

## A CASE OF CHRONIC AURAL VERTIGO TREATED BY HOMOEOPATHY

DR. R. R. SHARMA, M.S.C., PH.D. (London), M.A.M.S., Chandigarh

Apart from homoeopathic drug proving, clinical observation during homoeopathic treatment is an important source of information for building up the materia medica and repertory. This is illustrated here.

Col. M. S. G., V. S. M. (now retired) wrote to me on 2 September 1974: "I wish to express my grateful thanks for treating me on 23 August 1974 last. Ours was a providential meeting in the office of Brigadier MLK. Perhaps it was ordained that I had to meet you there and instead of going through a chain of tests for my ailment, I was to have a miraculous short-cut to return back to normalcy through your homoeopathic approach.

"I had suffered, off and on, for some years now due to this reeling sinking sensation. I first experienced this queer disease during 1962. Whenever I lay down in bed, turned on my side, or bent down, this giddiness overtook me. Everything seemed to reel and I was left shaken and weak only after a few seconds of this attack. All types of tests were carried out in the military hospital to rule out various possibilities: worms, blood pressure, heart and so on. Ultimately it was diagnosed as aural vertigo. My ear drums had got affected due to continuous high altitude flying in non-pressurized aircraft during 1947-48 operations in Jammu and Kashmir. Being young, I withstood these stresses and strains in those days although at one stage I had to be put under the treatment of an ENT specialist as my ear drums had got badly affected.

"After treatment in 1962, I suffered no ill-effects of the ailment even during the Chinese aggression in which I was directly involved. However, it was in August 1973 that the disease showed its ugly face again with the same symptoms. I had cold caloric test and other treatments and was normal after some time. This year the disease showed up again and I had come to Brig. MLK for consultation so that a more lasting treatment could be undertaken through the expertise available at PGI. A chance meeting with you there gave a new dimension to this treatment. Your two doses cured me of this disease on the third day of the treatment only. It was God's grace and a near miracle cure, because I have never before been so easily and quickly brought back to normalcy. What is more, these two doses, while curing me of this reeling sensation/giddiness caused my bowels to move more freely and make me feel generally light and alert in the head".

The above quotes describe in the patient's own words the symptoms/modalities, the course, and the effects of treatment, of the disease. He has remained symptom-free for the last 5 years after treatment up to the date of my writing this communication.

Natrum sulphuricum CM was given on the assumption that the cause of the disease was a brain injury. The labyrinth was thought to have been affected "due to continuous high altitude flying in *non-pressurized aircraft*."

The readers would appreciate that Natrum sulph. as a homoeopathic medicine for vertigo is not mentioned in the repertories and materia medicas by J. T. Kent, W. Boericke and C. M. Boger under the modalities of stooping, bending head forward, turning in bed, nor under reeling, sinking sensation, and so on, as presented by this case. 'Exhaustion after attack' is not mentioned at all under vertigo in the repertories nor under Natrum sulph. in the materia medicas.

**Editorial comment:** (1) The author's experience is very interesting. The letter he has received from the patient is enough testimony of a cure and that Natrum sulph. CM was indeed, a simillimum to the case. Nevertheless, it raises some scientific curiosity. In homoeopathic materia medica Arnica mont., Cicuta virosa, Hypericum and Natrum mur. have also been mentioned as remedies effective for treating 'Brain Injuries', apart from Natrum sulph. received by the patient. Where the choice has to be made of only one remedy which is most similar to the case in hand obviously, what guides in its selection are the other factors in the case such as modalities, sensations and concomitants. There are three modalities and one sensation reported by the patient. Of these, Natrum sulph. figures only in one modality, i.e. vertigo, agg. while lying down whereas, Natrum mur. covers all other factors predominantly excepting the above modality. What comes to the aid of a physician under such circumstances where two remedies vie with each other? A final choice depends upon the patient's mental symptoms, physical reactions, likes-dislikes in food, uncommon, peculiar concomitants and the miasmatic phase of the case. In the absence of any of them it is difficult to justify the choice of Natrum sulph. except for the fact that it clicked and the result was obtained. Further, the direction given to the selection of high and the highest potency is that the images of the drug and the disease should perfectly correspond with each other. In this case, the choice of the remedy is based on the assumption that the disease expression is a result of "Brain injury". Granting that the assumption made is correct, there is no supportive evidence for the choice of Natrum sulph. for the case and hence, what would have been the normal course for a physician was to give a medium potency and watch for the result. Unless convincing reason is given for the choice of a remedy and/or potency for the circumstances presented by the case, an experience cannot be transmitted. In fact, it is doubtful whether the author himself is in a position to repeat the experience in another case!

(2) The author's experience is an invaluable clinical experience of the action of Natrum sulph. All the modalities of vertigo which the drug has removed in the case become a source of evidence of the pathogenetic action

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dyscrasias in his patient. The technology helps him to trace the signposts of retreat of the disease according to Hering's law of cure to the stage of permanent restoration of health as envisaged by Hahnemann in the second paragraph of the *Organon of Medicine*.

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and hence the curative action of the drug. If the author's experience is corroborated by other practitioners in their cases, then the drug could safely go under respective rubrics in the repertories.

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