

THE CALCAREA GROUP—NAMESLY CALCAREA OSTREARUM*

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Today we enter into the kaleidoscopic world of calcarea group. The calcarea group is an indefinite ocean of therapeutic properties. It is a unique group, which reflects the Hahnemannian genius philosophy to its very depth, in relieving mankind of its sickness. It would require no less than a lifetime to master this group. Before we move to our subject proper that is Calcarea ostrearum**, let us peep very briefly into the history of calcareas. Calcareas were nothing new to the medical world when Hahnemann went to prove it.

The pre-Hahnemannian era: Calcareas have been found associated with earth in its very first planetary evolution. The calcium in the lithosphere determines to a great extent the shape of earth's surface. Calcium carbonate appears in enormous masses as mountain-forming stones. The different calcium compounds form the vital parts of (1) the substance of earth material, (2) the surrounding atmosphere, (3) the plants, (4) the animals, and (5) the most important, the human being. The calcareas are thus associated with the very first human existence and its sickness. The very first records of calcarea being employed in medicine date as early as 5000 B.C. in the ancient ayurvedic teachings.

The Hahnemannian era: Hahnemann was a great chemist. He studied in detail the earthly alkalies. He was not satisfied with the therapeutic powers of different calcium compounds, described then at the primary medical school.

There was a lot said and experimented about physiological action of calcareas on isolated organs, tissues and cells but it was Hahnemann who emphasised on the most important cleft between the isolated organ and total human organism. Hahnemann went on to prove the true action of calcareas over the total human organism. He went out to unfold the true healing powers of this group which later became the supporting framework of his *psora theory*.

From such a group today we pick up our most important antipsoric, Calcarea ostrearum. It is the salt of lime. The form in which it is employed by us is not just the chemical chalk but the soft white substance which is found between the external and internal hard layers of oyster shell.

Hahnemann went in for oyster shell in accordance with the tradition then existed. Since very early times similar natural products were being em-

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** More commonly known as Calcarea carbonica.—Editor.

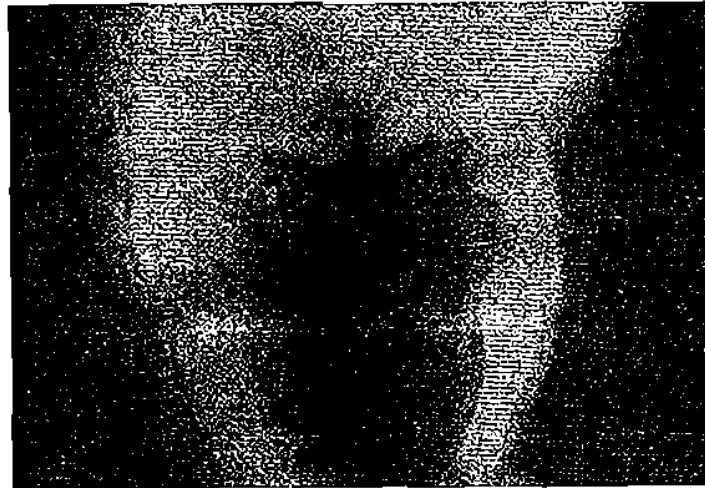
ployed in medicine such as animal horns, nails, powdered human cranium etc.

The pathogenesis of *Calcareà carb.* appears for the first time in 1st edition of the *Chronic Diseases* with 1090 symptoms reaching up to 1631 symptoms in the second edition. Dr. Allen's work has many additional symptoms.

The picture: *Calcareà ostrearum* provides us with one of the very interesting pictures in our materia medica. So vast and kaleidoscopic it is that we would always like to wander and live with it. It would not be possible to

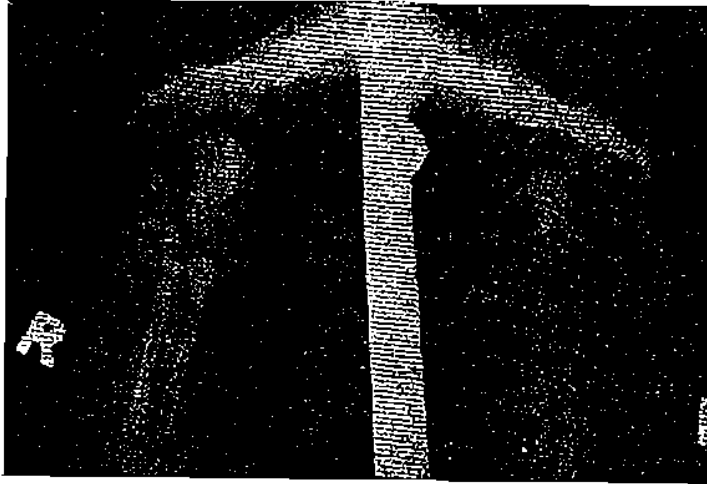


Generalized obesity. Macular patches over back and buttocks.
Prominent body folds.



