

CASE HISTORIES

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CASE NUMBER 1

B.D., widower, 55 years old, two children, comes to consult about headaches, which have been troubling him for 22 years, with complete failure of all treatments.

Headaches, with nausea, vomiting, and diarrhea at the same time, or alternating with them. Headaches localized in the forehead, bursting, ameliorated by cold applications. No apparent cause.

General symptoms: Aggravated by heat. He loves rain and cloudy weather. Craving for sweet things.

Mental symptoms (spontaneously told by the patient): "I like cloudy weather and rain, because they give me human warmth. I like to talk to children. I do not like anything technical, such as computers. Since the age of 50 I have been painting to fulfill a vocation. I am an instinctive person, and sentimental. Because of this I prefer the company of women. I pretend to be amusing and happy, but I am really shy and introverted. I am never better off than when alone. I enjoy being alone. I love to speak to myself when I am travelling. I imagine things, I think! I feel accompanied being alone! I am easily touched or moved by things but I have learned to control myself—it is my duty. The friendship of a brother or of others is the best thing in life. The more depressed I am, the more I appear to be happy and unaffected. I don't need anybody's help, and I dislike being praised. I don't like to cause any harm to anyone. I am scared of being hurt. I often keep things to myself, because I fear people will bear me a grudge. I never like to win."

Hereditary and personal antecedents: Hepatitis caused by a virus at the age of 19. Nothing special about that.

Psychobiographic history: Lost his father at the age of 5. Overbearing mother, strong character, treated him with harshness and strict discipline. "Loved me very much but never gave me a kiss." "My mother was all my love; she brought me up with total liberty." Economically, very well off. "Mother took me on all her trips to Europe, although she dropped me off at schools in Switzerland, when she went to attend her courses on psychology, in other countries. I remember a phrase I think I picked up in London. 'Never display, never complain.' Thus I learnt not to talk about myself or my worries. I am the middle one of three brothers. Because I was not intelligent I had difficulty with my studies. In order to please my mother I studied medicine, but had to give it up in the third year. I then took up technical design and architecture, which I also left off. I was offered a contract by a car firm and was taken on, and, after marrying, was sent to the United States, where

I worked for several years and was able to fulfill my vocation." When asked why, at the age of 55, he is administrating his mother's land, he answered, "Well, because my wife did not like to live in the United States." He then went on, "I married my wife by instinct. She was an extraordinary woman. She died two years ago, without having given me one day of suffering." He then added, "I have never had an unhappy day." When asked the final question as to what he meant to do with his life, he said, "I would like to marry very soon—now, if it were possible—a woman I have known for many years. But I still have to get around the opposition of my children."

A superficial examination of this case is not enough for us to understand it. Evidently, if we took into account these symptoms: (1) company, aversion to; (2) timidity; (3) cheerful; (4) introspection; (5) forsaken; (6) affectionate; (7) warmth agg.; (8) sweets, desire for; (9) head, pain in forehead, bursting, we would have the following results:

Symptoms:	1	2	3	4	5	6	7	8	9
Nat. mur.	3	2	1	0	0	2	2	1	3
Phos.	1	3	2	0	0	1	2	0	0
Puls.	2	2	1	3	3	2	3	0	3
Sulph.	2	3	2	2	0	0	2	3	1

We would hesitate between Sulphur, with his joy, warmth, desire for sweets, and pronounced philosophical understanding of life; and Pulsatilla, with his timidity, introspection, sweetness of character, and forsaken feeling.

But if we really want to cure our patient, we must try to grasp the real teleological direction of his symptomatology. When we search in his early years, we find that this was a terribly repressed child, in the primary affective and aggressive feelings, the ones that, if free, will allow the ordering of the whole personality. "Never complain, never display." All his life he has gone from frustration to frustration, from the denied maternal kiss, and, later in life, the loss of his university career, to having to return from his position in the United States to attend to his mother's business. His wife, also, could not understand his desires for self-affirmation, and so he returned to Buenos Aires, like a very obedient child. The tremendous love that is prominent throughout his history, for the mother and later for his wife, is symbolically an ode to impossible love.

