

Doctor, Will I Lose My Eyesight?

ABSTRACT: A difficult case of an autoimmune disorder in a young girl. The case is presented to understand how difficult it is for a person to have a disease which may lead to may be a loss of a sense organ... Only homoeopathy offers a hope and a helping hand.

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Mrs NK wife of an old patient. She went to US after her marriage in Dec 06. 26 yrs, B Pharm and a MS, is currently doing PhD in Gujrati. She has a younger brother 25 yrs old, also residing in USA. First, her SIL gave us her history on 7th March 2008 while she herself had come for her own treatment, the remaining history was emailed by patient later on.

CHIEF COMPLAINTS

1) RIGHT EYE

HLA B7 +ve. Autoimmune Disorder.

Pain eyebrow³. Vision decreased. No redness.

AGGRAVATION: Sunlight³, heat³ cannot bear bright light³, when gets up am³, evening 5-6 pm.

TREATMENT: Oral Steroids and eye drops for 3 days. Since July 2006 was better for 6 months, then re-occurred in December 2006

7th March 2008³ Stage 4. After treatment on 14th March came to Stage 1.

OTHER ASSOCIATED COMPLAINT

Back, Right Shoulder

Eye problem alternates with Spondylitis Arthritis leading to backpain.

Pain³. Numbness and tingling

AGGRAVATION: Day, change of position and writing

AMELIORATION: Heat³, night and continuous writing

The attack came on 16th Feb 2008 for a week

GIT: K/C/O IBS. Constipation alternating with loose motions.

PHYSICAL GENERALS

Ht: 5'2", Wt: 54 kgs. Lean.

HAIRFALL: Hairfall since moved to USA.

APPETITE: Normal.

Thirst: Profuse, fond of drinking water!

CRAVING: Chocolate³, strong coffee³, sweets³ and egg.

STOOL: 1/3 months she is constipated which then alternates with sticky loose motions, > oatmeal.

URINE: Now no complaints. P/H Frequent urination: if driving had to stop car and relieve herself

M/H: Normal Cycle. Menses during pain³. Takes Brufen 2-3 a day, though there is no need to repeat so frequently but the argument is, why suffer when there is a ready relief available?

SEXUAL FUNCTION: Normal.

SLEEP: Normal. 6-8 hrs. Deep. Refreshed.

DREAMS: Normal.

LIFE SITUATION

Mentals given by SIL, is indicative of the close family set-up, and supportiveness.

Born, elder of 2. Father a businessman. Mother also a businesswoman working with father.

Very capable, independent, open and hard-working. Friendly person, a good cook and energetic; will cook in US for all friends.

Ambitious³, clear about direction she wants to go Level headed and focused

Affectionate³.

Attachment to persons², so can get hurt easily

Revengeful. Answers back

No anxieties, nervousness and no worries

Mother has anticipatory anxiety³, more when as a child had high fever (Mo also our patient).

Sharp³, Active³. Decisive
 Obstinate²
 Ameliorated in company and consolation
 Extravagant. Loquacious
 Others ask for her opinions.
 Irritable, < Contradiction+
 Broods³, long time Will ++ Drive ++
 Perfectionist², very orderly³
 Judgement: Good
 Thinking: Active³
 Scholastic: B Pharm, MS and right now doing PhD.
 So we have a picture of a bubbly, vivacious girl full of life...
 But what skips from the mind is, she is only 26, married only for 1 year. And with the chief complaint all her dreams are at stake in a big ballon likely to burst any time. She is shaken but her in-

nate strength is putting up a brave front.

