

CONTEST-2016.

SECTION-A

Q.-1. If you have a case of puerperal fever, and it is just the beginning, just give Sulphur - Kent.

Q.-2. After passing the first stage of puerperal fever, the fever is 38 0 C and pulse is 112, the remedy is Pyrogen.

Q.-3. Stitch at every inspiration in the right side of the back, extending from the last rib up to the axilla.&quot; – Arnica.

Q.-4. Pain, kidney, region, sore with sore pain of front teeth – Sulpher.

Q.-5. Kidney, pain with vomiting - Ocimum canum

Q.-6. Face wrinkled, forehead, chest symptoms with – Lycopodium.

Q.-7. Motions of head - rolling head - weak to move body; when too - Ars.

Q.-8. PAIN - confusion; with - lose senses or go mad, as if would - Acon.

Q.-9. Violent burning and icy coldness in the stomach – Colchicum.

Q.-10. It has been my rule throughout life never to accept anything as true, unless it came as near to mathematical proof as possible in the domain of science. On the other hand never to reject anything as false unless there was stronger proof of its falsity -

HERING

SECTION-B

CASE -1 – MARKS – 30.

Case by Nash E.B.

Patient was a lady, seventy-five years of age, who was suddenly seized with sickness at

the stomach and vomiting of blood in large quantities; then bloody stools followed, which were at first profuse, then become small and of bloody mucus. There was great tenesmus and pain in the bowels. Aconite, Mercurius, Nux vomica, Ipecacuanha, Hamamelis and Sulphur, all tried as well as I knew how to select them at that time, but no relief came, and at the end of twelve days my patient was rapidly going down and it looked to me as though she must die. She had become so weak that she could not lift her head from the pillow. By actual count the number of stools passed on cloths in the bed was sixty-five, in twenty-four hours, the pains, number of passages and all symptoms were aggravated from sundown to sunrise (this is another characteristic of Colchicum). Now during all this sickness this patient had been so nauseated and faint at the smell of cooking food that they had been obliged to keep the doors closed between her bedroom and the kitchen, which was two large rooms away. I was not so well acquainted with Materia Medica then as now, and while I did not overlook the symptom did not know of any remedy that had it. But I had my Lippe text-book of Materia Medica in my carriage and I went out and got it and sat down by the bedside; determined to find that peculiar and persistent symptom and "fight it out on that line if it took all summer. I began at Aconite, and looked at the stomach symptoms of every remedy, until, the first time I remembered ever having noticed it, there it stood in plain English under Colchicum. Then I looked in my medicine case for the remedy. None was there, and I was four miles from home. I had a box of Dunham's 200ths under my carriage seat that had been there for over a year, but which I had never used for want of confidence in high potencies. It was the best I could do for the present, so I dissolved a few pellets in a half-glass of cold water, and directed to give one teaspoonful after every passage of the bowels. On my way home I stopped my horse two or three times to turn around and go back and give that poor suffering woman some medicine. I felt guilty, but I said to myself this is Lippe's Materia Medica, and these are Carrol Dunham's potencies, and here is a clean cut indication for its administration, and the other symptoms do not counter-indicate. Well, I got home. But I started early the next morning to try and make amends for my rashness (if the patient was

not dead) of yesterday. Imagine my surprise as I stepped into the sick-room when my patient slowly turned her head upon the pillow and said, with a smile, "Good morning, Doctor. I had been met with a groan several past mornings. I felt faint myself then. I dropped into a chair by the bedside and remarked, "You are feeling better. "Oh, yes, Doctor." "How much of that last medicine did you take?" "Two doses. "What!" "Two doses; I only had two more stools after you left." "Don't you have any more pain?" "Pain stopped like that" (putting her hands together) "and I feel well except weakness. She took no more medicine, quickly recovered, and was perfectly well for five years after, and finally died at eighty years of age

1. What is the prognosis of the case?
2. What is the leading symptom of the case?
3. Analyze the case.
4. Suggest the remedy.

#### PROGNOSIS

She is old and suffering since last 12 days with severe acute disease which gives an impression of poor prognosis. But she has good vitality and clear characteristic symptoms.

