

MY MOST UNFORGETTABLE PEDIATRIC CASE

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There is a big confusion among the practitioners while treating epileptic convulsions; it is more so among the senior physicians. In the scientific seminars and sessions, and even in the medical journals the doctors express sad opinions. They even advocate allopathic therapy along with the homoeopathic treatment. The crucial question is whether such combined therapies are necessary in treating epileptic convulsions? If so, why is the need to do so? Is it because exclusive treatment in Homoeopathy in such disorders is failure at their hands?

Epilepsy is as old as man. Erudite prescribers in Homoeopathy in the past, successfully treated epilepsy with no such apologetic methods. Obviously, such shameful practice is the inefficiency of the prescribers if there is curability in the case.

Another disgraceful argument put forward by them is that the allopathic drugs act on the material plane and homoeopathic drugs act on the dynamic sphere, hence they do not interfere with each other. This is nothing but blissful ignorance. They refuse to hear the teachings of Hahnemann on the iatrogenic actions of the allopathic drugs which are called in the homoeopathic parlance 'drug disease' and the principle of *contraria contrariis*, on which they are prescribed by the allopathic therapy.

Many Hahnemannian prescribers witness good results with homoeopathic therapy in the treatment of epilepsy.

SSKR aged 5 years was getting convulsions from the age of one and half years. He was given allopathic treatment with remission in fits, but they did not stop altogether. The father of the patient said that his son was shown to the neurologist and was prescribed permutations and combinations of anti-convulsive drugs with temporary relief.

In the fits the boy got violent contractions of the limbs with shaking and stiffness. No premonitory symptoms were reported. Sometimes the boy became motionless for a few seconds with stupid expression. On a few occasions, the boy behaved violently, beating his sister, brother and friends. He even threatened his maternal aunt to stab with a knife. On some occasions, the boy had severe colics in the abdomen for a few seconds. He was dull in studies although the fits were coming at long intervals.

For the last few months, the boy had severe attack of dry cough spells more at night with shaking. During sleep also he coughed. He got exhausted at times after the attacks of cough. The cough was marked with suffocation sometimes after eating. There was sometimes sweat on the head and body after the cough. There was watering from eyes during cough. At times, laughing precipitated cough spells.

The boy was oversensitive. Appetite was good. He quarrelled with sister, brother and friends. The patient was starting in sleep even in daytime from noise. There was too much liking for sweets. He was restless in the clinic. The parents reported salivation at night and restlessness in sleep. The mother said that the pillow cover got wet due to salivation. It seemed that the boy mostly slept on abdomen. Whenever his father, mother or teacher reprimanded him or scolded him, he used to get fits. The parents said that their son was weeping often even for small incidents. Mother said that he drinks only at the time of meals and that too not much. Sometimes, he complained of aches and pains in the body or head after fits. Occasionally, there was tongue biting and urination during fits. After fits, the boy slept and the fits appeared mostly at night and recently in the day time also. Winter seemed to be disagreeable to the patient. The boy had sometimes diarrhoea and dysentery in winter and the fits were a bit more marked in winter. The boy was disinterested in studies. The following rubrics were selected both for his general condition as well as for the paroxysmal cough:

(1) Oversensitive, (2) Starting, sleep during, (3) Starting, noise from, (4) Stupid expression, (5) Cruelty, (6) Moral feeling, want of, (7) Malicious, (8) Quarrelsome, (9) Mortification aggravation, (10) Winter aggravation, (11) Desires sweets, (12) Restlessness, (13) Restless sleep during, (14) Thirstless, (15) Convulsions clonic, (16) Convulsions tonic, (17) Convulsions night, (18) Epileptic form convulsions, (19) Epileptic convulsions, (20) Contradiction intolerable.

(1) Cough paroxysmal, (2) Whooping cough, (3) Cough, sleep during, (4) Cough violent, (5) Cough slaking, (6) Cough exhausting, (7) Cough dry, (8) Lachrymation cough during, (9) Sweats, cough from, (10) Cough, night aggravation, (11) Cough suffocative, (12) Head perspiration, cough from, (13) Cough, laughing from, (14) Cough, eating from.

There was no significant point in the family history. The patient's mother had uneventful gestation and delivery. The boy was not vaccinated. The boy had jaundice at the age of 2 years for one month. No h/o skin eruptions or suppression. There was history of pus like discharge from urethra with paraphimosis for a few days at the age of 3 years which got well with allopathic and homoeopathic treatment. After further interrogation of the parents another symptom emerged. The patient got enraged and even attempted to beat on least contradiction and contradiction was intolerable to him.

