

## Learn a remedy through cases *Aloe-socotrina* – Part II

Part I was dealt with in the July-Aug 2006 Issue: Hering's Law

Part II was held over till now due to space constraints

**ABSTRACT:** This part contains one case of Dr Saine. He had dealt with it exhaustively in his article. I have tried to condense it. For full details please see his article in the website <http://www.homeopathy.ca/articles.html>. The case demonstrates the efficacy of Homoeopathy in curing very difficult cases of autism in this instance. Happy reading.



COMPILED BY

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### A CASE OF AN AUTISTIC CHILD - BY Dr SAINE

"This is the case of M D, a mentally retarded 9 ½-year-old boy, whom Dr Saine first saw on May 14, 1997. The chief complaint was chronic diarrhoea. The boy was born with complete agenesis of the corpus callosum, one of only two cases ever diagnosed in Canada. There was no given prognosis. He also had severe dysmorphic myopia (-21 diopters), strabismus, hyperflexibility of ligaments, cryptorchidism and cardiac malformation with aortic regurgitation (Marfan's syndrome which is also very rare as he was only one of two cases with this type of cardiac anomalies to be diagnosed in Canada). He was completely limp at birth."

"On examination it was noticed that MD was completely absorbed within himself. He never answered any questions. It was impossible to know anything such as emotions, feelings or what he experienced except for the basic needs of life. He showed almost complete lack of reaction to his surroundings, including situations that would cause pain. He had cried fewer than 20 times in his life and only in situations where there was an *incredible amount of pain*. He blocked his ears and closed his eyes when spoken to. He always spoke in a very low voice, almost like whispering. He was totally obstinate. He would do only what he wanted to do. HE WAS MENTALLY RETARDED EXCEPT FOR AUDITORY AND VISUAL MEMORY FOR WHICH HE WAS TWO YEARS AHEAD OF HIS AGE GROUP. He learned how to read and calculate in a

few days when he was 9 years old. He stopped growing on three different occasions. He had not grown in 1½ years when Dr Saine saw him and was three years behind on the growth chart."

He has 6-8 episodes of diarrhoea per day. The diarrhea started 10 months after his parents separated. It was more severe at first, with 12-14 episodes per day. He tested negative for celiac disease and for the presence of blood. Psychiatric treatment was not effective at all. Dietary changes helped at first, but benefits lasted only 3-4 weeks. He often became dehydrated. Diarrhoea < day, < 11 AM to 3 PM and < 12:30 - 1:45 PM<sup>2</sup>. It was always the same: a watery, yellow brown, offensive diarrhea followed by albuminous mucous (like white of an egg). It was so explosive that it hit the walls and the ceiling of the bathroom. It sputtered out by little shots of gas. Just prior to an episode he became totally distended<sup>3</sup> "like a child with marasmus" with a round hard abdomen and gurgling<sup>2</sup>. He was in diapers as he had daily involuntary stools. Offensive<sup>3</sup>. There seemed to be no other circumstances that would trigger the diarrhea except stress. It was worse on school days and much worse during hot weather<sup>3</sup>. He always had diarrhoea during hot weather since birth. The diarrhoea was also worse after corn<sup>3</sup>, wheat<sup>2</sup> and broccoli. It was unknown whether the diarrhoea was painful.

MD had no physical or mental endurance. He became tired very easily from slight physical exertion



such as walking. He was often found resting, lying on his abdomen with his two hands between his thighs and in the last 6 months, he preferred to lie on his back with his hands under his head and knees bent.

He had many peculiar idiosyncrasies. He always wanted to be first: to enter the car, to climb the stairs, to enter school. He had aversion for head wash. He also had a great fear of having his hair cut. Eventually, when his hair really needed to be cut, he would develop diarrhea. For the past two years, he couldn't have his penis touched, even by himself. *He hadn't laughed until he was about 6 years old.* From infancy, the palms of his hands would peel for a period of two weeks, then there would be a pause of one or two weeks, then it would start again. He startled easily<sup>2</sup> and sensitive to sharp and low noise. He rarely experienced pain.

