

MY CLINICAL CASES

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A married lady of 42 years entered my clinic and said: "I am having headache. It is here (shows the occiput). Whenever I lie down I have it. I feel as if some heavy weight has been placed there which pulls down my head."

In this case, I have the location, type of pain and its modality. I did not put any question to the patient and referred to the repertory in Boericke's *Materia Medica with Repertory*. After going through the various rubrics in Headache, I noted down the following:

Location—Occipital—(35 remedies are listed)

Character of pain—Pressing, dull as from weight—(20 remedies)

Modalities—Aggravation: Lying down—(13 remedies)

Only two remedies, viz. Eup. perf. and Lach. were common to all the three rubrics. First I studied Eup. perf. in Boericke's *Materia Medica with Repertory*. The line "Headache...*Occipital pain after lying down, with sense of weight*" seemed to fit in this case.

To confirm the selection, I questioned her for any history of malaria as Eup. perf. is also a remedy for ague.

"How long do you have this?"

"For the last twelve years."

"Had you ever had malaria twelve years ago, i.e., prior to the beginning of this headache?"

"Yes, I had periodical attacks of malaria. I suffered from it for more than two months."

As her reply confirmed Eup. perf. I ignored Lach.

11.8.71—Eup. perf. 30, 3 doses

12.8.71— " 2 doses

Placebo t.d.s. for fifteen days.

On 10.9.71 she reported that after the first day of taking the doses there was complete relief; the relief lasted for about ten days only. She is having it now in the same condition, and wanted to take further medicine.

11.9.71—Eup. perf. 200*, two doses, first thing in early morning and two hours after lunch.

On 13.10.71 she reported to say that the two doses relieved her and so far there is no return of the pain.

℞ Placebo twice daily for one month.

* In chronic cases, where I prescribe 30th I give five doses every eight hours, and the 200th two doses early morning and at bedtime. In this case the second dose of 200 I did not give at bedtime as the aggravation is after lying down.

9.11.71—Keeping well. \mathfrak{R} placebo for 3 months.

It is now more than four years and there is no return of the complaint.

(2)

I had two cases of headache with the symptoms of Ars. met. The first one was that of an old man of 54 years. He complained of pain in nose, left side, extending to head regularly appearing at 2 p.m. and lasting till 4 p.m. daily for the last three days. After much repertorising in Kent I arrived at Ars. met. on the symptom "pain in nose, worse left, worse afternoon/evening." Ars. met. 30 one dose in the evening. Next day there was no recurrence but on the third day he developed fever, and went for allopathic treatment.

The second case was that of a young boy of 23 years. He complained of headache occurring regularly between 2 and 4 p.m. daily. I questioned about any history of fever and he replied that a month ago he had fever with cough etc. and it was suppressed with old school drugging. I could not give him Ars. met. as it was not readily available and by the time I could procure it, the patient did not come back.

From the above two cases I think Ars. met. is a remedy for headache occurring daily at 2 p.m. lasting till 4 p.m., with a history of suppressed fever. It brings back the suppressed fever. However, in the above two patients, I confirmed the following symptoms of Ars. met. (from Boericke's *Materia Medica with Repertory*) by comparing them with the patient: "Weakness swollen feeling of parts. Low spirited, memory weak. Desire to be alone. Head feels to large. Headache worse stooping and lying down."

Hence my suggestion to readers is to think of Ars. met. also in cases of headache with the above periodicity and other symptoms, after suppressed fever.

(3)

The other night, a married woman of 28 years was brought to my clinic with very difficult breathing. The patient's friends and relatives accompanied the patient as they thought her condition to be grave and that she may collapse at any time.

I asked her what caused her difficulty or prevented from having free respiration. She pointed to the left hypochondrium and told that there was pain in that region and taking the breath in (inspiration) aggravated the pain terribly to such an extent that she has dread of deep inspiration and so had to labour with the slight superficial respiration. A few routine remedies were tried one after the other without effect. Then I consulted Kent and some other repertories but could not decide any possible remedy. I thought that this may be due to some affections of the spleen and decided to make use of the book *Homoeopathic Therapeutics* by Samuel Lilienthal. As the arrangement was not in any order and it had no contents also, I turned to the index

page at the end of the book and found "Spleen, diseases of, 679". Turned to page 679 and found under the head 'Lienitis—Splenitis and other affections of the spleen,' forty-four remedies were given with their respective symptoms of spleen, each remedy having about five to six lines. I started studying the remedies and Agaricus seemed to fit in well. The following were given for Agaricus: Excessive hypertrophy of spleen; deep contractive pain in region of spleen; dull pressure in spleen, when lying in bed on left side, diminished by turning to the right side; stitches under the short ribs on left side on inspiration, especially when sitting with a stooping chest.

I confirmed from the patient the symptom 'pain aggravated lying on left side and diminishing by turning to the right side.'

I put one drop of Agar. 30 in an ounce of water and made her to take it. Five minutes passed but no relief. A homœopath who was with me at that time observed the patient and found that she was having *pan* in her mouth which she was slowly chewing. I did not notice this. The patient was a Madrasi woman labourer and these people use to chew *pan* several times a day. Hot water was given to her for gargling to clean the mouth. Then again Agar 30 in water was given and in a few minutes she was relieved more than seventy-five per cent. Two more doses were prepared on lactose and given to be taken every four hours dry on tongue and to report next morning.

However, she did not come next morning, but, later on, I learned that the patient was completely relieved of the dyspnoea.
