

A CASE REPORT

DR. R. S. RASTOGI, B.A., M.D.H.,

Dehra-Dun.

Mr. J. S., rather heavy built, age about 37 years, came in for treatment on 16th March 1950, and gave the following facts about his illness.

About 6 months ago, returned from tour with fever, pain in the body, sore and inflamed eyes. In about two or three days the fever left, and after about 8 or 10 days the eye trouble also cleared up. Within the two months next following, got sore eyes about eight times—redness, gluing of lids, a little pain and lachrymation. Felt much below par and discovered he had been running slow fever. Felt depression, disinclination for work, burning in palms and soles. With rise of temperature he felt heat in eyes, increase in respiration and pulse rate, and also some palpitation, these symptoms being *worse by walking or other moderate exertion*. Appetite a bit less than normal; thirst moderate; desires hot food and drinks, salty and spiced food. Passes mucous in stool; sometimes feels a little griping pain in bowels which move twice a day. Feels burning in the bladder, and in the urethra during urination which subsides by taking alkaline mixtures. *Sensitive to cold, dresses heavily and wants to cover himself warmly*. Much yawning and lethargy, worse rise of temperature. Temperature ranges between 98 and 99.4 degrees Fahrenheit. Tongue coated and flabby. Easy spraining of ankles which turn outwards when walking. Limbs "go to sleep" easily. Sometimes gets sleeplessness.

Has had small-pox twice; has had external piles which were operated upon in 1943; has malaria for about a month three years ago. Family history—of no importance.

Physical Examination: Weight 162 lbs. Pulse 98 per minute. Respiration 28 per minute. Blood Pressure 140/100. Examination of throat, lungs, heart, liver, spleen,

right iliac fossa, left iliac fossa revealed no abnormality. X'ray of the chest showed the pulmonary fields to be clear and normal. Urine and stool examination negative. Urine Culture negative. Kahn's test negative.

Blood Examination Report: Total R.B.C. Count: 5.7 million per cu. mm. Hæmoglobin: 93 per cent. Colour Index 93/114. Total W.B.C. Count: 12,000 per cu. mm. Polymorphs: 55 per cent; Lympho: 43 per cent; Eosinophiles: 2 per cent. No M.P.; M.F.—Positive; E.S.R. 2/4 mm. (wintergreen method).

The elaborate investigations detailed above *revealed no disease* to the physicians of the orthodox school of medicine, and so they were compelled to give treatment *empirically*, presuming the disease to be malaria, amœbic dysentery, paratyphoid, some sort of sepsis somewhere etc. etc. Courses of Quinine, Paludrine, Mepacrine, Atebrin, Sulphadiazene, Durecillin Fort, Emetine, Carbarson, Thalazol, Irgafen, Omnadin, Aureomycin, Streptomycin, Vitamins and tonics were given, but without the least benefit to the patient. In fact he felt weaker and worse after all these treatments.

Homœopathic Treatment: A three days' course of Sulphur 30 in the morning and Nux Vom. 30 at bed time had been taken by the patient of his own accord before he came to me for treatment. He had watched the effect for about a week with no appreciable improvement in his condition.

He was given a dose of Sulphur 30 on the morning of 17th March 1950, and two doses of Calcarea Carb. 200 on two consecutive mornings next following.

On 26th March 1950, the patient wrote a letter reporting his condition thus: "You will be surprised to know that I feel much better now. In this week my maximum temperature did not rise above 98.4°. I do not have that feeling of depression or tiredness and feel a lot better. The medicine has really worked wonders for which I am very thankful to you."

He was yet a bit diffident whether he had really been cured and so wanted my permission to have his blood examined again. The total W.B.C. Count which had never so far come down below 12,000 per cu. mm. was found to be 8800 per cu. mm. The differential W.B.C. Count was: Polymorphs 57 per cent; Lymphocytes 35 per cent; Eosinophiles 6 per cent; Large mononuclear 2 per cent (as against 13 per cent found in one of the earlier examinations).

Was orthodox medicine making a mountain of a mole-hill, or has Homœopathy got the power to make a mountain vanish with magical speed? The patient had several times before tried homœopathy for himself and other members of his family with great benefit. But the glamour of orthodox medicine was too great to be resisted, and he chose to come in for homœopathic treatment only when it had failed him in spite of a six months' trial! He met me only a short time ago and said he was getting on fine with his health.

WHAT ABOUT TONSILS ?

ROGER A. SCHMIDT, M.D.

San Francisco, Calif.

Yes, what about tonsils? Should we take them out or not?

There is a marked significant change in the attitude of the medical world as regards to tonsils. *Today's Health*, the layman's journal of the AMA, published in its May issue a provocative article by Lois Mattox Miller, which is extracted in the *Reader's Digest* of May, entitled "The Myth of the Terrible Tonsils." The old custom of "tonsil snatching," that once meant two million tonsillectomies a year, is dying a well-earned death.