Prognosis is good.

#### LEADING SYMPTOM

1. Rectum – dysentery
2. Nausea - odors - agg.
3. Generals – night
4. Weakness - acute diseases - during

#### ANALYSIS

Colch. Ph-Ac. Chin. Dig. Nux-M. Carb-V. Phos. Ars. Nux-V. Psor.

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REMEDY

Colchicum.

OR

CASE-2-MARKS-40

"Insanity cured" by Buller She is 24 years old, unmarried, had always been in good health until 3 years ago when she was taken suddenly with violent pains through her breast like knife trusts. After a few days this was followed by a raging fever during which she comments imagining all sorts of queer things. This lasted nearly two weeks, when the fever left her, but not so the imaginings. Great fear was now a prominent symptom. She became afraid to eat or to sleep, afraid of everything. She became greatly emaciated. From a weight in health of 140 pounds she was reduced to 90 pounds (40 kilos). From this point her bodily health began to improve, while her insanity was of a most violent type. As her strength improved she exercised it in breaking everything she could lay her hands on. She would bite and pinch, would swear and use the most indecent language. She would laugh in a peculiar maniacal manner. The laugh was ending in a half howl. Her eyes had a never ceasing, rolling motion. Her whole face had that look of a stealthy, cunning expression, which is seldom absent from the face of one violently insane. At rare intervals she would suddenly stop in the midst of some mad freak and putting her hands to her head with saying, with a scream: "I know I'm doing wrong but I can't help it. God knows I can't";. And in a moment she would

be off perhaps more violently than before";. She had menstruated at 12 for the first time and had been regular up to the time of her sickness. She had always been of a modest and

retiring disposition and much given to books and studies, especially to mathematics in which she was proficient. There had never been a case of insanity in the family. So there was clearly no inherited mental disease. She had been treated by a multitude of doctors, allopathic, hydropathic, ecclesiastic, galvanic, Indian herbs, mesmerizers and soothsayers. Had been blistered, leeches, cupped, purged, soaped and sweats. And one by one they had given up, declaring her incurable. They could apparently neither kill nor cure her, so they gave up in disgust. Her condition, when I first saw her, was as follows:

"She was confined in her upper room, the doors and windows of which were securely fastened. As I entered the room she retreated from near the door where she had been standing and seated herself on the bed on the opposite side. She was quite fleshy and not bad looking, though her hair being very much in disarray and the untidy appearance she was not at all attractive. She was extremely resistant and could not be persuaded to speak. She had not menstruated for 11 months, bowels constipated and passing very little water. Very restless at night, seemed to be always awake. Appetite varies. No thirst. Had been rather less violent of late and inclined to be moody. Complains of no particular pains, but appears weaker than usual. I left Nux Vomica in water and went away thoroughly convinced that it was an incurable case. One week after the mother called my office and wished me to send her some more of those little white pills as she was of the opinion that Fanny was a little better. I repeated Nux Vomica. This I continued to give until one day the mother surprised me by saying that lately Fanny wanted constantly to sleep, in fact so deep was her stupor, that it was very difficult to arouse her. That taken into connection with the fact that her body was covered with a cold clammy sweat, wanted to be uncovered and had been troubled with a very offensive watery diarrhea induced me to give Secale". This was on May 13th. On May 18th the mother called and to have her heard her describe the wonderful improvement in her daughter, one would almost have been justifying taking her crazy herself. The

second day after taking the Secale she had the most profuse discharge from her womb of thick drag putrid substance which the mother described as looking like a disintegrated liver and so offensive as to almost drive them from the house. The abdomen, which was bloated before, now assumed its natural size. The girl awoke from her stupor and appeared better ever way than she had before for a year. She continued to improve rapidly. I was sending her a medicine for a week to her mother who came for it, but I had not seen my patient since the first visit. Being constantly urged to see her and at last having my curiosity raised to the upper pitch I went and truly I could hardly recognize her as the same girl.

1. What is the prognosis of the case?
2. Select the characteristic symptoms of the case.
3. Analyze the case.
4. Find the remedy/remedies.