O/E—The patient is lean, weighing 21 kg with a height of 1.25 metre. Chest and lungs normal except a few mucus rales. No fever. Blood picture normal. Urine and stool analysis normal. Wassermann's test was non-reactive. No EEG or cranial x-rays were taken. Liver and spleen were not palpable.

From the repertorial analysis, which is appended, Merc. sol. was selected. Some common symptoms of lesser value were not included in the list. The parents were advised against all allopathic drugs and foods that did not

agree with the patient. The author did not like to antidote the bad effects of medicines, although the drug symptoms like spongy gums were there and the *deterioration of the case was due to use of anti-convulsive drugs*. The reason was that the seemingly indicated remedy would be the best antidote for the iatrogenic effects.

Another interesting finding, which corroborated with the observations of Kent, was that both the generals and particulars not only of the chronic illness but also of cough symptoms tallied with Mercurius. In the thirstlessness Mercurius was not only not indicated but it was first grade contra-indication.

In the repertorial analysis, Merc. is not there in cough after eating; but in the general rubric it is listed. Merc. is also not in cough from laughing, but another mercury compound, Merc. I.F. is there, but this is no justification. Thirstlessness symptom in contra-indication was ignored in view of the complete agreement of the symptoms with the drug picture. Usually in an acute condition like cough, in a chronic case of epilepsy, an acute remedy to Merc. or some other acute remedy that covers cough particulars is more justified for the condition.

Because of unusual similarity of the drug picture with the patient's symptoms, the author prescribed Merc. sol. 1M and 1 dose was given. There were three fits, one on every day for three days. The cough was also aggravated in the sense that there were more cough spells with a little more intensity.

In two weeks' time there was no cough and no fits for a few months. The father once beat the patient for his tantrums, and he had three fits on the same night. After one week of the incident, again there was fit in the sleep. At this stage, one dose of Merc. sol. 10M was given, and for one year there were no fits.

After one year, the patient was vaccinated, against the instructions of the author. After one week, the boy had seizure once every week. After re-examination, no change in symptoms was noticed, but the patient complained of dreams of dead and falling. The boy still persisted in sleeping on abdomen. Medorrhinum 1M was given. For one year no fits. The boy started taking interest in his studies; he was less aggressive and there was much reduction in the oversensitiveness like weeping for trifles. The salivation was markedly reduced and the behaviour pattern of the patient was better.

After a few months, the boy had catarrhal fever followed by loose bowels. The patient was kept only on placebo, thinking that the old symptoms of the patient were appearing. The fever subsided but diarrhoea with blood in the stools with occasional gripes continued. There was again set back in the salivation and straining at the stool was too much. Once fit was observed on the reproach of teacher on the same night. He was given Merc. sol. 200 one dose.

The interesting point of discussion is, when the patient was given pre-

viously Merc. sol. 10M, why he was given a low potency instead of a still higher potency, particularly when the patient in general in respect of convulsions was improving? The question of potency is purely individualistic at every stage, like Homocopathy. The experience of the author is that to go to low potency when the constitutional drug is intercepted with any nosode. This approach enhances the sensitiveness of the patient to the previously given drug. So the author prefers to give again low potency of the previously given constitutional drug to begin with, after the administration of a nosode, if the symptoms still indicate.

Another point is when there was a set-back after the vaccination, why not the usual drugs for bad effects of vaccination, like Thuja or Variolinum was given? The seemingly indicated remedy covers the block of vaccination. The patient still persisted in sleeping on abdomen, although the dreams and past history of urethritis were covered by Thuja. Again, the repertorial analysis shows that a few symptoms are covered by Medorrhinum, and a few others were also covered by Thuja. The idea to give an anti-sycotic nosode, instead of Thuja, which is also a sycotic remedy, found greater justification.

After a few weeks, again the patient had fits on being reprimanded either by father, mother or teacher, or after a quarrel. Again Merc. sol. 1M to 50M were given at intervals because there was no change in symptoms. The last fit was nearly one year ago. All other symptoms subsided. Getting seriously involved in studies. The behaviour was excellent.

In the month of June 1979, the patient started washing hands unusually for simple reasons. Dr. A. Sateesh and Dr. K. L. N. Rao thought about the obsession of the patient and gave him one dose of Syphilinum 1M. The father of the patient started treatment for sleeplessness with the assistance of the author who was abroad. The father confessed an infection of syphilis and treatment with penicillin, a few months before the birth of the patient. The father did not mention this while giving the family history, thinking that it had no bearing on his son's illness.