The frustration of this love enrages him to the point of fearing his own aggressiveness. "I dislike arguing with people; I fear they will hurt me. I keep quiet so that they will not hold anything against me. I never like winning." Although he says that the best in life is the "friendship of a brother or of others," he looks forward to being alone, and he likes talking to himself, rejecting every help offered or compassion that will show him the reality he has never wanted to see.

After this brief summary we have a clear conceptual vision of our case. The symptoms: (1) love, ailments from disappointed; (2) company, aversion to; (3) malicious; (4) talking, pleasure in his own; (5) consolation agg.; (6) warmth agg.; (7) sweets, desire for; (8) head, pain in forehead, bursting; indicate *Natrum muriaticum* as the only remedy:

Symptoms:	1	2	3	4	5	6	7	8
Aurum	2	2	2	0	0	1	0	0
Ignatia	3	1	3	0	3	2	0	0
Lach.	2	2	2	0	0	2	0	0
Nat. mur.	3	2	3	1	3	2	1	3
Puls.	0	2	0	0	0	3	0	3
Sulph.	0	2	1	0	0	2	3	1

Two doses of *Natrum muriaticum*, three months apart, 1M and 10M, were sufficient to cure the patient completely, whose tremendous rage preferred to burst in his own head, instead of symbolically breaking other people's.

CASE NUMBER 2

D.F., female, 58 years old, married. One son. Consults about painful indigestion, acidity, sour belchings, aphthae in the mouth. Suffers vertigo from 4 years back, also exhaustion, loss of weight (10 kilos), deep sorrow, weeping, desires of death, suicidal thoughts.

Mental symptoms (as told by the patient): "I cannot concentrate. Distracted. Dulled. I struggled, but my strength kept going. I would like to possess the energy that would let me work again. I have always had great will power, but now I am finished. I feel my nerves, even the sound of the alarm clock, in my stomach."

General symptoms: Sensitive to cold. Warmth aggravates. Desires highly seasoned foods.

Hereditary and personal antecedents: Parents died of heart conditions. She is the youngest of six daughters, three of them dead. Sporadic lumbago. No other particulars.

Psychobiographic history: Due to the patient's prostration, it is natural that she does not spontaneously tell us other symptoms than the above. After interrogation three other symptoms appear: her extreme obsession to comply, her anticipation of difficult situations, and her rush to do everything on time. Her relatives add that she is very sensitive, and that she suffers great mortification because of her husband.

So far, the data permit us to gather a number of quite evident symptoms concerning our patient, and yet they do not enable us to understand what is wrong with her. If we repertorize these symptoms: (1) anticipation; (2) conscientious; (3) mortification; (4) loathing, of life; (5) fear, felt in the stomach; (6) cold and heat agg.; we decide on *lycopodium*, which covers all these

symptoms, including the patient's natural tendency to correct her husband constantly:

Symptoms:	1	2	3	4	5	6
Lyc	3	2	3	2	2	2
Nux. vom.	2	2	2	2	0	0
Puls.	2	1	2	2	0	1
Sil.	0	2	2	2	0	2

But is this the aim that Homoeopathy seeks? Can we medicate a patient just by summing up the mental, localized, and general symptoms, without taking into account why our patient is ill? We must understand that a present illness cannot be described by itself, because it expresses just the present moment of a morbid past. Deeper than knowing what a human being has in the present, we are interested in knowing how his whole life was, so that we can understand his present illness. And this is only possible by knowing the most significant details of the psychobiographic history. This is the only way in which we can evaluate rightly the present symptoms, which are an expression of a psychobiographical attitude that the individual has shown during his whole life. The ideal of Homoeopathy is to find the similimum that will identify itself with such an attitude. The miasmatic illness that goes all through life, from birth to death, has moments of morbid exacerbation when the equilibrium of the vital force enters into crisis, and a pathological catharsis becomes necessary to establish a new equilibrium. Now we can see that different illnesses are reactive, curative efforts of the human being, not just the result of unrelated circumstances.