#### PROGNOSIS

The case is of insanity. The fever was ended with emaciation and then the disease progressed to the somatic plane. The patient has been drugged heavily. It appears from the case that it is incurable.

#### CHARACTERISTIC SYMPTOMS - A.

1. Insanity – erotic
2. Insanity - mental exertion; from
3. Cunning
4. Abuse of allopathic medicine.
5. Suppressed menses.
6. Ailment after typhoid fever.

#### ANALYSIS – A.

Nux-V. Hyos. Ph-Ac. Bry. Cham. Pic-Ac. Carb-V. Bapt. Ip. Verat-V.

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CHARACTERISTIC SYMPTOMS – B.

1. Stupor
2. Desire for uncovering.
3. Stool– offensive.
4. Perspiration– cold
5. Cold perspiration - diarrhoea; in.

ANALYSIS– B.

Sec. Ars. Sulph. Calc. Camph. Bry. Puls. Ign. Graph. Ant-T.

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THE REMEDIES - 1. Nuxvomica. 2. Secale.

OR

CASE-3- MARKS-50.

Case by Andre Saine – A case of neurosis, especially of the obsessive type.

CASE

Introduction

She thinks she is a different person. She has palpitations. She had extreme fear of death during her pregnancy two years ago. She has thoughts of killing herself.

She saw one physician that gave her Arsenicum album 30 TAD for three weeks. Another homeopathic physician prescribed several remedies. She then developed a whole complex of symptoms.

She had an aggravation from each remedy but didn't feel much improvement. Except that with Aurum she felt 'a door opening and the dirtiness came out of me';

#### Chief Complaint

'I just feel hollow, I want to break', since Arsenicum. She feels that her bones and skin are hollow especially the hands and wrists, distal forearms and feet. It feels as if she is going to break. 'It feels like wind is going through the bones'. She has the:

1. Fear of becoming insane, (3).
2. 'I constantly think of falling through the window. If I see a window without a screen I have the impulse to jump (3).
3. Fear of knives (3).
4. I have the impulse to kill myself (3).
5. 'When in a group I have the thought that I will take off my wig and throw it away';.
6. She has the constant thought that she will take a knife and stab herself (3).
7. That she will become crazy (3).
8. 'I'm always thinking about what I am thinking'. Try to do that.
9. Overactive. 'I fear to be bored, I always do something. I like to be hyperactive. I'm the same as my father. He is happy when he is doing things for others. I hate and also don't want to relax';.
10. Anxiety felt in stomach. Apprehension felt in chest. 'As if I'm in a fog from the chest up'

With anxiety she has burning lips, hunger and insomnia. She has chronic recurrent sore throats since childhood.

## Temperature

She is warm-blooded. &#39;I keep my coat open in the winter. &#39;Worse warm room (2), worse in the heat of the summer (2), worse from the sun (-) and headaches from the sun (2).

## Energy.

Low, 4 on the scale of 0 to 10. Her energy is worse from 4 to 7 p.m. (1). She feels better later in the evening, until 1 a.m.

## Personal History

She has had recurrent nightmares since childhood. Nightmares about robbers, war, rarer since homeopathic treatment. So she has had some benefit from homeopathic treatment, even if she says she didn&#39;t feel any benefit, but here we find a bit of benefit.

## Sleep

She sleeps on her side (2). She sees people and things as soon as she closes her eyes, disappearing when she opens them again. She sleeps with the window closed.

## Desires/Aversion

She always desired sweet (3), ice-cream (3), and fat (2). She used to desire bread and butter. Aversion to milk (2), worse from wheat (2) and sweet (2). For two to three days after sweet she has a swollen tongue, burning lips, palpitations, worsening of the hollow feeling, especially in the wrist and general weakness.

She has thirsty for large quantities, but rarely. In other words, she would drink two or three glasses at once, but only once every other day. Aversion: to cold drinks and foods in general (2).

## Menses.

Normal&#39;, always 26 days. Chilly during menses. Bearing down sensation (2). &#39;I feel that something wants to burst&#39;.