After return from abroad, the author examined the case and found that the patient was having ringworm like circinatus patches on the head and body. Since the patient was progressing towards cure well from centre to circumference relieving the higher centres, the parents were advised not to interfere with the eruptions for the time being. Although the patient was without medication, the parents were advised to report about their son now and then for a few years more. They were advised to get EEG and the opinion of the neurologist.

The case history suggests the significance of all the components of epilepsy like grand mals, petit mals, epileptic equivalents and psychic equivalents. When such a complicated patient gets well in homoeopathic treatment, can there be a greater satisfaction and happiness to one who is wedded to Homocopathy for the past thirty years!

Brief Repertorial Analysis of Master S.S.K.R.

1. *Contradiction is intolerant of*: Acon., aloe, alum., am-c., anac., ars., aur., Bry., cact., calc-p., cann-i., con., Cocc., cchi., Ferr., grat., Helon., hura, ign., lyc., merc., nat-c., nice., nux v., olnd., op., petr., plant., sep., Sil., stram., tarent., thuj., til.

2. *Cruelty, want of moral feeling and malicious*: Acon., aloc., am-c., Anac., Ars., Aur., con., cocc., ign., Lyc., merc., nat-c., nice., nux v., op., petr., stram.

3. *Oversensitive*: Acon., am-c., anac., Ars., Aur., con., Cocc., ign., lyc. (med.), Merc., nat-c., nux v. (thuj.).

4. *Quarrelsome*: Acon., am-c., Anac., Ars., aur., Con., ign., Lyc., Merc., Nat-c., nux v (Thuja).

(Further rubrics are verified from 4th one)

5. *Starting*: Acon., ars., Con., Ign., Lyc. (Med.), merc., Nat-c., Nux v.

6. *Starting, sleep during*: Acon., Ars., Aur., lyc., Merc., nat-c., Nux-v. (thuj.).

7. *Starting noise, from*: Ars., aur., Con., Lyc. (Med.), Merc., nat-c., nux v.

8. *Restlessness*: Acon., am-c., anac., ars., Aur., con., Ign., lyc. (Med.), merc. Nat-c., Nux v. (Thuja).

9. *Restless sleep*: Acon., Am-c., anac., ars., Aur., con., Ign., lyc. (Med.), merc. Nat-c., Nux v. (Thuj.).

10. *Stupid expression*: Ars., merc.

11. *Winter aggravation*: Acon., Am-c., Ars., aur., con., ign., lyc., Merc., nat-c., nux v.

12. *Desires sweets*: Am-c., ars., lyc. (Med.), merc., Nat-c., nux v.

13. *Mortification, ailment after*: Aur., ign., lyc., merc., nux v.

14. *Convulsions night*: Ars., aur., lyc., Merc., nux v.

15. *Convulsions tonic*: Am-c., anac., con., ign., Lyc., Merc. nat-c., nux v. (thuja).

16. *Convulsions clonic*: Acon., am-c., anac., ars., aur., Con., ign., Lyc., Merc., nux v. (thuja).

17. *Convulsions epileptic and epileptic form*: Acon., am-c., Anac., Ars., aur., Con., Ign., Lyc. (med.), merc., Nux-v. (thuja).

18. *Thirstless*: Am-c., Ars., Con., ign., Lyc., merc., nux v (thuja).

Brief Repertorial Analysis of Master S.S.K.R. for Cough
(1st one is verified from 4th rubric from above analysis)

1. *Cough paroxysmal*: Acon., ars., Con., ign., lyc., merc., nux v (thuja).

2. *Whooping cough*: Acon., Ars., con., ign., Lyc., merc., Nux v.

3. *Cough violent*: Ars., con., ign., Merc., Nux v.

4. *Cough shaking (rocking)*: Ars., Con., ign., merc., nux v.

5. *Cough exhausting*: Ars., Merc., Nux v.

