

Lonely in spite of so many around!

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In homeopathy, because of the misinterpretation of rubrics, many times we get to learn only the extreme form of the individual remedy and tend to believe remedies to be like that only. For example, *Natrum muriaticum* will always fall in love with a person not of his grade, or *Sepia* is one who is extremely indifferent to her children or *Stramonium* would be wild, violent and delusional. But we need to look deeper into our literature and see other facets of the remedy as well. For example, if we consider indifference then there are many other remedies apart from *Sepia* with 3 intensity; thus, we should consider other remedies for this. Another point of concern is that the indifference (or any emotion) can be seen in various ways and not just the extreme state. Hence, it is essential to understand the various stages of evolution so we are able to differentiate and prescribe remedies at the stage when the person needs it most and not let the person reach its peak diseased state.

Case Details

Name: Mrs K, 49 Yrs – Female.

DOC - 17 August 2007

Occupation: Housewife

Education Qualification: B. Com (P)

Complaint of Patient:

Itching all over the body with the sensation of immense heat and increased sweating since past 8 months. Patient is very restless at that time.

Hyperpigmentation, on forehead 3+, cheeks 3+, neck 2+, back2+, nose2+, with itching since 4 years.

Itching and rashes on uncovered

areas throughout the body - Face, Neck, Feet and Hands, which arise suddenly with redness and settle after few hours. The rashes usually aggravate in the evening or at night and last for more than 2 hours. The patient is unable to sleep at that time, had to take *allegra* which helps her to sleep. Itching occurs at times when the patient is changing clothes in the evening. (Here the patient had mentioned that her husband owns a huge company of cosmetics and she had tried all best possible cosmetics and medical creams by doctors but none have helped her for the pigmentation. She feels very embarrassed when somebody asks her about her face)

History of medication

The patient was taking antioxidants and *allegra* since 1 year, but was not better in terms of pigmentation and itching. However, *allegra* had been helpful SOS but the tendency persisted.

Associated complaints

Constipation: Patient feels as if not evacuated completely, unsatisfactory feeling on most days. Also, the patient has a fixed time in the morning for defecating; if she does not pass stool at that time, she is unable to at some other time of the day (as there is no desire again) but will have discomfort the entire day and her appetite goes down for that day.

Occasional Headaches accompanied with nausea but no vomiting; had to resort to pain killers and lie down with lights off.

Personal History

Appetite: Good, feels hungry at fixed

hour for lunch and cannot tolerate hunger; must eat food immediately

Thirst: Moderate

Craving: Chapati 3+, Spicy 3+, Indian food 2+, Salty 2+, Rice 3+

Aversion: fish, basically is averse to the smell of fish

Stools: Once in the morning; takes too much time in closet, well formed stools, had to strain sometimes, no history of pain or bleeding

Urine: D-3::N-1

Perspiration: Very less overall, Back 2+, Axilla 2+; offensive 3+; does not leave stain

Sleep: sound, sleeps on sides

Dreams: Very seldom, usually when falls asleep again after waking up. Dream of family; religious dreams – 'I have reached some gurudwara (place of worship) but unable to enter the gate - 'feel something is stopping me.

Menstrual/obstetric history:

Cycle: 5-6days/20days, amenorrhoea for past 4 months; previously had heavy bleeding on two occasions.

G₅P₃A₂L₄ - Both abortions were self induced by the patient. She delivered healthy twins of her last pregnancy.

Thermal reaction

Bath: In Summers with tap water (that is only for 2 months when the heat is very high). During winters, with warm water (if the water is hot the patient feels pricking sensation).

Clothing: In winter, the patient wears full sleeves warm inner wears, but is unable to wear sweater as she feels the sweater neck causes neck pain. This information is little strange but we have

CASE STUDY

to note as the patient says so.

Fan: Fan in medium speed, AC – would need at night but requires covering while sleeping.

In comparison to others, the patient is more sensitive to cold.

Past history

Varicosities during pregnancy

Life space Investigations and Mental Generals

Before her marriage, the patient was much pampered by her father who never allowed the patient to do any household work. The patient's father was an army officer and was very commanding. Her parents had a certain class and moved in the military society. The patient's sister was better looking than her and the patient used to feel that her sister will get a better spouse because of her fairer skin. This thought was also instigated in her mind by her relatives who constantly used to mention this and all this had led her to believe that she was less beautiful than her sister. However, the patient's mother used to encourage her and tell her that god will give well to each person according to what that person deserves. The patient's sister was married in a medium class family whereas the patient was married into a very rich family. The age gap between the patient and her husband was more than usual in those times which made her feel embarrassed at times. The patient remarked that in those times there was no culture of arguing with parents, therefore, she accepted all that was happening in her life at that time. The patient never told her parents that she was unhappy with the fact more in age than she had expected her life partner to be.

