

## **Allen College of Homoeopathy**

### **Struggles and Success – Cases from my practice**

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In this paper I have documented

1. Cases which are either very successful and followed Kent's 4<sup>th</sup> Observation Improved, Quickly and Permanently with little or no discernible aggravation, which is not common
2. Cases which appeared to be successful but actually followed Kent's Observation Improved enormously, the deteriorated 5<sup>th</sup> Observation which can also be confused with the 6<sup>th</sup>
3. Cases which remain a mystery

I have attempted to analyse what was good and what was a struggle so we can learn how to dissect a case and how to follow a selected route, what route may have been better and what may have been the obstacle to recovery. I have focussed on the 'struggles' which offer more learning opportunity. A lecture on great cases might not be of so much value but would no doubt make my practice look good. However this is about learning.

Note–The cases are written with essential information only. Be assured the questions necessary for good case taking were asked but if the reply did not form part of the essential theme, totality or PQRS then it has not be reproduced here.

NOTE: WWW means no medicine was given

#### **Male 12 years**

##### **Presenting Complaint**

Poor concentration. Lack of focus, mainly at school. Easily distracted by objects, other children and he talks or sings, thereby disrupting others. He has been statemented, which means he has been officially recognised as having a learning difficulty and has additional help/assistance in the class.

Is behind others in the class.

Loves to sing.

Restless in some situations. Restless fingers. (Carved a groove in my desk, with keys, during the first consultation)

Likes change and has a good memory for dates.

Doesn't complain, doesn't communicate about things that have happened.

Note. This boy's father died after a relatively short episode with cancer of the throat, a few months before the consultation. B had extensive support from the hospice and his Mother who is already a patient of mine; felt homoeopathy might help her manage him. The diagnosis of 'autistic spectrum' was

subsequent to his father's death, but B hadn't fundamentally changed after the bereavement.

Doesn't like to repeat things. Easily over stimulated, which lead to distraction, not enough filters, overload. Shy with friends

### **Generals**

Savoury+++; Sweet++; Chicken+++; Egg++; Fish++.

Thirst. Perspiration. ↓ Decay in the teeth. Sleep Good (Less good on the night Mum goes to Choir). Chilly+. Temperament

Kind the to the pet dog. Loves to sing. Cycling, Scooter, Roller skating. Can concentrate on the computer. Doesn't like sticky hands. Destructive (-my desk!).

Easily Catches Cold after swimming, throat is affected but not tonsils

Stomach Pains > for sweet fizzy drink

Skin Periodic red rash on the face N/K cause maybe just dry

Generally physically healthy

### **Possible confusion**

The boy was bereaved and the focus or assumption might have been on that, however he had not fundamentally changed after his Father died or during his Father's sickness.

He is not thirsty which you might expect. The shy aspect of the medicine.

Bored, shows the restless aspect and not the slow learning, unwillingness to learn of Baryta.

### **Justification**

#### **Miasm**

Mentally Restless Tub. Catches cold easily Tub. Periodic rash Tub

#### **Medicine**

Shy. Bored easily. Bereaved. Savoury. Chilly

### **Phosphorous 200C**

#### **9 weeks later**

More engaged. Calmer → More aware wants to know how things will affect him. e.g. 'what will I be doing when you have coffee with your friend?'

He stated 'It's working because I am more musical and wanting to practice'

He has been overstimulated but less affected

Investigated 'Cancer' in Wikipedia

#### **WWW**

#### **17 weeks**

The big difference continues → B commented 'the medicine is working, as I am.'

Makes decisions e.g. wants his hair long. Expressing himself. Started the guitar in addition to the piano. Mother has not been called into school for 15 weeks.

Over stimulation copes and protects himself, by blocking out noises.

Headmistress reports he is much calmer and not distracting others but could engage with the curriculum more. Reading more. Still self conscious and shy.

