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Not only genetic code! Newer remedies as well!



I don't want to Burden my Parents



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Ms SF 26yrs old homemaker, came with the following complaints

CHIEF COMPLAINTS

Itching in right eye, accompanied by frequent splitting headaches and blurred vision.

DIAGNOSTIC TESTS

Ophthalmologist prescribed eye drops and drugs. But 24 hours later, symptoms reappeared. Pt consulted a neurologist, who diagnosed her with increased pressure in the skull and eyes. She had been hospitalized three times to carry out CSF tapping. The procedure restored her vision to normal but only temporarily. Despite the CSF tapping, Pt's vision grew blurred every two weeks.

INVESTIGATION

MRI Brain with Venography revealed small altered signal intensity area in the left precentral gyrus. Focal gliotic area. Doctors advised Thecoperitoneal shunt.

PHYSICAL GENERAL

APPETITE: Decreased

THIRST: Thirsty

URINE: N

STOOL: N

PERSPIRATION: More on forehead

SLEEP: Good

THERMAL: Ambithermal

MENSTRUAL HISTORY: Menses - Regular, Flow 2-3 days, No/C before, during and after menses.

PAST HISTORY

Has been using spectacles for 10-12 yrs

FAMILY HISTORY: Sister - Polio

OBSTETRIC HISTORY: 2 male children aged 5 and 1yr, FTND

MENTALS WITH LIFE SPACE

Born and brought up in Mumbai Pt has 3 sisters and 2 brothers. She is the 3rd child in the family. She is academically sound but could not complete her education as she had to accompany her family

on frequent trips to their hometown. Also, her father did not have a steady job and there were financial constraints. Pt has always felt terrible about not completing her education. If she had, she feels she could have coached her own children and given them a better future. Pt married at the age of 19. Her husband is a tailor and doesn't earn very well. Her in-laws live in Uttar Pradesh, and apart from her parents-in-laws, she has 6 brother-in-laws and 2 sister-in-laws. Pt lived with her in-laws for 2 yrs after her marriage. When she got pregnant she came to Mumbai to live with her mother. But Pt had been deeply hurt by her in-laws, who used to regularly taunt her. When arguments broke out, she was told it wasn't her home and that she should leave. Although devastated, Pt, neither expressed her anger nor confided in anyone, not even her parents as she did not want to "burden" them with her problems. She has always been worried about her financial predicament. She abhors sympathy, is irritable and even beats her children when frustrations spill over. She is also very fastidious and craves cleanliness.

CASE ANALYSIS AND DISCUSSION

As we all know, there is only one right remedy for each case, yet when we put our heads together, we come up with so many different rubrics and remedies! Clearly this means only one thing, that as practitioners we are not reading the case right. Some practitioners - and, yes, there are many - prescribe treatment in a symptomatic manner, while there are others who use a formulaic approach. Those who are guilty of this end up with the same remedy for a bunch of patients with similar (but not the same!) characteristics.

You always keep the patient - not the disease - in focus and ask yourself how the patient filters and reacts to their unique life experiences. That's



where 'key sensitivity' comes in. How do you do that? As I have mentioned before, as the details tumble out during the consultation, it is important to look for a pattern, and there IS always one. In this case we are looking for pt's key sensitivity, a common link that threads the needle, as it were. Once we discover her key sensitive issue, we must understand how she coped with her key fears and anxieties. We ask ourselves...what behaviour did her anxieties give rise to? They are two sides of the same coin.

COMMON RUBRICS

In this case, following are the most common rubrics Homoeopaths would arrive at:

- Ailments after suppressed anger
- Sympathy aggravates
- Fastidious(craves cleanliness)

Remedies commonly arrived at: *Aurum, Carcinosin, Natrum-mur* and *Sepia*.

Sepia: If you focus on Pt's dull demeanour, general disinterest, financial worries and irritability with her children, *Sepia* comes to mind.

Natrum-mur: Some might arrive at *Nat-mur* because, as we quiz pt, it is obvious that she does not want to reply. She clearly prefers not to reveal anything about herself, a hall mark of the *Nat-mur* rubric which is: talk indisposed to, secretive, sympathy aggravates, fastidious, insult by in-laws.

Aurum: *Aurum* is another possibility but it is ruled out because pt exhibits no special sense of responsibility, neither does she display any metallic qualities.

Carcinosin: Pt 's history of domination, being an utter perfectionist, and her love for nature and creativity may lead others to *Carcinosin*. But this remedy is ruled out.

MY RUBRICS

Focusing always on pt's emotional pain, what she has done with it and how she has coped, I observe that she is very soft spoken, sad and worried but does not express any of these intensely. She is very controlled, mild and conscientious. Another clue to her key sensitivity is her repeatedly saying, "I am worried I am troubling my parents." Or "I don't mind suffering but I don't want to get my

parents worked up." Looking at her basic nature, Pt has always been sincere, always wanted to study but circumstances didn't allow her to pursue an education. Her inability to give her children a good education is a core issue. We therefore wanted a remedy that is – sincere, mild, bears everything without complaining, grief undemonstrative, anxiety about money matters, sympathy aggravates, anxiety conscientious.

REMEDY

Ignatia of the Cancer miasm (Loganiaceae family).

Note

Every constitution has to be understood in the context of the patient's childhood. This is the perspective from which you must view the patient's key sensitivity. Had we not done this, we would never have arrived at 'conscientiousness'.

MIASMATIC UNDERSTANDING

According to Dr VIJAYKAR'S CHART OF SUPPRESSION, the disease is fast paced as intracranial pressure keeps building every 15 days. It has also progressed to the 7th layer. Therefore it is in 'fast syphilitic mode'. Thus, remedy we want also should be fast acting remedy.

ACCORDING TO Dr SANKARAN'S APPROACH

The miasm here is a cancer miasm, which is: control, stretches herself beyond her capacity, perfectionist, continuous and prolonged struggle which seems to have no end.

SENSATION: Shocked, shattered, disappointment

PASSIVE REACTION: Sadness, cannot weep, grief, silent

COMPENSATION: Composed and calm in the most shocking situation

FOLLOW-UP after 15 days

Pt's blurred vision cleared up. An examination by an Ophthalmologist confirmed that the internal pressure within her eye was now normal. These results were consistent over several other follow-ups and were supported by diagnostic tests.

To go through the video of this case please see

Dr Anita Salunkhe's blog:

www.minhealhomoeoclinic.blogspot.com