That is why the symptoms of our patient throughout her clinical history, during periods of morbid exacerbation (i.e., illnesses), are valuable in the search for the similimum, only to the extent that they indicate her personal way of resolving her "pathological equation." Hahnemann verified that cured symptoms frequently relapsed; so, in his theory of miasms, he searched the pathological background of the patient. He found that the psychic symptoms are indicative of the miasms in their latent states, and that they reveal each patient's individual expression of his illness.

Now back to our patient: Her history reveals that she was the youngest of six sisters, gay, docile, tidy, studious, excessively responsible and reliable. She came alone from Spain to Buenos Aires at the age of twenty, and lived with her eldest sister, who behaved like a mother towards her. Some years later her sister died, and our patient was expelled from the house. She had to work as a servant in different places. She lost everything she had, but what she missed most was her sister's affection. She married in an effort to recover that affection, but her husband was dictatorial, indolent, and selfish. A son was born, and all her efforts concentrated on him, and his career in pharmacology. For this purpose she worked hard in her brother-in-law's shoe factory.

where, as her relatives said, "she did the work of three people; her obsession was to perform her job so as to please her brother-in-law," in whom she saw a protective and paternal figure. She secretly kept a desire to return to her parents' home in Spain, but wanted to do it on her own, because she is proud, and never accepts praise or gifts of money.

But five years ago she was morally and economically disappointed by her brother-in-law, and some months later she became sick. The symptoms throughout her history inform us of a profound 'minus value' and dependence, expressed in successive fixations, first towards her sister, then towards her husband, and lastly towards her brother-in-law, being incapable of separating herself from them, in spite of great mortification. On this background of weakness, she reacts with an *obstinate* will to work, that knows no rest or *imperfection*. Her end is to achieve fulfillment in her son's doctorate—which is her own as well! But it is not enough, and in losing the symbolic paternal protection of her brother-in-law, she finds she is finished; her strength is gone; she is *tired of living*; she wants to die. Her clinical history is summarized as a 'minimum syndrome of maximum value' by the following symptoms: (1) conscientious; (2) obstinate; (3) confidence, want of self-; (4) loathing, of life; (5) homesickness; (6) consolation agg.; (7) cold and heat agg.

Symptoms :	1	2	3	4	5	6	7
Aur.	1	1	2	3	2	0	0
Chin.	1	2	2	3	0	1	0
Ign.	3	2	1	0	2	3	0
Lyc.	2	1	2	2	0	1	2
Sil.	3	2	2	2	2	3	2

Aurum has 5 of the 6 mental symptoms, but in the case of this patient the loathing of life is a direct consequence of her profound anxiety of conscience, which is also a direct consequence of her tremendous inwardly-directed aggressiveness. Aurum is forsaken and homesick, but it lacks rejection of sympathy, which Silica has.

China lacks homesickness, symptom of her infantile dependence. Although it resembles our patient in its prostration and tiredness, and also in its flatulent dyspepsia, China is very weak, irritable, always disposed to aggressiveness and reproach, with the characteristic of mental asthenia during the day and nocturnal excitability that keeps the patient awake for a long time, building castles in the air, thinking of the wonderful things she will do some day.

Lycopodium is the nearest to our patient. But what characterizes Lycopodium is its background of 'minus value,' through proudness and arrogance as a defence mechanism that also causes the rejection of family when ill. Nostalgia is not permitted by its excessive self-esteem!

Ignatia is always near Silica when the psora predominates. It is charac-

terized by changes and manifestations contradictory in character, extreme emotional sensitivity and variability. These characteristics show that Ignatia is not for our patient. It lacks the loathing-of-life symptom, which expresses the result of the struggle that our patient started in childhood.

Silica is, therefore, the only remedy that would bring about a true cure, modifying the 'minus value' that brought the patient to build so many pathological defences. Any other remedy, although apparently justified by partial groups of symptoms, will only obscure the case, and prevent the objective stated by Hahnemann in the 9th paragraph of the *Organon*.

Twenty days after giving one single dose of Silica 200 our patient told us, "The first days I was feeling bad, but a strange thing happened to me: at the time I didn't know why, but slowly I felt more gay. My strength began to improve. And, for the first time in my life, I am now feeling more sure about myself."

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