Doing more music especially guitar and singing. Mollusca Contagiosum mentioned on R leg  
**WWW**

### **24 weeks**

Calmer and not distracted in Supermarket. Reading and writing music. Mum not drained by the summer holiday. Showing awareness and wanted to join a school rock band (denied access because of experience and he accepted that). Cough after swimming remains. Molluscum spots bigger but no more in number **WWW**

### **31 weeks**

Enjoying school and visited new schools, decided on next school (junior to secondary) – his special needs teacher will also visit him there for continuity. Now in the Rock Band and will be performing at Christmas. Practices at home with no prompting. Molluscum disappearing. Feels good about the medicine. Moderate concentration. Retaliated when a boy was nasty about his Dad (controlled and adult response). **WWW**

The bereavement may have to specifically addressed at a later stage



**E 67 years**, came to me in desperation. His left sided facial neuralgia had been troublesome and undiagnosed for 3 years. His face had no history of injury and the dentist and various neurologists could find no cause for the paralyzing pain which shot through his face intermittently throughout the day. This happened in front of me, he clearly winced and flushed. His case was unremarkable except he was on maintenance drugs for his heart. Dilatation of the heart–right ventricle hypertrophy which can lead to right ventricular failure. Given Spigelia has left sided dominance, organ affinity to the heart and neuralgia it seemed a good choice. I gave 1M as the nerves were involved and 6 weeks later E was ecstatic that his pain had reduced by 90%. **WWW**.

Gradually over the months his reaction to Spigelia became zero. I tried differing potencies went down, went up and it seemed we had lost the effect. I tried Mezereum, Hepar Sulph, Mag Carb, Mag Phos, see chart. We never got back to that original position with Spigelia, the patient died very suddenly whilst putting on his shoes to go to the gym. He had donated his body to medical science and his wife was eager to discover what had troubled him so much. I phoned some time later to see how she was and of course if any pathology was discovered and unfortunately his body was declined as he had to have a post mortem for cause of death as he died at home, unexpectedly.

The mystery remains – why the Spigelia did not hold, why any other seemingly similar medicine did not hold. I can only conclude that the patient was on such

a lot of allopathic medicine that in this instance his constitution would not allow the homoeopathy to permanently cure.

**Comparison of Pain Medicine in this case  
(From Dr S. K Dubey)**

<b>Hep Sulph</b>	<b>Mag Carb</b>	<b>Mag Phos</b>	<b>Mezereum</b>	<b>Spigelia</b>
Hypersensitive Irritant Sore to touch Lightening like in coming and going Sphere of action includes nerves Irritated easily Chilly Abuse of mercury (covers the possibility of adverse effect of mercury fillings) One side affected >Warmth < cold and uncovering	Special action on nerves especially face and dental Intense neuralgic toothache Facial neuralgia of left side. Shooting pain and < draught Lightening pain Sensitive mentally and physically < cold air < change of temperature, cannot stay in bed must pace	One of the greatest neuralgic medicines Especially of the face. Sharp, shooting almost unendurable Intermittent paroxysm, driving the patient to despair Sharp, stabbing, shooting pain < motion > warmth Usually Right sided	Inflammation and bone pain Chilly 'Vegetable Mercury' Tyler Violent pains Facial neuralgia (after eruptive disease) Ailments from abuse of Mercury (covers the possibility of adverse effect of mercury fillings) Bursting tearing pain Skin affection including Herpes Zoster-Shingles < cold	Chilly patient Part affected sensitive to touch Violent pain Sharp, stabbing, sticking pain Left sided Neuralgia of trigeminal nerve. Left sided malar bone Painful complaint associated with valvular troubles < cold weather



**57 yrs Male**

A heavy smoker with hyper tension. Sent by spouse with a deep fear of conventional drugs, who was a strong advocate of homeopathy.

B was stubborn, impatient and introvert. Irritable+++ at home, desires salt to the extent of coating his food with it, despite the hypertension and advice of doctors and nagging by family.