On the other hand, he was very meticulous in many other things: ie, he had difficulty writing anything and then erased it 10-20 times; if one of his socks fell down, he had to lift it to where it belonged; he had to wear a T-shirt under his shirt. He had a history of having nightmares that were always related to the ocean and waves. He had never had a cold, flu or any other common infection except for one episode of otitis media two years ago. He was very restless in his sleep, and would grind his teeth almost every night for the last 4 or 5 years. He never uncovered himself in sleep. He had a poor appetite. There were only few foods that he would eat: pasta, chocolate, sweets, ice-cream and cheese.

**PERSONALITY:** He feared wolves and heights<sup>3</sup>, after going up three steps he would panic. He feared going downhill<sup>2</sup>. He was claustrophobic<sup>2</sup>. Aversion to being touched<sup>1</sup>, to being caressed<sup>1</sup>, to being massaged<sup>1</sup>, to being buckled in the car<sup>1</sup> and of crowds. He was very sensitive to admonition. He would punish his mother by saying "no." If he was sad he would not accept consolation. He was mildly jealous. He had never been violent or destructive. He was sympathetic<sup>2</sup>: he seemed to suffer more than the ones that were hurt. He was very sensitive to the emotions of others<sup>2</sup>. He walked, moved and

acted as if from another world. He wore thick glasses. He acted as if I was not present.

**CASE ANALYSIS:** Initially Dr Saine thought that *Calc-carb* was the similimum in this case. To quote him: "We have a 9 1/2-year-old boy born with many congenital anomalies and a type of autism with many idiosyncrasies. What was most characteristic was the recurrent diarrhoea he had since birth and which was much worse during hot weather. Other characteristic symptoms were the perspiration of the cervical area and head every night of his life, and difficulty in breathing in the wind—which I somewhat downplayed as it could have been related to his physical anomalies. Other peculiar symptoms: grinding teeth in sleep, amelioration from raising his legs, his weak and cautious nature, fear in high places, emaciation with an enlarged abdomen, his stubbornness and his food desires for ice cream and cheese. All these add up to a very good indication for *Calc-carb*—better than any other remedy as the simillimum." Dr Saine gives him one dose of *Calc-carb* 10 M. After *Calc-carb*, he improved mentally until about two weeks earlier. He was now stable, calmer and happier, "quite remarkably, he developed growing pains in the last week (his sister was also subject to growing pains). Stool incontinence three times a day. He let other people touch him (new). The peeling of his hands, perspiration at night, stubbornness, low voice, being startled at noise, teeth grinding in sleep, and perfectionism were, however, unchanged.

Another dose of *Calc-carb* 10 M was prescribed.

**AUGUST 5, 1997:** The diarrhoea got worse after the first dose, but it was a bit different: "It comes out in one shot: like a cork." Since the very hot weather the diarrhoea had been much worse. He still had loud rumbling before stool. The sneezing, peeling of the hands and perfectionism were gone. The grinding of the teeth was worse. The headaches, perspiration at night, itching nose, startling easily were unchanged. He cried loudly for the first time in his life.

**ASSESSMENT:** "*Calc-carb* was not the best remedy in this case. The fact that the diarrhoea in hot weather not only did not improve, but got worse under *Calc-*



*carb*, was a sign that its degree of similarity was not high enough even though the child made some progress on the mental level." (Dr Saine). The doctor therefore started to look for a remedy with a higher level of similarity and studied the case anew. "While taking the initial case I had considered *Aloe* as it covered so well the picture of the diarrhea, but dropped it as it didn't cover the rest of the case—especially some of the very peculiar symptoms mentioned earlier which indicated *Calc-carb*. But, as the diarrhoea was now clearly worse and aggravated in hot weather and characterized by this loud rumbling prior to the stool I again strongly considered *Aloe*. Moreover, after the first dose of *Calc-carb* there was a return of the transparent gelatinous stool with much white froth, which is very similar to frog spawn found under *Aloe*. At that point two prior cases of *Aloe*, which I had successfully treated, came to mind and I became convinced that *Aloe* had to be the simillimum. I sensed that *Aloe* was not only the acute but also the chronic remedy for MD. I therefore prescribed *Aloe* 1M on August 5, 1997."

**AUGUST 13, 1997:** After the remedy he was happier. The stool became dramatically better the next day for three days. Then he developed flu for the first time in his life. He had a relapse of the diarrhea and another dose of the remedy was given on August 9, which had no effect, except for a large evacuation of white froth.

