

## **K. N. Banerjee**

### **1912 - Report of three cases**

#### **CHRONIC OTORRHOEA OF FOUR YEARS.**

A. C. Roy, seven years old, of Dinajpur, Barabandar, had been under allopathic treatment for otorrhoea and had much syringing and local treatment without any avail. I was called to see the patient during an acute attack of otalgia from suppression of the discharge.

1909. Nov. 17. Fever with much thirst. Perspiration much at night without relief. Right ear, otalgia. Right parotid gland, slight swelling and tenderness. Constipation. Tongue flabby, with imprints of teeth along the edge. Aggravation at night.

MERC. SOL. 2c, one dose in sugar (as much as could be held on the tip of a pen knife, followed by SACCHARUM LACTIS powders every three hours.

Nov. 18. Pain, swelling and fever, all have disappeared and the discharge has returned.

SACH. LAC. continued.

By the 19th the patient was entirely free from the acute trouble and I took a survey of the chronic condition.

Dirty, red-faced boy, emaciated about the limbs; somewhat large-bellied; self-willed and wicked.

Very averse to bathing.

Thirst much. Drinks much and eats small quantities.

Craves sweets. Decided aversion to milk.

Burning sensation much, all over the body and especially in the soles of feet, at night.

Does not want to be covered at night.

Itch occasions much suffering. Each time, it is treated locally but the local applications, so far, have not suppressed it entirely, as the eruption is present on the lower limbs.

Ears, excoriating discharge from both. Itching and burning sensation in ears. Noise inside.

Hearing dull

Constipation. Feces hard, dry as if burnt; cause smarting sensation at anus. Expelled every two or three days.

Aggravation at night.

SULPHUR 2c, one dose in sugar (as much as could be held on the tip of a knife) and SACH. LAC. powders to follow.

Dec. 9. Itch has come out and distresses him. Generally much improved. Ears, slight discharge from time to time. Powders continued.

Dec. 21. Eruption has all disappeared; ear discharge is almost gone and the patient improved in general health.

Powders continued.

Jan. 11, 1910. Ear discharge has reappeared since last night.

SULPHUR 1m, three globules for a dose and SACH. LAC. powders.

March 2. Has been fairly well all this time but has not made satisfactory progress in health.

Ears, some itching, burning and buzzing sound. SULPHUR 1m, three globules for a dose and SACH. LAC. powders.

From March 2, 1910, to March, 22, 1911, he has had no ear discharge and has now, in fact, become thoroughly cured. He has even taken to more cleanly habits.

#### **NEGLECTED BRONCHO-PNEUMONIA.**

U. C. Banerjee's baby boy, aged 14 months. Naogaon (Rajshahi).

A telegraphic message brought me to the bedside of the child in about six hours, by rail. I found the child in an almost desperate condition. It was the eighth day of his sickness. He took cold some twenty days ago but has been seriously ill these eight days

1910. March 13. Lying on the back. Face expressive of intense suffering. Forehead wrinkled and wings of nose flapping. Chest, on examination, found filled with mucus; much rattling all through it. Moaning; intensely irritable. Wants to be uncovered. One foot hot, the other, cold. Abdomen tympanitic. Stools undigested, sour, yellowish color. Temperature between 101° and 105°. Marked aggravation 4 to 8 P.M.

LYCOPODIUM 2c, one dose in sugar. Nostrils, flapping and the extreme dyspnoea disappeared in a few hours.

March 16. Temperature on 14th between 100° and 103°. Today, between 99.2° and 100.5°. Tympanites increased, due to overfeeding. Aggravation 4 to 8 P. M.

LYCOPODIUM 2c, one dose in sugar at 9 P.M., when the tympanites was not so distressing, was followed by speedy relief.

March 17. Temperature 99.5°. Steady all through but no aggravation 4 to 8. Diarrhoea at 1 A.M. Wants to be uncovered. Chest not clear.

March 18. SULPHUR 2c, one dose in sugar.

March 24. Temperature normal; diarrhoea improved, on 19th. Thriving and appears cured, but examination reveals

Chest, slight wheezing, Aggravated from cold effects, with sneezing. Digestion, some disturbance; stools sour and lumpy. Perspiration sour, copious at night, during sleep.

HEPAR. SULPH. 2c, given to correct the constitutional taint. The child has kept health to date, March 22, 1911.

#### **CHOLERAIC FEVER.**

Mrs. C. N., aged 46 years. Widow. Naogaon (Rajshahi).

1910. June 12. Vomiting of food taken at noon began suddenly in evening. Diarrhoea, purging accompanied vomiting. Stools of undigested food preceded by pain in stomach. Later ones, greenish-yellow, profuse, watery, containing particles of food. Fever began after two or three stools. Desire to keep by the fire. Temp. rose to 104°. Urine soon suppressed. Had Acon. IX and other crude drugs from a local homoeopath.

June 13. I first saw the patient at 3 AM. in response to a telegram.

Condition of collapse; pulseless, unconscious, delirious, restless. Body icy cold, covered with cold, clammy perspiration. Temperature, registered by the thermometer, 103°, though the surface was so cold. Covered warmly. Talking in delirium: "I am dying," "I shall walk out." "I shall go to that bed" etc. While saying this, she attempted to rise but could not, from utter prostration. Urine suppressed since yesterday. Diarrhoea continues. Stools scanty, watery, greenish yellow. Vomiting of water as soon as it is drunk. Retching violent. Drinks a small quantity of water every few minutes. Eyes covered with mists. Spitting out saliva of very bad odor.

ARSENICUM ALB. 2c, one powder (1 drop dose) at 3 A.M.

