

There may be a tendency to hæmorrhage with the usual dark, thin blood. Breathing is difficult and the patient must be fanned in spite of the general coldness. Respiratory paralysis threatens. A peculiarity is that he wants cold drinks during the chill but is thirstless during the fever. *Carbo veg.* gives an excellent picture of a person in extremis and has a reputation for bringing many out of such a state.

Thus, from the above, we see *Carbo veg.* confined to one type of patient but unconfined to three different diagnoses. This paper does not cover all the uses of *Carbo veg.* in diseases of the respiratory tract. There is chronic catarrh, hay fever, asthma and many others but the fundamental indications are most important for its indications.

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CASE HISTORY

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In the latter part of the year 1951 I had to undertake the treatment of a very complicated and critical case. She was a lady patient then about 48 years old; mother of Sri L. R. Malpani, a motor parts dealer of Jaipur.

She had a chain of scrofulous cold abscesses all around her neck badly suppurating. Also in armpits. The pus discharge was copious daily, rather thick butter-like but neither offensive nor painful. These were persisting for about a year or more. She was at the same time passing her climacteric period with flushes of profuse bleeding every now and then. Besides, con-

currently with the above ailments, she was also suffering from attacks of malarial fever, sometimes, daily and sometimes, at intervals of 3, 5, 7, 10 or 15 days. The attacks of fever used to come anytime of the day with chill, and temperature shooting up to 104 or 105 degrees F, lasting for several hours. Over and above all these she had her lungs also affected on both sides, with the tubercular sort of coughing. Naturally, anyone can imagine that she became extremely weak and reduced to a skeleton. During all the past years she had been taking either allopathic or Ayurvedic treatment and although sometimes some troubles seemed to be less distressing others aggravated, but the main complaints as narrated above continued unabated or perhaps were growing worse. She also had patches of eczema on both the feet around the ankles which were sometimes itching & weeping but often dry and not so troublesome.

Her physicians and Vaidas suggested to her guardians to put her in a T.B. Sanatorium, but the doctor at the Jaipur T.B. Sanatorium also did not hold out much hope. Hence they happened to consult me.

After examining the patient and hearing the history, I told that, although Homœopathy may yet cure the patient, I cannot take the responsibility of such a complicated and critical case. I however advised them to consult some other more experienced Homœopathic physicians. But they seemed to put their faith and confidence in me and assured me that I need not consider it much of a responsibility because they had already decided the case as lost.

Anyway, after some discussions for two or three days, I told them to show the patient to other 3 or 4 Homœopaths of the town, and to take their opinions. I also told them to take their prescriptions if possible, keeping my tentative prescription in a sealed envelop before them; telling them that it would not be wise to prejudice the other physicians with my prescription; and at the same time it would be wise to verify my prescription with others so that I may try to correct myself if wrong, or so that I may advise them to entrust the case with one who corroborates my line of treatment and who may be older in age and experience. But it so happened that two

physicians refused to give their prescriptions. One prescribed Silicea, which did not coincide with mine i.e. Calc. Sulph. I explained (them) that I neither approve of silicea at this stage nor I confidently ask them to depend on me or my prescription.

But somehow or other they insisted upon me to take up the case and assured me that they are prepared to face even the worst, if providence so desired, at my hands.

I had a tough job before me. It could be a case for :—

1. Lachesis—showing many symptoms during climacteric.
2. China, or Ars. Sulph. Flv., or Nat. Mur. etc. for the malarial symptoms.
3. Graphites—for eczemas, profuse menstrual bleedings, indolent cold abscesses or ulcers etc.
4. Silicea, Phosphorus, Pulsatilla, Ferrum phos., Cistus Canadensis, Allium Sat., Tuberculinum, Chin. Ars., Ars. Iod., Kali Carb., Thuja, Cimicifuga, etc. etc., and what not.

All these crowded my mind but I decided to study each of these probable medicines. But when there were many symptoms indicating any one of these medicines, I found that the symptoms were all irregular and jumbled up and it was very difficult to repertorise the case, because all the symptoms appeared to be important and there was no certain evidence of accurate modalities.