X-ray of both lower limbs. Adequate bone age. No fibrous dysplasia,
soft tissue shadow exhibiting excessive fat.

go in detail through its materia medica in this short paper. The most important feature is that the picture grows with human life pattern right from infancy to old age.



X-ray of both upper limbs. Child appears to be made of just flesh and little bony tissue.



Child appears to be made of just flesh and little bony tissue, so very typical of Calcarea.

Infancy and childhood—Typical child with basic features of defective growth; large head, open fontanel and slow dentition. Pale, chalky and plump to look at with bloated abdomen and happy when mother gives boiled eggs to eat.

At puberty, the girl is usually pale and fat. Suffers from congestion of



Large head and generalized obesity; prominent body folds, hanging cheeks and evident thelarche.



Closer view to exhibit prominent pubic-hairs.

head at the onset of menses. Always feeling cold and lacking the vigour so characteristic of youth.

Still later in life chilly, sweaty with marked menstrual irregularities. Flow profuse, gushing, too early and provoked by slightest emotions. Always dyspneic, perspiring and looking for a place to sit after slightest exertion. Soury all over.

THE CLINICAL CASES

A case of precocious puberty: This case of a five month old female infant has been thoroughly investigated at the All India Institute of Medical Sciences. An adrenal tumour surgery was advised. The hazardous nature of the surgery and the age factor led the parents seek our advice. The case was thoroughly worked out strictly according to the master's principles. Calcarea carbonica came out to be the drug on repertorisation. A very definite progress is being noted. A further progress report would be reported at the next Congress of L.M.H.I. at San Francisco.

The five month old female infant was admitted to the hospital for the presenting complaints of:

(a) Obesity.

(b) Appearance of pubic hair and bleeding per vaginum twice at monthly interval.

The baby was born a F.T.N.D. with evidences of birth asphyxia as the labour was prolonged and two minute Apgar score was scored below 7.

At birth the baby weighed 4½ lbs and exhibited hyperpigmented brown macules with irregular margins on face, back and limbs.

There was evidence of inconsistent adiposity at thirty days which had been increasing. Pubic hair developed around 3 months and increased progressively. Vaginal bleeding was registered at 3rd month and two such episodes had occurred at monthly interval.

The child is the first issue. The pregnancy was uneventful. Milestones were normal with child starting to recognise and hold up the head at three months.

Physical examination revealed an obese child. Weight 4.4 kg, height 53 cm (upper segment 35 cm), head circumference 34.5 cm, hypertrichosis, cushingoid facies, double chin, short neck, pubic hairs, clitoris normal size, breast tissue palpable, brown pigmented macules, B.P. 88/64 mm of Hg in rt. upper arm, pupils normal, funduscopy normal, abdomen—no palpable lump, chest & C.V.S.—N.A.D.

Child was investigated with provisional diagnosis of precocious puberty. Etiology malignant adrenal tumour, McCune-Albright syndrome.

Investigation:

1. (a) Hb — 11.8g %
- (b) T.L.C. — 13100/Cu mm
- (c) D.L.C. — P72

E11

L20

M7

- (d) E.S.R. — 27mm 1st hour fall Wintrobe
- (e) Blood sugar 54 mg %
- (f) Urea — 14 mg %
- (g) Serum Na — 135meq/lt.
- (h) Serum K — 4.9 meq/lt.
- 2. X-ray skull — N.A.D.
- 3. Biochemical investigations —
 - (a) Plasma cortisol (8 a.m.) 32 mg %, following dexamethasone suppression 28 mg %
 - (b) Urinary 17 K.S. — 1.9 mg/24 hrs.
 - (c) Urinary 17—OH — 1.3 mg/24 hrs.
 - (These values were nonsuppressable)
- 4. Ultra sonograph—Left kidney slightly lower than rt. kidney.
- 5. I.V.P.—Left kidney at a slightly lower level.
- 6. Aortogram awaited.
- 7. Total body scan awaited.

The physicians at the university hospital have been discussing more and more about malignant adrenal tumour and advised surgery.