After her marriage, the patient's circumstances were different. On the very first day of her marriage, the

patient's husband told her that there are certain norms which she will have to follow; always he said he will provide her with all what is needed but she will have to manage the household issues at her level only. She should not bring any matter to him that could cause quarrel in the house as he deeply respects his parents and elders and being his wife, she should also maintain that respect. The patient said nothing about this to her husband and accepted to follow this. The patient's sister-in-law (husband's elder brother's wife) was also staying in the same house and was rude at times. However, the patient would never answer her back and maintained her calm. This was because she felt that if she answered back to her sister-in-law, she would lose her dignity.

Even till date, whenever her sister-in-law says something wrong, the patient do not retort back even when her kids tell her to rebel against her. The patient feels herself responsible for the peace at her home and comments that if she would answer back to her sister-in-law, she would become just like her. That is why she keeps quiet. But this used to make the patient feel hurt and the patient used to cry alone. She would only share this with her elder daughter who is married now and is more like a friend to the patient.

The patient's elder daughter is very intelligent and has a very good command over the language. She was married off by a reference of a very close family friend but later on they came to know that the financial condition of her in-laws was not very good and not as it had been projected. Before her marriage, the patient's elder daughter used to take care of her younger siblings as the patient was many times engaged in the household work and thus, the daughter didn't enjoy her childhood. And now, her daughter had been married into

a financially not so well to do family. This makes the patient feel guilty as she thinks that she should have cross checked the details properly and should not have trusted other people.

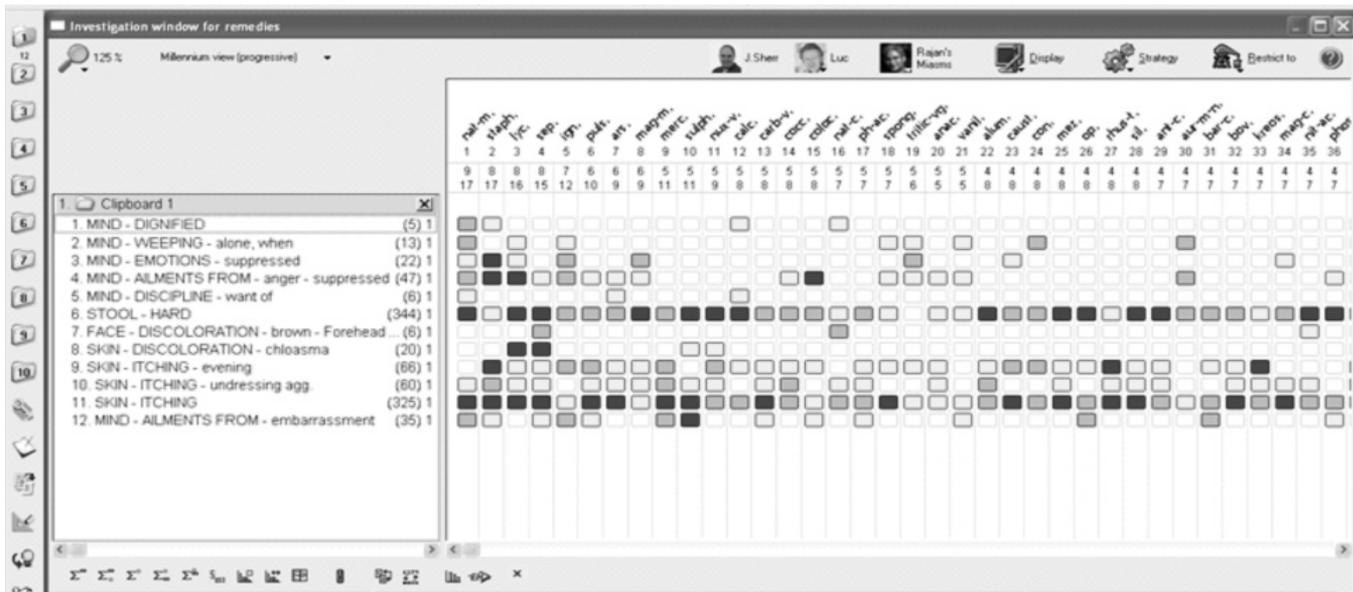
Whenever the patient feels hurt, she never expresses her feelings and alone (used to go in the washroom and would cry there) as she feels that there is no one with whom she can share her feelings as the very first night, her husband had told her to solve whatever problem she encounters at home at her own level. The patient also had never told anything that troubles her at her in-laws home to her parents as she had been taught that the girl must not bring back the complaints of her in-laws home to her mother's house and after marriage, the husband's home is the girl's own home. And now after so many years, the patient does not even feel like crying at all.