Psorinum, Pyrogenium, were however ruled out for want of offensive smell, and I also decided to avoid for the time being the dangerous medicines e.g. Silicea, Kali Carb., Phosphorus, Tuberculinum etc. because the vitality of the patient seemed too low and because the lungs were also involved to a great extent.

Hence to start with, I first gave two doses of Calc. Sulph. 200 just to see whether it shows any change or not, but in vain. It did not show any the slightest change in any symptom and the weakness. Hence, I thought it better to recoup the vitality slowly and gradually and went on giving intercurrently China, Ferrum Phos., Ferrum Sulph., Carbo Veg. etc. in low potencies. Calc. Sulph. was however considered to be the simillimum by me. And as such the same was also given at

long intervals of 3 to 4 weeks and in gradually higher potencies.

Thus after giving the above low potencies from time to time for about a month, a dose of Calc. Sulph. 1M was given. I waited just for a week and again started giving the aforesaid medicines in low potencies intercurrently whenever deemed fit just to keep up the vital strength if possible by this means. Now by the end of 2nd month or rather after one month of giving the first dose of Calc. Sulph. 1M, it appeared that the patient felt easier and comparatively cheerful, with lesser distress, although the abscesses, fever, bleeding etc. continued as before without showing any appreciable or visible difference.

Under such circumstances (unhomœopathic medication with frequent intercurrent low potency medicines, without depending entirely on the single dose of a single medicine) it was difficult to know or ascertain what medicine might be acting and in what manner, and whether the slight improvement in general disposition was a fact or my wishful thinking. Anyway, now after a month I again gave a dose of Calc. Sulph. 1M followed by the same intercurrent low potency medicines. Another month elapsed and the patient had been under my treatment now for 3 months. Although afraid of repeating Calc. Sulph. too soon, I decided that the next higher potency may now be taken up by the vital element and thus I gave a dose of Calc. Sulph. 10M and watched to see that the pus discharge was gradually lesser and the fever also appeared only occasionally, neither daily nor so high and the bleeding also became lesser in quantity and less frequent. After the dose of Calc. Sulph. 10M. she was definitely sleeping better and eating better with lesser coughing and lesser sense of despair. This was allowed to work for 1½ months with intercurrent low potency medicines only very seldom whenever she complained of some acute discomfort. Now after the lapse of 4½ months or 5 months I felt more confident to give Calc. Sulph. 50M instead of repeating the 10M again. This worked well beyond all doubts. Because within 3 months i.e. by the end of the 8th month after the date of case taking almost all the abscesses healed up except one or two, bleeding gradually ceased, fever gone. During this period of 3 months they reported once a week or in 10 days or so (whereas formerly

they used to report almost daily or on alternate days), and whenever they came to report of some more coughing or some feverishness, I just made it a point to hand over 4 to 6 doses of placebo. Thus after 3 months she started complaining of weakness more often than during the last one month. I therefore thought it proper to give Calc. Sulph. again but in CM potency, which cured the case completely, and it appears to be a perfect Homœopathic cure. She is still living quite well and happy for the last 6 years and had in the meantime taken long journeys of pilgrimage to Puri, Gangasagar, Kedarnath, Rameshwaram etc. etc. without any difficulty or relapse.

Almost a year back I saw her and found that she looked quite in health, no coughing, no malaria, and even the scar marks of the abscesses and the eczema were gradually vanishing.

Is the last dose of Calc. Sulph. CM given about 6 years back still working or it established a reaction a curative process in the organism which is doing the needful constitutionally ?

Was it proper to give the intercurrent medicines ? I sometimes do resort to such practice of intercurrent stand-by remedies for temporary relief and for gaining time when not sure about the exact Homœopathic simillimum ; because sometimes such zig-zag delayed cures are perhaps preferable to losing the case with doubtful remedies dogmatically adhered to.

Could this case be cured quicker with Calc. Sulph. alone ? Did the doses of the intercurrent remedies render some help or hinder the action of the main constitutional medicine ?