**ASSESSMENT:** "The fact that he relapsed so quickly and that there were no changes with the second dose would typically not be seen as a favorable response. However, remembering the cases of Dr Jekyll where he repeated *Aloe* 1M several times, I still felt that *Aloe* was the most similar remedy and I needed to persist." (Dr Saine). Dr Saine repeated *Aloe* 1M at periodical intervals at the first sign of relapse with good response. The boy was dramatically better. The diarrhoea stopped right away. His energy was much better after September 17. On September 18, he developed another cold with much discharge and sneezing, day and night. Personality-wise, he opened up. He began addressing others spontaneously. He was less self-absorbed. He was more demanding about his needs. He was more

present. He stopped grinding his teeth and sweating at night for the first time. The bloating was gone.

**ASSESSMENT:** Excellent reaction to the remedy.

**PLAN:** Wait. Repeat *Aloe* 1M as needed.

The stool became formed and only once a day. His appetite returned. He was able to eat any food, even milk, without problems. He was much more expressive and was 50 % less self-absorbed. He asked to play outside (never before) and *laughed regularly* with other kids (also never before). His self-confidence was much better. He was crying 2-3 times a week. It was only since the summer that he had really started to cry. He was fine in crowds. The fear of going down hill was gone. His hair could be cut without any fuss. He could be touched *except in the genital area*. He stopped being willful. He had no headaches. He had the coryza with sneezing at least once per week. He wrote better, but reading was still difficult. He still had poor stamina and resistance. He was stressed the week of November 8 at school and relapsed. He started again to sleep on his abdomen with his hands between his thighs.

**JANUARY 19, 1998:** He received six more doses of *Aloe* 1M. He developed a cold and passed white foam for one day after each dose. Within 12 hours his stools became normal, his energy picked up and he became more like a normal child, eg, wanting to play outside. If stressed, he regressed and if the mother waited before repeating the remedy, he continued to regress further. In general, he was much happier. He slept well from 8:30 PM until 8:30 AM (7:30 PM- 5:45 AM, before). He became more independent. For the first time in his life, he used a public washroom by himself. He had only one normally formed stool per day unless he had a relapse. He accomplished all his chores perfectly. He never complained of headaches. He had coryza even more often than before, which excoriated his lips. He touched his penis after a bath the day after a dose on November 19. His mother still could not touch him there. The peeling of his hands relapsed only with the diarrhea. The white foam was present only if he took the remedy. He had no sweat at night. He slept again on his back with his hands under



his head, knees flexed. He wept and laughed loudly quite often. Routine was less important. His lack of stamina was gone and he had the energy of a normal child. *He spoke in sentences. During the year prior to the treatment, he would say "that" or "milk," after the treatment he would say, "Can I have some milk, please?"* He was 70 % less self-absorbed. He was reading and writing better. He did not grind his teeth anymore. He reacted normally to hot and cold. Wt: 61 (57.75) lb. Ht: 52 3/4 (51.5) inches.

**ASSESSMENT:** The fact that he reacted so well and so long to the higher potency was another sign that *Aloe* had a high degree of similarity. The dose was increased gradually to 10M and later to 50M as and when needed (on the reappearance of flatulence, abdominal pain and incontinence of mucus from the rectum) on a careful assessment of the symptoms and reactions of the patient. He continued to improve in all spheres. He became more happy, rarely sad, played like other kids outside, was very stable emotionally, expressed his needs appropriately, had no more fixations, ate everything, laughed a lot and made others laugh, was more present with other people, eg, inquiring about others. Overall, his mother said that he was developing normally. The ability to touch his penis was mostly normal. The need for routine was gone, except for breakfast when he wanted the TV on. He was more talkative. He slept from 7:30 PM until 5:30-6:00 AM. She said that his energy was better but still not as much as his peers. He still tended to be lethargic, but had more stamina. He could walk up to 10-15 minutes before needing to sit. His abdomen was not enlarged unless he was stressed. He was doing very well in school. He had no diarrhoea despite a major stress during the previous two weeks; his brother had been hospitalized which created a lot of change in the family routine. He recently developed a new symptom. He had become a perfectionist in making sure that chair and other such pieces of furniture were in their place, or that doors of closets, cabinets or rooms were closed. After a dose of *Aloe* DM, the perfectionism regarding chairs and doors was much reduced, down to approximately 10 from a 100 times each day. He had two nights (August

