

A CASE OF RUNNY EARS

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A white woman, aged 45, came to me in February 1953 with the following history, much abbreviated for this writing: Abscess in both ears ever since her birth. Both ears discharging on and off, color and feter of the matter varying, but mostly very offensive. Poor hearing in both ears. Often terrific pains in the occiput and nape, chest, kidneys, genitalia and abdomen, the character and locations of the pains and other symptoms often changing and shifting. She had been under the care of an oto-rhino-laryngologist ever since her birth and for most of her life on and off. Menstrual troubles ever since the menarche had been attended by gynecologists. There was a history of pyonephrosis attended by urologists, which complication seems to have begun with the advent of the sulfa-drugs, which had been used by the ear man in an attempt to cure the ears. Later an assortment of the antibiotics had been used.

It was after another course of treatment by antibiotics that she came to me with a terrific bursting headache and an outward-pressing feeling in her occiput and nape, which none of the many painkillers tried on her could relieve.

Unable to gather enough identifying symptoms, but considering the case as a summation of suppressive treatments, I ventured to give her *Pulsatilla* 6. and asked her to come back in three days or not later than after seven days. She, however, failed to show up, and this is where the difficulties with her started. She would not keep appointments. I had intended to gather more symptoms and modalities after the *Pulsatilla*, but now I wondered what had happened.

She appeared 3 weeks later, however, and admitted she had begun to get relief soon and had been almost painless for about two weeks. She had developed lots of discharge from the ears, at first very offensive, but later almost odorless and scanty. She had many excuses for not having returned within the ap-

pointed time, and when the pains had begun to reappear she had gone to her druggist, whom she trusted to be able to relieve small pains just as well as doctors—and without a fee. However, when the pains exceeded her toleration she finally did come to me.

This time the symptoms were much different than at the first visit. Whatever she had taken from the druggist after the *Pulsatilla* I never found out; and in her agonies again I had no chance to study the case properly. It seemed however that *Hepar sulph.* would fit the symptoms. I therefore prescribed it in the 3. hoping to enhance the discharge and so reduce the internal pressure and thereby the pain in the head. And so it did happen and she got relief.

I had tried hard to persuade her to return after a week. This time she did keep the appointment, giving me a chance to gather more information. This time the repertory analysis pointed to *Pulsatilla*, *Hepar*, *Silica*, *Bryonia*, *Kali carb.* and *Psorinum*. So I gave her *Psorinum* 15. statim and another dose to take home with her and use after one week. I asked her to see me again after three weeks, but she again failed to appear.

After five weeks she finally came again. She told that for about three weeks she had had a "wonderful" time: no ear or nape pain, no ear noise, no discharge or odor, no indigestion and no constipation. But then the menses had come again and she had had to take something for the menstrual pains, and soon all other pains had come again, even the "kidney pains." Only then she came back to me, and I had to start all over again.

Between the trio—ears, genitals, kidneys—her symptoms changed often. Because of the inter-current self-drugging, a new repertory analysis became necessary almost at each visit; and how I had to talk to persuade her to cooperate with me at all!

It would take lots of space to report the whole case in detail with all the symptoms, repertorizations and corresponding treatments; but in short she got well, except for slightly

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Chronic diseases are, therefore, the hardest to treat. They are of long standing and many changes have taken place in the various structures affected from the time of their inception. Nature needs to adjust itself to those changes in preparation to cure when there has been no interference. And such preparation may take years, for the losses and gains on the invading miasm constitute a very gradual, subtle, process, since "*Natura non facit saltus*"—Nature does not proceed by jumps.

So, it is Nature that effects the cure; and the remedies must try only to stimulate such efforts. This is why in the treatment of chronic diseases there should be a closer relationship between the doctor and his patient. From the doctor, it requires the ability to evaluate and interpret the symptoms most carefully so as to know when to provide the needed stimuli; and from the patient, good understanding of the facts involved, full co-operation with the doctor and patient for as long as it may be necessary. Only thus the chronic miasmas can be eradicated.

—*The Layman Speaks, Sept., '57*

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subnormal hearing. She has been well and working steadily since July 1955.

The remedies used in this case were: *Pulsatilla, Hepar, Psorinum, Silica, Rhus tox., Calcarea carb.* As to the case as a whole: "Ende gut, Alles gut," in the language of the great Hahnemann himself.

—*Jourl. of the Am. Inst. of Homœopathy, Jan., '57*
