CASE REPORTS

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CASE NO. 1

Here is my case-book entry: March 3, 1975. Mrs. X. Ghosh, age 38, mother of daughter aged 9, Govt. clerk. Present complaint: gastralgia at 2-30 p.m., glairy vomit after food. Bio-data: medium, stout build, hot, sweaty palms and feet. Habitually costive, had blind piles. Menses timely, but short. Rough scabby skin, fissured outlets. Abortus 3 years ago. Desires cool dry air, cold food and drinks, meats and sweets.

Now suffering from gastralgia for 3 years usually in afternoons after snacks, wind, acidity and acid, glairy vomit daily. Afraid of dinner and hence emaciating. This happens all in winter.

In summer, above complaint alternates with psoriasis type eczema of palms and herpetic eruptions over entire body, when there would be no gastric complaints.

It was further reported that one very eminent homoeopath had cured her of the psoriasis with Arsenic 10M, 3 years ago, after which the gastralgia started and there is this alternation now.

No douht this was a clear case of suppression by Arsenic, for mentally she was nowhere near Arsenic, but a typical Graphites which has also "a particular tendency to develop the skin phase of internal disorders" (Boericke's *Materia Medica*, p. 309).

Yet somehow I hesitated to prescribe her constitutional remedy in this acute phase, but prescribed Arg. nit. 6, 2 drops thrice daily for a week. Reasons: suspected gastric ulcer, mental anxiety, preference for cool drinks and atmosphere, salt and sweets and relief of pain from pressure. Moreover, it had a complementary relation to Graphites as pointed out by Wm. Boericke, pages 312.

However, Arg. nit. clicked and all her complaints were gone in a month and she improved in health.

But in early April, her palms started peeling off, a prodromal sign she said. And, vesicles made their appearance first in both axillae and under her breasts.

Now, I thought, was the time for Graphites and she received two doses in the 200th for a week. But it aggravated her condition, more vesicles, burning, itching and all the discomfort of summer heat and office work.

I was in a dilemma and preferred to wait, not knowing what to do next. But I had already ticked Sulphur, never to repeat Arsenic whatever happened. Meanwhile, a very strange thing was noticed. She had now vesicular eruptions throughout her body, but not a single eruption peeped out of her blouse, nor came below her petticoat.

I questioned the patient pointedly about this strange phenomenon and she agreed with me that it was really so every year, except the palms.

Now, I picked both Boenninghausen and Kent's repertories, both of which have the same rubric, Eruptions on covered parts: Ledum, Thuja.

I picked Thuja almost instinctively as I could not think of such a deep dyscrasia without a sycotic complication. Moreover, there was a history of repeated vaccination, afternoon aggr., worse from damp aud I took the strange symptom as characteristic.

So, the lady received Thuja 6 ten doses first week which immediately worked and checked the progress of the psoriasis and the vesicles started drying up.

Next two weeks she received Thuja 30 six doses in all and the medicine was stopped. The disease was cut short by three months and later, two monthly doses of Sulphur 1M smoothed her rough skin also.

This is a pure psoric case, Arsenic changed Graphites temperameut and pushed her to Sulphur which completed the cure. Thuja oc. was for the sycotic complication which was superimposed and lay hidden under the lady's garments. But I still ask myself: can Graphites change so radically through suppressions? These questions make homocopathic prescribing a game of wits and ever so interesting.

CASE NO. 2

An old man of 62 is a regular visitor. He has many pains and complaints which keep on repeating round the year. A typical Psorinum now. In Jan. 1978 he pointed to a hard bluish fibroid, size of a pea, on the dorsal ridge of his left scapula. It was absolutely harmless, but growing in size. I tried Thuja etc., but could not persevere owing to his other urgent complaints.

In July 1979 the patient had a thorough soaking in rains and came down with lumbago which he said was also a hereditary complaint. Rhus tox. 200 and later Calc. fluor. 30x working on the modality: better for continued motion and warmth, put him in a workable condition.

On Aug. 10, 1979, the patient had again a very severe attack of lumbago and this time he was virtually crawling on all fours. Cause: exposure during bath, other symptoms were anxiety, restlessness, fever 100°F. But Rhus tox. did not help this time and worse still, he could not be made to stand at all.

Now I took all the factors, heredity, modality, the fibroid and particularly, the day of aggravation and gave him a dose of Medorrhinum 200 on Aug. 12 at 6-0 p.m. and promised to visit next morning.

To my surprise, the patient walked out smiling and sat with me in the ante-room. 'What a miracle, Doctor! I can now even dance, look' and he gave me a demonstration.

Well, he received placebo for a week and was doing well. But I was not happy for the abrupt relief and knowing the patient. Next week he again walked to my chamber and removed his shirt to show me the fibroid tumour.

It now looked like a carbuncle, bluish red swelling over a 2 inch diameter, terrible burning not relieved by hot or cold foment and three points of pus on both sides. I immediately asked for a check up of his blood sugar and prescribed Anthracinum 6, four doses daily. Burning was gone and the whole thing turned into a simple abscess except that the sloughing was very deep with white punched-out inside. Hep. sulph. 6, 30 and Silicea 30 with Calendula θ in oil brought a rapid healing in about ten days. Now he has a slightly deep black scar not larger than a wheat and the tumour gone for good. He is fine these three months.

This was also an example of psora complicated by hereditary sycosis, but bears a far deeper significance. Can Medorrhinum cure carbuncles too on a rheumatic patient? Or, it was a sycotic tumour bombarded by Medorrhinum?

Editorial comment: (1) The argument about the case being purely psoric contradicts the earlier contention of the author that the gastralgia suffered by the patient was due to suspected gastric ulcer. Ulcerations, wherever they are located, belong to the syphilitic miasm. Secondly, the psoriatic type of eruptions have always a combination of all the four miasms in their pathogenesis.

(2) In the second case, the hard nature of the tumour points out strikingly to the tubercular miasm rather than to sycotic. It needs to be appreciated that Medorrhinum, although has the sycotic expression more pronounced in its pathogenesis, nevertheless, has all the four miasms in it.