14 and 28) with no sleep (return of an old symptom). The most dramatic improvement with this dose was the change in his speech. He spoke much more. For the first time he called his mother "Mama." His voice was warmer and more emotional, which was new. His energy was much better. His lethargy was gone. His stools were normal with the exception of that one occasion. His jealousy and possessiveness stopped about two weeks after the remedy. He had had a bicycle for three years but never wanted to ride it. For the first time, he spontaneously decided to ride it. Also, two weeks after the remedy he became much more cooperative. And for the first time he looked forward to going to school in September. He was checked three times that year for his cardiac anomaly (Marfan's syndrome). The cardiologists were surprised at how stable he was and how much slower the progress of the heart deterioration was in his case. A psychiatrist who specialized in autism evaluated him; MD was definitively diagnosed as being autistic.

**APRIL 8, 2003:** MD spontaneously requested of his mother to see Dr Saine, as he had not been feeling well lately. The last dose of *Aloe* DM received by Maxime was in June 2002 because he was reacting adversely to the hot weather. He had a good summer and was well until last October when his older brother left home. He started then to slowly relapse. He was saying that he worries a lot about his brother. He started to be introverted, less affectionate, lethargic and having abdominal pain. However, he recovers quickly with a bit of rest. Then in December, he had a one-week examination by a team of specialists for a more complete evaluation of his condition. The following week, the relapse became more obvious. He started to isolate himself all day in his room. He didn't want to play or eat with others. His abdomen would swell up, full of air, with more pain followed by normal stool or mild diarrhoea. This was the first return of the diarrhoea in years. The borborygmi are minimal. He has also complained of burning pain in the liver region. Ever since December, he has had a cold with an

obstructed nose, an acrid discharge, excoriated upper lip and cracked lips.

Since January, he has also been complaining of bladder cramps and burning in the urethra during urination and burning in the rectum before, during and after stool. He has had headaches on a weekly basis since October. His hands and feet have very cold since December. In the last two months, he had been sweating every night on his head and back. His head has had a bad smell since. His energy had been very good until October. It was 9 out of 10 but has since dropped to a 5.

The aversion to being touched didn't relapse. He likes to touch people, even strangers. When upset, he cries, comes closer and wants to be hugged and consoled. He is still overly sympathetic to the suffering of others and the fear of drowning is still present. He can still walk against the wind without any problem. The nightmares, the tendency for frostbites, the fear of heights, the perfectionism and the desquamation never returned. The need for routine is not very present anymore and he has had no obsessions, except that he still doesn't eat any round food. His heart continues to perform well. On the positive side, he started to learn mathematics on his own when he realized the value of money. Also, since having access to a library in his school last September, he has been reading two books a day. His favorite subject is about animals.

**OBJECTIVE SYMPTOMS:** He had grown a lot since Dr Saine last saw him. He is now 65 inches (165 cms) and weighs 107 pounds (48.5 kgs), a growth of 7 inches (17.5 cms) and an increased of 25 1/4 pounds (11.5 kgs) since December 2000. He is now in the 20th percentile in height for his age group.

**ASSESSMENT:** MD has been relapsing for a long time without receiving any remedy as they had ran out of it. For some unexplained reason, no appointment was sought until months later.

**PLAN:** *Aloe MM* one dose.

**APRIL 16, 2003:** The following day he sneezed a lot. On the second day, he felt very homesick at school and refused to go back the following day. On the second and third day, he was completely absorbed

within himself. He stayed alone in his room without any expression and no appetite. The mother told that this is commonly his response to a dose of the remedy. On April 12, the fourth day, he started to be better, came out of his shell and has been very sociable, wants to interact and cooperate. He started to be hungry again with a normal appetite and resumed eating with others at the table for the first time since October. He has been happy for the first time since October. In the last two days, he has been very affectionate to all the children at the daycare. His obstinacy is gone. He is now the opposite. He listens very well and has been very helpful. The conjunctivitis and blepharitis disappeared quickly after the remedy. The rectal and urethral burning is unchanged. The desire for pies is gone but the desire for chocolate milk is unchanged. He has had no night sweats since the third night after the remedy. His energy has been better; it went from 5 to 7. His hands and feet are still cold.