He appeared to be fed up of the nagging, reacting with temper, concerned about his failing business, debt and the lack of love in the house. He preferred it when everyone was out and didn't appear to share any of his concerns. He took no moral lead in the family and was a bystander to the continuous and often destructive behavior of his 5 children all of whom seemed to prefer his diffidence to their Mothers interference and opinion. Based on the heavy desire for salt ++++ the preference for being alone and the irritability. I prescribed

**Nat Mur 200C.** Minor changes, maybe less irritability, but I knew this patient wanted to terminate the appointments. No change, waited, repeated no change. Higher dose, waited. No change. He made excuses about his appointments and failed to come once or twice. I feel sure **Nux Vomica** would have served him better because of the long hours at work, need for stimulants and impatience.



**28 years** A young woman was depressed after having her first daughter. A very long labour, with homoeopathic support through text (SMS) finally resulting in forceps assistance. Baby and Mother fine, breast feeding successfully, then supplemented with formula milk. The baby needed regular feeding day and night. 3 months later Mother feels she cannot cope, irritable, wants company, very tearful, better in fresh air and thirstless. **Puls 200C** was given with no satisfactory change.

She was on the verge of taking anti depressants when it occurred to me that she is lacking in confidence and the tears were a red herring. **Sepia 200C** was a much better choice and she improved and began to enjoy her baby.

**Boy 17 years.** Recurrent boil on the inside of his rectum,(over a period of two years or so, 6 times) no particular modalities or cause. The case has no symptoms with which to characterise it, so- Based on the appearance of the tongue which was white and cracked I gave **Myristica 200**.

The swelling reduced and then and the infection came again 4 months later. After another dose of **Myristica** I gave **Staphylococcin 1M** to follow to prevent the recurrence, which to date it has. (2 years later)

## Hepar Sulph

*Oversensitive. Touch, draught. Noise, odour, pain. Mind is also 'touchy'*

*Dissatisfaction with oneself and others. Slightest cause irritates him. Splinter in parts. Sweats day & night without relief. 'Old cheese' discharges. Ulceration of skin bloody pus, redness and pimples. Scrofulous diathesis. Debilitated. Cross children. Slow, torpid constitutions*

## Myristica

*Antiseptic. Traumatic infections. Sensitivity and chilliness of Hepar are missing. Hastens suppuration and shortens its duration. More Powerful than Hepar. Phlegmonous inflammations. Indifferent and careless. Cannot concentrate thoughts .*

## Silicea

If a suppurative centre is formed then Sil. May be used. After the functional ability of the cells of the connective tissue have been impaired by the pressure of pus

Acute inflammation

Burns

Cellulitis

Pyogenic abscess

Erysipelas

Carbuncle

Acute lymphadenitis

Styes

Suppuration of joints

Osteitis

Panaritum, whitlow

Ulceration

Elephantitis

Fistula

Chronic tendency to furunculosis

Abscess

has been restored to integrity by Silicea. Then cells are able to throw off inimical substances. Silicea is an evacuent. Repairs after inflammation. Silicea both matures abscesses and reduces excessive suppuration. Useful in recurrent keloids. Silicea supplies the 'grit' of the earth's crust, plant and animal life. Want of self confidence. Sensitive, weeping mood

Keloids, carbuncles  
Fistula  
Necrosis  
Panaritium  
Chronic ulceration, abscess

**Staphylococcinum**

Abscess, Carbuncle, Fistulas  
Pyogenic inflammation  
Acne (recurrent with pus)  
Oedema

Chronic & recurrent  
Infections where Staphylococcus aureus are found  
Mastitis, mastoiditis  
Septicaemia  
Cellulitis

N.B.W.S. inflammation  
When well indicated remedies fail

*Recurrent Staphylococcal Infections especially with lots of pus formation, when the well selected remedy fails, try Staphylococcin in potency.*