June 14. No change to 10 A.M.

ARSEN. A. 20, one powder (1 drop dose). repeated in three hours without any change.

Symptoms still pointing unmistakably to ARSENICUM, according to my judgment, I gave at 10 P.M. ARSEN. A., cm potency (about 1/4 drop dose powder).

An aggravation occurred within an hour (vomiting and a stool evacuated, making the patient apparently much more prostrated). Amelioration of all symptoms followed. No stool after 1 A.M.

June 15, 6 A.M. Pulse returned at wrist, irregular, thready, about 120 per minute. Patient much improved generally. Anxious and told her suffering. Heart region uneasiness. Burning sensation all through body, especially at pit of stomach. Taste putrid; tongue brown; saliva acid. Kidney region tenderness. Retching, restlessness, perspiration, prostration continue though much abated. Urine suppressed. SACH. LAC. powders.

June 15, 11 A.M. Urinated profusely, with general improvement. Pulse 100, regular. Perspiration, restlessness and prostration subsiding. Diarrhoea - two or three stools, with urine, during day and night. Stools not so thin, scanty, greenish yellow. Temp. between 96.4° and 99°.

June 17. Progressing. Pulse between 88 and 90, yesterday; today, 84. Temp. between 96.4° and 99° yesterday; 98°, today. Hungry yesterday and had a few spoonfuls of arrowroot water. SACH. LAC. powders.

She made an uneventful recovery.

#### **DISCUSSION BY DRs. HOLLOWAY, DIENST AND THACHER.**

These are certainly excellent papers. It is not always our good fortune to find pictures so clearly defined. The doctor was fortunate to find such pictures.

The third case would not have developed much longer. Unquestionably, the patient would have died.

The second case also would have died without Lycopodium.

Some questions come to mind in reference to the first case. Would Sulphur at the beginning have accomplished as much as it did later? Did Mercury change the picture to Sulphur? Was Mercury necessary? In the second case, would Sulphur have worked as well with Lycopodium omitted? Is it necessary to give an acute remedy to clear for the action of the chronic remedy, as with the ear discharge?

In many cases the picture does not all develop. In the Mercury case, possibly that was all that was visible at that time.

By previous drugging, of long ago or of recent time, more one-sided cases are produced than by any other course

Experience proves we do have one sided-cases. "Only one condition is dominant at the same time," said Hahnemann. If the dominant symptoms are the acute ones, only those are to be dealt with. If this condition is treated, the chronic condition appears later. If the acute is given when there are no indications for a deeper-acting remedy, it will wipe out the suppression. THE ORGANON bears out this teaching.

One-sided cases are from doctors who do untrained prescribing. Clear the muddled picture away, day by day, until the true picture is visible. There are no one-sided cases without

doping. Disease manifests clearly when not bungled. We must be cautious to act on things as we find them at the time, and clear the conditions as they arise.

In practice, we sometimes observe that cases are masked. This boy (first case) may have been so placed as to bring out the picture of MERCURY conditions. No one could see beyond that when the chronic image was masked by MERC. symptoms. When that was cleared away, what had been masked could be seen.

Dr. Holloway had a case that had been under the care of an eminent allopath. Otorrhoea was worse each day it continued, and the family became alarmed. When he first saw the patient, Temp. was 105°. Face, left side, was swollen to disfigurement. Throat was sore: Parotid gland was enlarged. Ear, discharge was small in amount. Local treatment had been used, including syringing. SULPH. 6m. Next Morning. Fever and swelling were reduced and the discharge increased. In a few days, it developed into a Pulsatilla case. PULS. IM. Cured completely.

If this case had been seen at the beginning, would Puls. have done it all? There is nothing to be seen but symptoms. If these be hidden, suppressed, smothered or latent, no one can prescribe without dealing with the underlying miasm. Such usually need Sulph. As Hahnemann said, "Give Sulphur for the underlying psoric condition." It brings out the condition so it can be seen.

Often Sulphur, Sepia, etc., are needed to develop cases. One side of the case may be wiped out by the remedy that appears to be demanded, but development follows, if sought. Our chief duty is to watch for the developments. Experience runs along the lines indicated by those prescriptions. When the acute condition is combined with the chronic, to wipe out the acute is the best thing to be done.

For some with less experience, you would hardly dare to mention such deep-acting anti-psorics. There are so many for whom it would hardly be safe to routine with Sulph. "If you cannot see the remedy, give Sulph," is according to our old teaching, but anti-syphilitics and anti-sycotics are also to be considered. Younger men, with less experience or less keen perception, would better wait to observe the deeper condition, whether it be syphilitic, sycotic, or psoric. In this case reported, the acute remedy removed the suppression of acute symptoms.

Hahnemann says the proper thing to do in chronic cases is not always the thing to do in acute and subacute cases. You cannot wait in intense acute conditions, such as this, when the temp. is 105° with otorrhoea. It is not safe, as in chronic cases. We must act and obtain quick results. We must have changes soon.

Acute conditions must be prescribed for as we find them, but we should oppose the routine prescribing of Sulph. to develop all cases after the acute condition has passed.

It has been a question with some, for many years. "Is it not a wrong principle to give Sulph. Mercurius or Thuja when not definitely indicated?" Read between the lines where Hahnemann says, "Sulph. generally, nearly always, is the remedy to arouse the system; Mercur. in syphilitic constitutions, and Thuja in sycotic constitutions, usually." It might be some other, but is usually one of these. Examination of cases develops insight according to years of experience."

(Dr. K. N. Banerjee, Dinajpur, Barabandar, Bengal, India, Report of three cases, The Homoeopathician vol. 1 (1912). p. 58-61)