**ASSESSMENT:** It is a very good sign that he had a three day aggravation followed by a sharp and clear improvement.

**PLAN:** Wait as he is still improving. Repeat if he stops improving. *Aloe MM* was repeated as and when relapse of symptoms. The boy became better. There were relapses due to pressures in school because he could not adapt to the normal students' programme. He improved with each series of doses. Dr Saine explained to the mother that MD would likely do **much** better if the school program was adapted for his special needs.

Mother said that she received the same opinion from the specialists who have recently conducted a very thorough evaluation of Maxime. As Maxime's major interest is animals we discussed designing a program where he would have ample access to animal books associated with regular visits to zoos and other animal refuges.

**"OVERALL ASSESSMENT:** We can appreciate that prior to homeopathy Maxime's (MD) health and normal development was stagnating. Soon after initiating homeopathic treatment, Maxime's life took a turn for the better. It is clear that without a re-dosing of the remedy at the appropriate time, Maxime's



regresses. With the use of the same remedy over a period of more than 6 years, this boy has developed a new level of health and functioning in all respects. This case confirms the deep "action" of *Aloe* as mentioned earlier by Hering, Wesselhøft and Jekyll. Even though some cases of *Aloe* need to be followed by a complementary remedy as in my previous cases or in the cases of Dr Jekyll, it is warranted to better understand the chronic and often more obscure symptoms of *Aloe* to know when *Aloe*

would indeed cover the entire case. Regarding the acute bilateral ear infection he developed after the first dose of *Calcarea-carbonica*, in hindsight, it is very likely that it also would have been cured by *Aloe*. In the provings, we find all the symptoms of acute otitis media. I have since seen a few more cases where *Aloe* has demonstrated the same depth of "action." (Dr Saine)

ED : *Can only say.... Amazing case*

## Queries and Solutions

**PROF DR KASIM CHIMTHANAWALA MBBS LTMH DDV DMS (HOM) CAL, FNAHI**

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**Q1** Sir, our drugs are proved in cold countries, so don't you think we should reprove them in our country as well?

**Dr GARIMA GOEL, Chandrapur**

**A1** You have put up a very good question. We need to reprove the drugs here in our country as well, so that the sensitivity of heat and cold in our tropical climate can be better assessed. We at the National Academy of Homoeopathy, Nagpur India, have started the re-proving of drugs at the Summer Residential Schools. We have been able to achieve results.

**Q2** Can a Homoeopathic Graduate practice Allopathy? I wish to start my practice at my village, but patients here have no faith in homoeopathy?

**Dr AJINKYA KULKURNI, Satara**

**A2** Legally it is not permissible. Those who do practice would come under the Mongrel Sect as mentioned by Master Hahnemann in his Organon in Aphorism No. It is observed that majority of BHMS graduates are not confident enough to practice Homoeopathy because of the lack of knowledge gained through the college. They are the one's who eventually either go in for Allopathic practice or practice Homoeopathy in an Allopathic way. They need to join or take training under a senior Homoeopath or an academic institution.

As for your practice, you need to start taking free camps and spread awareness about Homoeopathy through these camps and small lectures. All Physicians take time to establish themselves.

**Q3** At a recently held Seminar, a prominent Homoeopath presented complete cured cases of Wilson's disease, Triple Vessel Coronary artery disease, etc. He had used a single drop of the indicated remedy in 30 potency only. So is this possible?. Please opine.

**Dr YASHPAL BAVARIA, Raipur**

**A3** Wilsons disease is a genetic disorder and Triple Vessel Coronary Artery Disease is a Tubercular Miasmatic Ultimate, both of which according to the NAHI fall into the category of Case type II which is Incurable Cases and in such cases, in my opinion, I humbly submit, that a single drop of the indicated remedy in 30 potency only cannot cure it. But each case has to be taken on its own and investigated. Initially the distressing symptoms if any should be palliated by short acting remedies in low potency. After the case is settled appropriate homoeopathic remedy may be selected on the basis of presenting totality and administered in single dose in medium potency.

## Question Bank for M D Homoeopathy

**AUTHOR:** Dr V K Chauhan

**PAGES:** 74

**PRICE:** Rs 40/-

**PUBLISHER:**

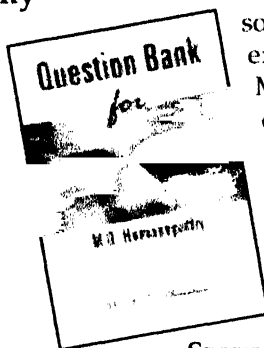
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This book is written by an eminent Homoeopath Prof Dr V K Chauhan, a work based on his personal notes and deals with the syllabus and marking schemes for the MD aspirants.