## Pre-Menstrual Symptoms.

Most of her symptoms get worse before her menses, especially the thoughts. Drawing sensation behind the right knee, which she also experienced during pregnancy - worse from

sweets, yeast and carbohydrates in general.

Personality.

She describes herself as very sensitive (3). She can't take criticism (3) and becomes sad very easily (3). She feels very guilty (3). 'I always feel that I've committed a sin. I always feel

better when I give of myself, or if something good happens to others'. This is a strange feeling she has. 'I always fear that I've done a sin, I always feel better when I give of myself,

or if something good happens to others', so this is a real guilt feeling. Always reproaches herself (3). She likes to help others, likes to be complemented and liked. She is a

perfectionist in appearance. Fastidious about order (2). She describes herself as being sympathetic, not a crying person. She says she can't even imagine someone being hurt (2).

Very fearful if she hears a story of someone who has committed suicide. She is affected for a few days afterwards.

If she hears about somebody that has a certain disease or has been hurt, she thinks that it will happen to her.

She keeps her emotions to herself. Great fear of falling (3). Fear of high places (3), fear of high buildings (3). She says: 'How people are not falling out?' Fear of thunderstorms (3) and

anxiety at night when alone (2). Hypochondriacal anxiety (3). 'If someone has a heart-attack,

I feel I will have it'. Not even 'think', 'I feel it', now she is going to have it. Before

Arsenicum album she used to have great fear of dying, fear of the dark, always fear

something bad is going to happen. As a kid she always had anxious thoughts. She would say

'My mother is late, something is wrong', that kind of anxious thinking. 'What will I do if

there is an accident? My mother is late, something is wrong'. She has the following delusion:

'I feel someone is going to hit me. Someone is going to hit me between the shoulder blades

(2).

Objectively, here is what I can describe for you.

The patient has dark hair with a plethoric face. She wore a wig, but the natural color of her hair was dark. It was often difficult to get a clear description of her symptoms. She could not explain her feelings very easily. She was contradictory and confusing. I had to be very careful to write any symptom down. I didn't write a symptom down until I really had a sense of what she was saying, unless it was a quote. She was so confused in her own mind. How could she describes herself as not a crying person? Three or four times during the interview she became teary. So that is confusing. She says she is not weeping and here she had tears a few times. Physically there is almost nothing, very little physical symptoms to observe. She had an indented tongue (1). She had fungus on four toenails and on the right temple.

1. What is the prognosis?
2. What are the most characteristics symptoms of the case?
3. Analyze the case.
4. What is the remedy?

#### PROGNOSIS

It is a well-developed case of neurosis, especially of the obsessive type. There are very little physical symptoms in this case, mostly mental symptoms. However, the case has been taken well and there are characteristics symptoms, prognosis is good.

#### CHARACTERISTICS SYMPTOMS

1. Impulsive
2. Fear - high places, of.
3. Desire sweets but aggravates.
4. Heat - sensation of.

#### ANALYSIS

Arg-n. Aur. Merc. Phos.

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REMEDY

Argentum Nitricum.

OR

CASE-4 – MARKS - 60.

Case by George Vithoukas.

A 69a, female, is suffering from intrahepatic cholangiocarcinoma with dilation of intrahepatic gall-ducts, especially on the left side [3]. There is metastasis to the right lung and to the peritoneum, making surgery impossible. The tumor is blocking the left vena porta. Nine months ago she started having pain in the right hypochondria, it persists even now and extends to the back [3] &lt; lying on right side [2], after eating [2] and exertion [1] and &gt; rest. She was given chemotherapy but in vain.

As a child she had jaundice. For thirty years she has asthmatic bronchitis with dyspnea in foggy weather [2] and from exertion [2] for which she used corticosteroids. Fourteen years ago she was operated on for a prolapse of the bladder. Ten years ago she had a cholecystectomy because of gallstones. Three years ago she was given prostheses in both the knees.

Twenty years ago – pains in the joints of her fingers and thumbs and pain in lower back due to arthritis [2]. She takes 'Diclofenac' for these pains.

She has hypertension for which uses 'Metoprolol tartrate.'

She has warts on the front of her neck and on the upper part of her chest. [2], which have been treated frequently but keep coming back.

