

**Clinical Proving****Dr. Kamlesh. P. Bagmar (HMM)**

Wordings from our master Dr. Samuel Hahneman if followed in practice will help a Doctor to develop his research mind and clinical research too.

For which the utmost important part for any research remain to be 'RECORD KEEPING'

The detailed record of the case will help us to follow that patient till recovery properly, and assessment to be done with his suffering and investigative parameters so as to create a road to recovery.

Record keeping will help a physician to note and take everything in a case in systematic way. This will help further understanding of a case in analysis and synthesis

of available data. The most essential part of retrospective analysis and the way to progress of case that means disease advancement or recovery progress-will be

understood if we follow as per the instruction by Dr. Hahneman from APHORISM 104

Following case will illustrate the same

22 yrs female, medical student came with following complaints

1-12-2010 Started with fever, generalized weakness, severe headache, Appetite loss, Thirstless+++ . Temperature-101 F Body ache with chills, O/E- Resp NAD, Oral cavity-NAD, P/A-NAD

Prescription: Puls 30 tds

2-12-2010 Felt better for sometime and again c/o same. T-102 F, Thirstless, Dulness, Severe headache, Anorexia, Nausea, Pain in neck, backache, Chilliness, Now started with cough

Prescription: Gels 30 tds

3-12-2010 T-101.4 F. Generalised weakness Cough without Expectoration.

Prescription: Puls 200 tds

5-12-2010 Cough increased ++ spasmodic dry with chest pain, no expectoration. Cold, Fever Fluctuating. For two days fever was absent. Throat pain with dysphagia O/E Throat Congested, T-100 F, RS - NAD

MD (Med) physician, adv. Chest X-ray immediately and prescribed Antibiotics. He is Worried about the progress of disease.

CXR Prominent BVM rest NAD

Prescription: Drosera 30 tds

7-12-2010 Felt good And all right. cough > +++ no bodyache, no fever or chest pain.

Same patient came up with following complaints

15-12-2010 = Dry Cough has to wake up at night due to sudden spasmodic cough.

Again suffering increased; fever, Thirstless, weakness, exhausted,

Dullness and desire to do nothing, feels sleepy

16-12-2010 Nose Yesterday sticky yellow discharge today dryness ++,

dry spasmodic cough < 4.30 AM ; Headache +++ feels as if to give hard pressure, said sister to stand on forehead , Thirstless +++ feeling weakness , Fever 102 f

Prescription: Drosera 200 tds x 2 days

17-12-2010 Cough intensity reduced thirst improved and rest of all features disappeared.

18-12-2010 Prescription: Thuja 200 one dose followed by constitutional coming morning. Which brought on recovery till date.

### **Conclusion**

With this two episodes of Acute Bronchitis in a case where patient presented with unique and same totality. She got relived with Drosera.

Uniqueness is observed in terms of cough-spasmodic, Headache/Bodyache, Thirstlessness

After going through literature Drosera when observed it has the same intensity and type of cough ,Bodyache but the thirst which has strong accompaniment in both the episode and was get relieved after Drosera.

Now the case records of Drosera as a remedy with the thirst peculiarity needs to be looked so as to raise

### **Drosera as a THIRSTLESS drug.**

Source book Drosera Thirst talks about Febrile shivers over whole body and heat of the face and icy coldness of hands without thirst.

Repertory- Thirsty-2 marks and Thirst intense

An Observation on Aphorisms 215 and 216 of Organon of Medicine Edition 6

Dr Madhuram Kamlam (Dept of Organon and Homoeopathic Philosophy)

A Few Weeks back, an army officer doing a course, committed suicide. He was talking with some of his friends. Around 11.00 p.m. he received a telephone call and he excused himself and went to his room. Next morning he was found hanging from the ceiling fan.