The book has been divided into five different sections. Each section is further divided into different subsections, under which the questions related to that topic are given.

**SECTION I: ORGANON OF MEDICINE:** Divided in 3-4 different subsections like the history of medicine, discovery of homeopathy, individualization, etc.

The questions include, for example: Define induction and deduction of logic. Describe the relation between induction and deduction.



**SECTION II: MATERIA MEDICA:** Subsections include sources of knowledge of medicine, research oriented questions, miasmatic related Materia Medica questions, drug picture, different ways of studying Materia Medica etc.

**SECTION III: REPERTORY:** Subsection includes question related to case taking, symptoms, evaluation of symptom, analysis and synthesis of case, elimination of symptoms, history of repertory and about Kent and various other repertories..

**SECTION IV: PRACTICE OF MEDICINE:** The questions here are related to different diseases like infectious, tropical diseases and disease related to various systems.

**SECTION V: MEDICAL STATISTICS:** It has questions related to research studies, pharmacology, use and limitations of statistics etc.

But the writer has said in his preface that there is no substitute for depth of learning in the preparation of any examination. It can't substitute the exhaustive study but this book can provide a quick review of the subject, especially to those who have constraint of time.

BOOK REVIEW BY : **Dr SATISH KANOJIA**

## Prostate Troubles

**AUTHOR:** Dr S K Mamgain.

**PAGES:** 74

**PRICE:** Rs 25/-

**PUBLISHER:**

Indian Books and Periodicals Publishers  
(see above)

It's really an honour for a non-entury like me in the field of Homoeopathy to review a book written by Dr S K Mamgain, a stalwart and an Institution in himself.

**THE BOOK IS SPREAD INTO TEN DIFFERENT CHAPTERS**

1. **TROUBLES OF PROSTATE:** It deals with the theme of the book in detail taking into account the anatomy, physiology, symptomatology, etiology and their treatment both Allopathic and Homoeopathic, though there is an entire chapter dedicated to Homoeopathic treatment later.

2. **PATHOGENESIS OF MEDICINES FOR THE ENLARGEMENT:** Various homoeopathic remedies are described in detail for the innumerable diagnosis one can have while treating any troubles related to prostate. All the remedies are in alphabetical order, remedies like *Agnus-cactus*, *Alfa-alfa*, *Aloe-socot*, *Alumina* (the list is exhaustive). Most remedies are explained with the help of a case, also explained is the potency selection and the dosages in detail.

3. **HEAVINESS OF PROSTATE:** A short chapter described with the help of only one drug, *Medorrhinum* is more like a "blink and miss



4. **PAIN IN PROSTATE:** Described with the help of six drugs, *Capsicum*, *Clematis*, *Cuprum-ars*, *Gnaphalium*, *Onosmodium*, *Sulphur-iod*.

5. **INDURATION OF PROSTATE:** Is described with the help of three drugs, *Baryta-carb*, *Copaiva-officinalis* and *Iodum*.

6. **SWOLLEN PROSTATE:** A very good case of Diabetes with swelling of prostate treated by *Arg-nit*, a case of Dr George Vithoukas how key note symptoms helped arrive to the drug.

7. Deals with the cancer of prostate. Along with other drugs, author has presented two rare drugs like *Sulfonandum* and *Thymolum*.

8. **ATROPHY OF THE PROSTATE:** Again a very brief chapter with only one drug *Sabal-serrulata* described in detail with the dosage.

9. Deals with prostatorrhoea and its treatment with the help of the drugs like *Agnus-cactus*, *alumina*, *Natrum-carb* etc.

10. Repertory is the description of his previous chapter in a nutshell.

**DRAWBACKS:** Though only few, yet this book has its share of some drawbacks.

1. The theme of the book is prostate trouble but the front cover page shows the picture of the eye. On first look it gives the impression of an ophthalmic book.
2. The induration of prostate has been described twice in the Repertory chapter.
3. The chapter on Heaviness and Atrophy of prostate should have included more drugs.
4. The significance of the signs like \*f // has not been found in the book anywhere. Irrespective of this, it's a good book for a busy practitioner for ready reference.

Book reviewed by **Dr SATISH P KANOJIA** Mob: 9821009605