Daily Routine

The patient has a fixed daily routine and is very particular for her responsibilities at home. The patient is very particular about timings and finishes her breakfast preparation by 7 a.m. and lunch preparation by 1 p.m. and only after that goes for her religious activities. If the patient is unable to finish her household work due to any reason, she would not go out of the home until her whole work is finished. If for any reason, the patient misses to do something, she feels incomplete throughout the day.

Relation with Family Members

Patient says her husband is a gem of a person. He has taken the responsibility for the entire joint family on his shoulder and takes good care of everyone. He is very hard working and works to provide for all the needs of the family. The patient's husband never discusses his work problems with her and has given the patient all that



a wife can ask for. He extends his help to everyone who asks for his help.

The patient is worried about her children's studies and wants them to do well in their careers. Her stress increases during their exam days. Despite their good financial condition, the patient does not want her kids to be referred as spoilt kids as the kids of her sister-in-law are usually called.

Observations

The patient is very conscious about her looks and had expressed that she becomes very embarrassed when somebody asks about her pigmentation. The patient is very curt in her behavior but expresses bluntly if she does not like anything. This is what I have noticed in case taking and also on follow ups.

Repertorization of the Case

The following rubrics were selected -

Mind – Dignified

Mind – weeping, alone when

Mind – Emotions, suppressed

Mind – ailments from – Anger suppressed

Mind – discipline, want of

Stool – hard

Face – discoloration, brown, forehead

Skin – discoloration, chloasma

Skin – Itching, evening

Skin – Itching, undressing aggravates

Skin – Itching

Mind – ailments from – embarrassment

The case was repertorized and the remedies which came up at the higher level were *Lyc*, *Nat mur*, *Staph*, *Sepia*, *Ignatia* and *Mag mur*

Prescription

14 August 2007: The remedy selected for the case was *Sepia*.

Sepia 200/ 3 doses; Sac Lac / BD for 2 weeks

Discussion

The circumstances in the premarital home had made her feel that her elder sister was more loved and appreciated because of her fair skin. We see that the father, who is a dominant person, does pamper (by taking her out for picnics, shopping) the patient but still the patient does not express her feeling to him or to her mother. The reason which she gives is that the circumstances were

like that and in those times, children would not speak. Patient feels lonely and isolated yet never expresses her dissatisfaction which gradually could turn into indifference and negativity. Her crying alone also shows the feeling of loneliness. It is interesting to see that at one end patient says father use to pamper her and husband is a gem of a person yet she finds it difficult to express her discontentment or the resentments to them. Why is this female finding it difficult to tell her father that she is not willing to marry a person 8 years elder to her or why she is unable to talk about the tussles between her and the sister-in-law to her husband is a point to ponder. This shows the dependency of this female on the people around and that she does not want to disturb or destroy the comfort she is receiving from these people. This non-expression of inner feelings to the close relations and that she had stopped crying shows the gradual but definite setting in of indifference towards the relations. After her marriage, the very first day the patient was asked against expressing her emotions and feelings which led her to close herself and become the dutiful wife as her husband demanded. She diverted herself to

CASE STUDY

take care of the house and took fixed responsibilities of the home (making breakfast and lunch of the whole family) as remaining busy helped her to get over or keep aside the resentments. Her suppressed emotions, still behavior and not reacting to ill words of her sister-in-law indicated the presence of suppressed anger in her.

With the passage of time, the patient had reached a stage where she does not feel like crying anymore. She has become indifferent to herself which is expressed in the way that she feels she doesn't need to express her feelings and doesn't feel the need of it at the conscious level. Like, when asked why don't you express your feelings to your husband or discuss anything with him about your household stresses she simply says "He doesn't express his work worries to me and I don't mind so there is no problem". But at the subconscious level, all such stresses are troubling her and that is why she is having the physical complaints (pigmentation, constipation). In fact, children do recognize that mother needs to express but she says she doesn't want to, she is living a routine and doing all her duties. She was a lonely person before marriage where she could not express her feelings and that loneliness continued after marriage.

Sankaran has explained *Sepia* females have a state where she is dependent on a person but doesn't get the emotional satisfaction from the same person so wants to become independent, there is a confusion of being dependent on the person whom she loves and of being independent and we see the career woman in *Sepia* personality who wants to be independent. This is an example of that expression but here the female doesn't have that choice and is a housewife where doing her daily chores to utmost responsibility is the way she takes to divert herself from her emotions.

Follow up

30 August 2007

Constipation was slightly better – patient had good desire to defecate in the first week; no change in the pigmentation of face; episode of itching on two occasions; One attack of hot flushes (which she refers as itching and restlessness when she talks about it.)