The hazardous nature of surgery led the parents to consult us. Not being bothered with just the clinical nature and the laboratory investigations of the case we went into further details trying to individualize on master's principle and could elucidate:

A very fair complexioned, and round plump appearance of the child, hanging cheeks, open fontanelles, blue veins over the scalp, baby perspiring a great deal from the scalp, with sour odour, large appetite, susceptible to cold.

The case even before it was repertorized was pointing towards Calc. ost. which was the remedy on repertorisation.

A single dose of Calc. ost. 1M was prescribed on 24th Oct. 1982. Repeated on 26th Nov. 1982 and again on 26th Dec. 1982.

The child now showing definite signs of improvement is being followed on placebos.

2nd visit on 26.11.82 after a dose of Calc. ost. 1M: There was no p/v bleeding. There was a definite reduction in generalised obesity. The milestones were normal.

3rd visit on 26.12.82: Still no p/v bleeding (which used to occur every month before). Reduction in pubic hairs. Further reduction in generalised obesity. Milestone normal. Marked reduction in breast tissue.

A case of *tetralogy of Fallot* (A congenital cyanotic heart disease): A young child 2 years of age was seen in the outpatient in Sept. 1979 with cyanotic nails. Always breathing heavily so that others could hear.

Before we could start examining, the parents confidently informed us that their child suffered from Fallot's tetralogy (diagnosed clinically at the university hospital).

The child was admitted in our inpatient's. It was the general appearance of the child which made us curious. The child had a very fair complexion and an unusually large head. There was cyanotic appearance with marked clubbing of nails.

Arterial pulse: 89/minute, irregularly irregular.

Blood pressure: 106/70 mm of Hg in right upper arm in lying position.

On auscultation: First heart sound accentuated. A loud systolic murmur causing a thrill heard over the pulmonary area.

We advised the parents that it was a congenital disorder and undoubtedly needed surgical repair.

Surgery was postponed for two years at the university hospital. Keeping in view the risk levels, parents asked us if we could keep the child-maintained till the time surgery was performed. A detailed history was recorded and we could gather some of the very important features:

- (1) The typical appearance of the child.
- (2) His head mostly sweating.
- (3) Child always wanting to eat eggs (boiled) for his meals (repeatedly said by his mother).
- (4) Family history of pulmonary tuberculosis (mother & maternal grandmother).

We preferred to start with *Calcarea carb.* in 200c potency. Two doses were given at an interval of fortnight. The child was kept under observation. He gradually started showing definite signs of improvement; we then kept him on placebos.

Cyanosis though persisted exhibited clear improvement. The number of cyanotic spells fell to one in two months as compared to earlier incidence of three to four times in the same span. There was clear improvement in weight. The mortality and morbidity associated with cyanotic spells was excluded. A corrective surgery was performed one year later. The child is now doing well and preparing to go to school.

Calcarea carb. when well-selected maintained well and helped in reducing the risk factors during corrective surgery.

A case of Bronchiectasis (chronic suppurative lung disease): Mrs. J. aged 39 years reported in our O.P.D. in July 1978 with chief presenting complaints of cough and expectoration of eight years standing, sputum yellow foul up to 150 ml/day. Marked dyspnea during coughing spell.

On examination marked clubbing of nails was noticed.

On auscultation coarse crepitations with widespread rhonchi were heard all over the lower lobes.

X-ray of chest showed marked hilar exaggeration with ring shadows.

Bronchogram done at the university hospital confirmed undoubtedly a case of bronchiectasis.

She was admitted in our indoor. The case was worked-out in detail.

Some of the salient features we could gather: obese, plumpy appearance; always exhausted and dyspneic, full of sweat on slightest exertion with oppression in chest and palpitation; history of profuse menses.

Besides this there were many features pointing towards Calcarea. We started with Bryonia alba in 30c potency, as she was always complaining of pain chest worse on slightest coughing or even breathing. This was later followed by Calcarea carb. in 200c potency which was repeated weekly for four weeks. It was in the fourth week we started appreciating some improvement. She was continued on placebos and other acute remedies namely Bryonia, Belladonna, Antimonium tartaricum, Carbo vegetabilis and Kalium muriaticum.

In the second month she started feeling all the time better. She could breath more easily, sputum no more foul and getting lesser in quantity.

Her condition was excellent with occasional expectoration; no hemoptysis, no recurrent chest infection. A bronchogram was repeated four months later which exhibited resolution of bronchiectatic lesion on right side with minimal persistence on left. The improvement persisted and the patient has no evidence of the ailment at all now.
