 30 3 HS
5/9/01	Cough=0; appetite improved. eats maggi	SL{saclac}
12/9/01	Coryza+; c/o sometimes swelling around eyes in morning	*Kali-iod* 30 3 HS
19/9/- 3/10/01-18d	No c/o; eats jam	SL
10/10/01	Cough 2 ds; expectoration + occ sneezing	*Kali-iod* 30 3 HS
17/10-3/12/01-45d	No c/o. Eats everything	SL
5/12/01	Cough++, breathless +, weakness, thirst decreased+, sleepiness, fever=0	*Kali-iod* 200 1 HS
7/12/01	Cough>+	SL
10/12/01	Cough-mild, tonsils size+ nasal turbinates size > +	*Kali-iod* 200 1 HS
17-31/12/01-14 d	No c/o	SL
2/1/02	Thick yellow nasal discharge, expectoration -thick white; headache< rt. forehead	*Kali-iod* 200 1 HS

DATE	FOLLOW-UP	ACTION
3/01/02 evening	Shivering++, nose block, coryza, forehead aching. Appetite-normal; thirst- normal	*Hepar-sul* 30 TDS x 2 days
7/01/02	Felt better. Coryza +	*Kali-iod* 200 1 HS
18-01-02 to 22-01 02	In these 5 days he had an acute episode that responded to *Ars-alb* 200. Plus the response in these 5 months was not up to expected level [acutes were recurring & hence need of medicine]. Parents first time mentioned ***"patient had primary complex in infancy"***	Tuberculinum 1M 1HS {Intercurrent} ↓ *Kali-iod* 200 3 HS
28-1-02 4-2-02	Cough+, nose watering+, white expectoration+ A.F missal pav-Nausea, vomiting [once] headache, coryza+, cough+, weakness++	*Kali-iod* 200 1 HS Tuberculinum 1M 1 HS → *Kali-iod* 200 1 HS
11-2-02 to 23-8-02 {6 ½ month}	No c/o inspite of eating everything including preservative. No < change of weather	SL
24-8-02	Nose block++, sneezing+, throat pain+, coryza++, thirstless+; o/e throat-normal	*Kali-iod* 200 1 HS
25-8-02	>; Expectoration-yellow	SL
28-8-02		SL
30-8-02	Tuberculinum 1M 1 HS à *Kali-iod* 200 1 HS	
Till 9-10-02	No complaints.	

(EDITOR: CONCLUSION: This case graphically demonstrates that EVEN the completely well-indicated similimum could not bring the case to complete cure, until the underlying miasm was tackled and the strongly indicated anti-miasmatic remedy, Tuberculinum given. Only 2 doses were sufficient to bring about a complete cure. Just for this demonstration, we should be thankful to the parents for not revealing this important data right in the beginning of the case. If this history of primary complex had been obtained at the start, then certainly Tub would have been given much earlier and we would not have got this proof, so to speak, of the importance of the anti-miasmatic theory of Master Hahnemann and especially of the effects of Tuberculinum, the anti-tubercular remedy. ❑

Let me be thankful for. . .

The parking spot I find at the far end of the parking lot, because it means I am capable of walking and that I have been blessed with transportation.

My huge heating bill,

Because it means I am warm.

The lady behind me in church that sings off key,

Because it means that I can hear.