It has been many years since she has had an acute disease. She cannot remember the last one.

Her appetite has been good and she used to eat anything. She suffers from obesity [2].

Her thirst is normal. There are no gastrointestinal complaints.

Sleeps well and prefers lying on right side [2/3], which is difficult now because of the pains. Since the menopause she has become warmer and she perspires more easily [1].

She did not have problems with her menstruation, pregnancies or climacterium.

Her energy used to be good until her illness and now she lacks it [2/3]. She has always been good-tempered. She used to work in and around the house and is a practical person with no fears.

Her mother had bronchitis and her brother emphysema. Her sister died of lung cancer and brothers also with cancer, one of them had metastasis all over his body.

1. What is the prognosis?
2. What is the role of chemotherapy?
3. What type of disease it is?
4. Which symptoms you will consider for the analysis?
5. Analyze the case.
6. Suggest the remedy.

#### PROGNOSIS

The disturbances are on the physical body and hence 'ONE-SIDED.' Nature of disease does not point to a good prognosis. It is always good, in such cases that the disturbances are spread on all the levels. Cancer with metastasis suggests that prognosis is not good. In case of such disease we will have to assess the over-all health of the patient. The prognosis will differ to the person in Group 'A' than that in 'D.' In this case the disturbances have spread

on the various organs – respiratory, heart and circulation, of the body.

Positive is joints complaints but their removal is the negative. Warts resisted the allopathic treatment is the most positive in this case.

As a whole prognosis is not good from the point of view of the nature of the disease and that the cancer is in its last stage.

#### MEDICAL HISTORY

From child-hood she has complaints of liver or gall- jaundice, gall-stones and cancer of the gall-ducts. It is step by step deepening of the liver affection. In between the Defence Mechanism tried to throw the disturbances to more superficial area, the respiratory tract and to the skeleton, but the use of steroids and surgical means again the liver complaints arises. This has led to the deeper physical complaint, the heart and circulatory system. Finally the cancer with metastasis developed.

She had no acute, which shows her level of health low. Resistant to the treatment of warts is positive in this case.

#### HEREDITARY PREDISPOSITION

Cancer can be a result of any miasmatic predisposition. Destructive tendency to joints points to Syphilitic predisposition. The hypertension and the warts point to Sycotic. The family history of cancer points to strong predisposition to Cancer diathesis.

The above facts suggest poor diagnosis.

#### CONCLUSION.

Pathology is in advance stage and the patient did not suffer with acute disease since long, which keeps him in Group 'D'. Recurrent warts are a positive sign and we may assume her in level 10 of group 'D.'

Treatment is not easy and many remedies would be required. Acute, if develop, will be severing and the correct treatment be required.

#### SYMPTOMS

Peculiar.

- Cancer of the gall ducts – left.
- Warts on the front of neck and upper part of the chest.
- Desire to sleep on right side.

Intense.

- Pain right hypochondriac to the back & Right side and eating.
- Asthmatic bronchitis with dyspnea in foggy weather and from exertion.
- Pains in the joints of fingers and thumbs and the lower back.
- Obesity.

As there is no explanation why the left gall duct is affected more, the main complaint is put under 'Peculiar.'

As no mental symptom and all the symptoms are on physical, the Defence Mechanism is weak, the pathology-oriented analysis is necessary.

#### CHARACTERISTICS

1. Abdomen - Cancer - Gall ducts
2. Abdomen - Enlarged - Liver - left lobe
3. Abdomen - Pain - Liver - Lobe - left
4. Abdomen - Swelling - Liver - left lobe

#### ANALYSIS

Card-m. Mag-p. Mag-s. Nat-m. Nat-s. Phos. Carbn-s. Chelo. Mag-c. Mag-m.

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CARDUUS 30c IN WATER DAILY DOSE.

Three months after – she improved during this period and as she gained the energy she was advised by the general doctor to start the chemotherapy. This has been stopped two weeks ago. The tumor reduced by 0.5 cm and the spot on the chest x-ray has gone. She sleeps well and has good appetite. No complaint at present. No medicine was prescribed.