PLAN

ACUTE: *Puls.*

CONSTITUTIONAL: *Natrum-mur*

INTERCURRENT: *Thuja.*

FOLLOW UP CRITERIA

- 1 Right eye redness frequent attacks.
- 2 Right shoulder, pain above
- 3 Back stiffness pain 1/2 days
- 4 Tingling
- 5 < Light
- 6 Hair fall
- 7 Menses cramps
- 8 Menses Before pain ++ Brufen 3/d
- 9 Brooding

Irritability < contradiction

TREATMENT AND FOLLOW UP

DATE	SYMPTOMS	TREATMENT
24/3/08	Medicine to be sent to USA. Begin with acute, followed by intercurrent	1 st Week <i>Puls</i> 30 7 HS 2 nd Week <i>Thuja</i> 200 7 HS 3 rd Week → SL 4 th Week → SL
08/5/08 Follow-up via email	> ³ . Immediate effect No redness of the eyes. No shoulder pain, tingling. Bowels normal. No hair fall. Aggravation from the light +. Brooding +. (This is an auto immune disease and requires maintenance doses.	1 st Week <i>Puls</i> 30 for 7 days 2 nd Week <i>Thuja</i> 200 One dose 3 rd Week <i>Puls</i> 30 One dose 4 th Week <i>Thuja</i> 200 one dose
27/6/08	> ³ . No redness of the eyes. No shoulder pain, tingling. Bowels normal. No hair fall. Aggravation from the light =0. Mentals much better. No irritability and no brooding. feels much better and very little anxiety.	1 st Week <i>Thuja</i> 200 One dose <i>Puls</i> 30 6 HS 2 nd Week <i>Puls</i> 30 7 HS 3 rd Week <i>Thuja</i> 200 One dose <i>Puls</i> 30 1 HS 4 th Week <i>Puls</i> 30 1 HS


COMMENTS:

This is an auto-immune disorder so the repetition in this will not follow the normal pattern, of stopping remedy when patient is better. You have to continue on a minimal stimulation till investigations normalize or when there is a long follow up of no attacks.

Here I want to focus on the mental state of a young girl of 26, married for 1 year, bright, out-going, full of life, and full of hopes for the future in the bright new land of America, where everyone does well, especially the highly educated Indians. She is all ready to do her best and get the best future, when out of the blue, like a bolt of lightning, this completely unheard of condition hits her, threatening to take her eyes. Can you imagine life without eyes, or any part of the body for that matter? All your dreams and castles in the air, vanish into nothingness. A life which you took for granted and a health, which you thought would stand up to your demands on it, just collapses like a pack of cards. As if a solid foundation you had built, now

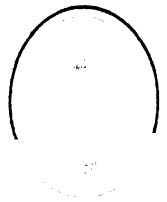
looks shaky and as if built on sand. In a foreign land, where support systems are minimal, and physical labour is the norm of the day, no longer seems bankable. A witty, brave girl suddenly is plunged into darkness-literally. All her family back home ask, doctor, (*Have shu thase? Saru to theye jashi, ne? Haju tu jindagi sharu kariche?*) Doctor what will happen? Will she be alright? She has just begun her life.

You too can empathize; can feel the terror in the young girl: how will she cope? It was only her integral bravery that kept her from collapsing. But anxiety was writ large on her face. . . almost bordering on terror. The brave front with quivering lips, could pierce any heart. She could not cook, not go near heat too much. All the parties and bonhomie came to a grinding halt, when she needed it the most.

Homoeopathy has done well, and we can only pray that it is for good. She is still too wary to hope, and wants to tread lightly

The Sight of a Widow send me into Panic

ABSTRACT: Case of a superstitious woman who is scared of a widow, ie a woman dressed in white, out of no known reason or explanation. it is very well handled by the physician. but some of these cases also requires Counselling along with our medicines.



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Mrs SBS. Approximately 61yrs. Female, Married, Jain, Pure Vegetarian. Retired. No other responsibility other than household work. Life is satisfactory.

DESCRIPTION OF FAMILY LIFE: Good IPR with everyone in the family. Everyone is caring towards me. I have 3 sons, all married. All are healthy. 3 Sisters and 2 brothers, all alive. 2 BIL/SIL and their children. 1 SIL is widow. My father expired in young

age and mother 6yrs back in 2001 at the age of 75 yrs. No financial responsibility and belongs to middle class.

DAILY ROUTINE: Morning religious rituals, work in kitchen. Be with grandchildren. Take simple diet.

CHIEF COMPLAINT: My chief complaint is whenever I see a widow, I feel giddy, tremble and perspire a lot, so I have to walk with a closed eye if I see a widow on the road. This problem is since 35yrs. I