My husband and I sat discussing this incident. That night this officer had been talking very cheerfully with his friends. He was actually writing an appreciation of the Tactics leg of the course that he was doing. He was doing well in his course. So it probably could not have been the pressure of having to perform in his course. In the army whatever other pressures it does put on its officers, the officers are really relaxed while doing the courses. The happiest and most relaxed tenures of all officers in the army are generally while they are doing one or the other of the courses.

With the recent suicide by hanging from the ceiling fan which has made IIT-K from taking a decision to remove ceiling fans from all the hostel rooms at the back of our mind, we were joking whether it was high time for the army too to resort to pedestal fans and ACs.

Then we came to the point of the telephone call that this officer received. And my husband confirmed my suspicion the phone call was from his fiancée. And my first reaction was to ask him if this girl had broken off their engagement. My husband did not know the details of that side of the story. But he said that this officer had been engaged for some months now to this girl. He had also invited his father-

in-law-to-be to one of the weekly social gatherings at the officers' institute and introduced him to his brother officers. We did not have anymore information about this officer.

The reason for the suicide seemed mysterious. Our conversation went on to other topics and my husband then remembered and casually remarked that this officer had in fact recently suffered from bone-marrow cancer and had gone to the US where he was 'successfully' treated for the same.

To me it was a bolt from the blue – everything was very clear now, the cause of the suicide was no longer a mystery to me. If we have read Hahnemann's Organon - we have the reason for the suicide.

§ § 215, 216, Organon of Medicine, 6<sup>th</sup> Edition

Hahnemann says:

1. almost all so-called mental and emotional diseases
2. are nothing but corporeal diseases
3. in these corporeal diseases the derangement of the mind and disposition peculiar to each of them is increased,
4. whilst the corporeal symptoms decline (more or less rapidly)
5. till soon the disease attains the most striking one-sidedness
6. It is almost as if it was a local disease in the invisible subtle organ of the mind or disposition
7. cases are not rare in which
8. so called corporeal diseases that threaten to be fatal
  - a suppuration of the lungs
  - or deterioration of some other important viscus
  - some other disease of acute character, e.g. in childbed
9. become transformed into insanity, into a kind of melancholia or into mania
10. by a rapid increase of psychical symptoms **that were previously present**
11. whereupon the corporeal symptoms lose all their danger
12. the corporeal symptoms improve almost to perfect health
  - or rather they decrease to such a degree that their obscured presence can only be detected by the observation of a physician gifted with perseverance and penetration
13. The affections of the grosser corporeal organs become, as it were transferred and conducted to the almost spiritual mental and emotional organs
14. **which the anatomist has never yet and never will reach with his scalpel.**

Now I became agitated. Why is our modern system of medicine so one-sided??? Why do they believe in only material proof? If they cannot find a single cancerous cell, how do they assume that they have cured the person of his disease? Are the pathological end-products the only basis of disease?
15. Why cannot the modern day doctors see the truth in the simple observations that Hahnemann made 200 years back?

Footnote 2, to § 6, Organon of Medicine, 6<sup>th</sup> edition

I know not, therefore, how it was possible for physicians at the sick-bed to allow themselves to suppose that, without most carefully attending to the symptoms and being guided by them in the treatment, they

ought to seek and could discover, only in the hidden and unknown interior, what there was to be cured in the disease, arrogantly and ludicrously pretending that they could, without paying much attention to the symptoms, discover the alteration that had occurred in the invisible interior, and set it to rights with **(unknown!) medicines**, and that such a *procedure as this could alone be called radical and rational treatment*. (the bold and italics are mine)

I believe that in the above case of the army officer the fundamental cause for the suicide was psora and the proximate exciting cause could probably (I say probable because I do not know what that last conversation was about) have been the last conversation that the officer had or something else.

Can We accuse the doctors who treated him for cancer of negligence – for saying that he has been cured when the disease had only changed its location? Or for having driven the disease from the corporeal plane to the mental plane?? Are these doctors also a link in the chain of causes for this officer's suicide???