## A CASE OF HEREDITARY HAEMORRHAGIC THROMBO-ASTHENIA

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The patient Leela, aged 14, daughter of Virkey Kudilimany of Brahmapurom, a suburb of Cochin city, was taken to my clinic by her parents who narrated the history of her complaints as follows:

At the age of two, the child had a fall by accident, when it was noted that the bleeding resulting therefrom did not stop in the usual way. She was at once hospitalised and got relieved after a few days. Thereafter for two years she did not have any more bleeding requiring medical aid, except some slight occasional oozings from the capillaries in her flexors. However at the age of four she began to bleed from her gums most profusely at night. She was at once taken to the local Mission Hospital, from where she was directed to proceed to the Christian Medical College Hospital at Vellore for expert treatment. But unfortunately, there also the patient got no relief, but was advised to go back to her original hospital for further aid. The Discharge Memo. from Vellore (CMC No. 485672 dated July 18, 1968) had mentioned among other things that "Leela was diagnosed to be suffering from hereditary haemorrhagic thrombo-asthenia and there is no known treatment to correct the defect: for temporary relief it was advisable to quieten the child and put her to bed-rest; some local pressure may be applied in the form of icepacks to the bleeding area; and whenever the bleeding is moderately severe, the child will need a very fresh transfusion of blood of the proper type."

According to these directions, she was being cared for in the local hospital for the past ten years without any tangible improvement although during this period, over thirty bottles of blood was transfused into her body. As a last resort, she was taken for homoeopathic treatment, and brought to my clinic for consultation on 7th Sept. 1978.

Homoeopathic treatment: On first examination we could note the following symptoms: Patient weak, anaemic and emaciated; bleeding from the gums was invariably more at night; the blood and saliva both had a very offensive odour; teeth black and decayed; tendency to have small blisters inside of cheeks—these symptoms clearly indicated a mercury constitution.

7.9.78—we began the treatment with a small dose of Mercurius corrosivus 30 on the spot. A few minutes later, the patient said she was feeling better. So she was sent home with four more doses of Merc. cor. 30 to be taken on alternate days.

10.9.78—The patient's father reported that the bleeding from the mouth was reduced to some extent even the second night.

17.9.78—Discharge considerably reduced, Prescribed Merc. cor. 200 four doses once in four days.

1.10.78—Improvement continues; very little oozings only. Again prescribed two more doses of Merc. cor. 200 to be taken when necessary.

3.10.78—Bleeding stopped completely after the first dose.

15.11.78—No bleeding after 3.10.78. Instead, the patient was having profuse foetid salivation at night. In addition, during the last three days, the sub-maxillary gland on the left side had swelled up. It was very sensitive, she would not allow it to be touched; drinking and swallowing were equally painful. There were also some blister-like cruptions inside the cheek on the same side. She was given a small dose of Merc. iod, rubrum 200 on the spot and allowed to rest in the clinic. Within half an hour she reported that the pains had come down and she was feeling much relieved. Prescribed three more doses of the same medicine in the same potency to be taken daily at bed-time.

Two days later, it was reported that an hour after taking the first dose at night on 15.11.78, the pain had almost subsided and the blisters inside the mouth burst and discharged the contents of the glandular swelling into the mouth in the form of foetid pus mixed with blood. In the course of an hour the discharge had ceased without any further medication and the swelling had dwindled very much and was painless by next morning.

There was nothing to report for the next five weeks, at the end of which on 23.12.78, it was reported that symptoms of slight oozing of blood from the gums had reapeared. Prescribed one dose of Mercurius corrosivus 1000 and placebo to follow.

31.1.79—No more trouble of oozing blood after 23.12.78. Salivation was also much less and the foetid smell is also less. As a precaution against future recurrence of the trouble, one more small dose of Merc. cor. 1000 was prescribed.

5.3.79—The patient is reported to be keeping quite fit. In order to tone up her health, she is being given Hensel's Tonicum to be followed by Alfalfa Tonic (B&T). As a precautionary measure the patient is still being kept under observation

Editorial comment: The case reported by the learned author is very interesting and he deserves to be complimented at his success in handling it. The case, as it is presented, raises many queries particularly, to satisfy the curiosities of a scientific mind.

- (1) How was the mercury totality arrived at? Perhaps, this would become apparent if the entire case record with all details of the patient's symptoms, both mental and physical, generals as well as the particulars and the various sensations, modalities and the concomitants together with their locations are fully described.
- (2) The logical interpretation of the symptoms observed on each visit of the patient and the reason for the action taken by the physician.
  - (3) That Merc. cor, and Merc. iod. rubrum changed the pathology of (Communed on page 312)

that the remedy will be Kalmia latifolia. If it is seated on the left and the eyeball is affected, the remedy is Spigelia. If the pain is of the electrical discharge type and seated at the level of the left upper lip, or else of the lower left gum, the remedy is Colocynthis. When the pain appears gradually and disappears slowly, whether seated on the right or on the left, the remedy is Stannum. If the pain is aggravated by draughts, think of Nux vomica. If it is aggravated by the cold, think of Silicea. Sulphur and Calcarea carbonica are the two remedies for facial neuralgia which are at the same time the constitutional remedy for the patient, an exception to the rule which says that facial neuralgia is never treated constitutionally.

Facial pain of vascular origin, on the other hand, is treated constitutionally, like migraine (Sepia, Aurum, Pulsatilla).

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the case and restored the patient to health in the strict sense of a Hahne-mannian cure. The author would appreciate that mere disappearance of symptoms without removal of the fundamental cause constitutes palliation of the disease expressions. It is suggested that a detailed pathological study of the patient be carried out from the point of view of the diagnosis of haemorrhagic thrombo-asthenia and the findings published as a satisfactory proof of a cure.