6. *Cough dry*: *Ars.*, *Merc.* (med.), *nux v.* (*Thuja*).
7. *Cough night aggravation*: *Ars.*, *merc.*, *nux v.* (*thuja*).
8. *Cough suffocative*: *Ars.*, *Merc.*, *nux v.* (*thuja*).
9. *Perspiration coughing from*: *Ars.*, *Merc.*, *Nux v.* (*thuja*).
10. *Scalp perspiration coughing on*: *Merc.*
11. *Cough sleep during*: *Merc.*
12. *Lachrymation cough with*: *Merc.*
13. *Cough eating from*: *Nil.*
14. *General eating after aggravation*: *Merc.*

Note: Remedy within brackets is also indicated in the respective rubric. Any nosode indicated in the rubrics is also noted for future consideration as anti-miasmatic remedy. *Thuja* is also mentioned because, it is also discussed. Numerical valuation for the grades is not done, because a third grade remedy in all rubrics may score less marks when compared to a remedy in first grade in a few rubrics, and yet the third grade remedy that comes in more rubrics is considered. Remedies from 4th rubric in the general repertorial analysis are verified in subsequent ones.

Treatment Résumé from 14.8.1976 to 13.9.1979.

- 14.8.76—*Merc. sol.* IM, 1 dose and placebo for daily use once at bed-time.
- 15.8.76—Fit & cough spells increased. *Sac. lac.* 1 dose.
- 16.8.76—Ditto.
- 17.8.76—Ditto.
- 24.8.76—Cough attacks better both in intensity and frequency.
- 29.8.76—No cough attacks.
- 10.9.76—No fit. Placebo for daily use.
- 25.9.76—No fit.
- 10.10.76—No fit.
- 24.10.76—No fit.
- 10.11.76—No fit.
- 24.11.76—No fit.
- 10.12.76—One fit in the night. Father beats the patient.
- 17.12.76—Fit. *Merc. sol.* IOM, 1 dose and *sac lac.* for daily use.
- 10.1.77—No fit, general condition of the patient better.
- 10.2.77—No fit.
- 9.3.77—No fit. Placebo for daily use. Placebo 1 dose.
- 10.11.77—No fit since Dec. 76. General condition better than previous report. He was on placebo.
- 15.11.77—Patient was vaccinated.
- 22.11.77—One fit. *Sac. lac.* 1 dose.

- 29.11.77—One fit. Placebo 1 dose.
3.12.77—One fit. Sac. lac. 1 dose.
5.12.77—Medorrhinum 1M, 1 dose and placebo for daily use.
2.1.78—No fit. Placebo for daily use.
4.2.78—No fit. Sac. lac.
3.3.78—No fit. Placebo.
4.4.78—No fit. Sac. lac. for daily use.
4.5.78—No fit. The patient taking interest in studies.
10.8.78—Placebo for daily use. Behaviour better.
14.11.78—Less aggressive. Slight reduction in salivation in the night and during sleep better.
4.1.79—Catarrhal fever, maximum 102°F. Sac. lac., 6 doses 6 hourly.
5.1.79—Fever 101°F. maximum. A few loose bowels.
6.1.79—Fever 98°F. A few loose bowels with mucus and blood in the stools with occasional gripes in abdomen for a few minutes. Placebo, 3 doses six hourly.
7.1.79—Too much straining at stool. Set-back in salivation. Merc. sol. 200, 1 dose.
8.1.79—Straining at stool better. Loose bowels, two. Sac. lac. 1 dose.
9.1.79—Normal stool. Gripes in the abdomen. Placebo. 1 dose.
10.1.79—No gripe, normal stool. Sac. lac., one dose.
15.1.79—Again general improvement except one fit last night followed by punishment by teacher in the school. Merc. sol. 1M, 1 dose and placebo for daily use.
20.1.79—Fit. Father beat him for tantrums. Merc. sol. 10M, 1 dose.
25.1.79—Fit. Mother beat him for quarrel with brother and friends. Merc. sol. 50M, 1 dose.
30.1.79—No fit. Not getting seizures even on reproachments.
4.2.79—No fit. General condition is good.
3.3.79—No fit. Placebo for daily use.
2.6.79—No fit in the past few months. Since a few weeks the patient is washing hands unusually for no reason. Syphilinum 1M, 1 dose.
3.7.79—No fit. Obsessional washing of hands much better. General improvement in all symptoms. Placebo for daily use.
10.7.79—Asymptomatic. Placebo for daily use.
25.7.79—Slight circular eruption on head. Sac. lac. 1 dose.
7.8.79—Eruptions more on head and body. Sac. lac., 1 dose and placebo for daily use.
10.9.79—No fit. Excellent interest in studies. Stopped treatment. Advised the parents to report now and then and not to interfere with the eruption for the time being.
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