30 September 2007

No further improvement; stools same as earlier; No episode of itching occurred but the patient was unable to tell whether she was better or not. **Prescription:** *Sepia* 200/ 7 days/ H.S.; Sac Lac BD (Since the disease was old and there was slight improvement from the initial 3 doses of *Sepia* given to the patient, there was the need to repeat the dose)

22 October 2007

The patient was much better; marked relief in constipation for the first 10 days; the itching was also better – occurred only in the last 3 days; the pigmentation was better by 30 % with no itching on the face. The patient had only single episode of headache for which she had taken a painkiller. For the last three days, the patient was unable to pass clear stools and was suffering from constipation. **Prescription:** *Sepia* 200/ 7 doses/ H.S.; Sac Lac B.D. for 2 weeks (the same dose was repeated because symptoms coming back when remedy is withdrawn).

22 November 2007

The patient was much better for the first 3 weeks; the pigmentation had also improved. The patient had not personally visited for the follow up. **Prescription:** Sac Lac B.D.

10 December 2007

The patient returned to the stage one where constipation became same as initially; the pigmentation had come

to standstill and there were in between episodes of itching as well. On analyzing the case and the follow up, it was concluded that the patient was in need of more repetitions of the medicine. As the patient was still responding to the 200 potency, it was decided to keep the potency the same with frequent repetitions. **Prescription:** *Sepia* 200 /H.S. for 2 weeks with Sac Lac B.D.

2 January 2008

Skin better; constipation was better when taking medicine; single episode of headache after November 2007. **Prescription:** *Sepia* 200 /BD for 1 week; Sac Lac B.D.

29 March 2008

Pigmentation relieved; Itching occurred during the change of season; Stools unsatisfactory since 10 days. **Prescription:** *Sepia* B.D. for 3 weeks (the patient was also given a single reserve dose of *Sepia* 1M which was to be taken if not better after discussing on phone with the physician); Sac Lac H.S. for 3 weeks.

Patient asks for 3 – 4 weeks medicine as she has to come from very far. The medicine was given to the patient for a month but was asked to discuss on the telephone after two weeks to decide upon the doses.

05 May 2008

The patient took 2 reserve doses at the interval of 2 weeks after discussing on phone and was asked to repeat as 1M seemed to help but the effect weaned off after 10 days. After the dose, her bowels had improved immediately but again reverted back to the constipated state. The condition of the patient was stable otherwise but constipation was still troubling her and her skin complaints had come to standstill. (The patient did not experience any complaint of itching anymore and there were no more episodes of hot flushes. All that was bothering the

patient was her pigmentation.) Since the patient's daughter was having her examinations, the patient was quite stressed about her daughter's performance.

The patient remarked that this time the medicine had helped her to the maximum level and her face had become absolutely clear in between. She had felt very good at that period of time but her pigmentations had reverted back again and this is troubling her. **Prescription:** *Sepia* 1M every week; Sac Lac B.D.

28 June 2008

Mentally, the patient was much >>; Constipation absent; No itching; Skin had cleared up. **Prescription:** *Sepia* 1M/ one dose every week

28 August 2008

All complaints of the patient were better; Skin clear, absolutely. The patient was very happy. **Prescription:** Sac Lac B.D. for one month

10 September 2008

Skin better; constipation ++. **Prescription:** *Sepia* 1M/ one dose every week; Sac Lac B.D.

06 October 2008

Constipation better but persisting; skin better; no episode of headache. **Prescription:** *Sepia* 1M/ 3 doses/ every week for 3 weeks; Sac Lac B.D.

22 December 2008

Skin much better; Constipation off and on. **Prescription:** *Sepia* 1M/3 doses every week; *Thuja* 200 /1 dose (given as the complaint of constipation was too persistent when all other complaints were getting better and it was always reverting back so when best selected remedy fails to help anti-sycotic remedy to be added).

28 April 2009

The patient had improved much after

this but due to a marriage at home had to skip consultation. She moved out a lot in sun for shopping and had the complaint of itching near eyes and neck since one month. The patient was feeling very hot; her rashes were also coming up again; She had no desire to go out as she felt she was not looking good. There were blackish discoloration around her lips since one month yet her home conditions had not allowed her to come for the consultation. Her constipation was also worse since 1 week; she also had a period of tremendous stress as her son had developed tennis elbow and his exams were approaching. **Prescription:** *Sepia* 10M /one dose; Sac Lac B.D.

14 May 2009

The patient was much better in all respects; great improvement was seen in the skin also. **Prescription:** *Sac Lac* was given for 15 days

1 June 2009

The patient had again come to standstill. **Prescription:** *Sepia* 10M/one dose and was asked to wait for a week. If the condition was improving, the dose had to be repeated only in the third week; but if the patient is not better, the dose can be repeated in the second week also.

3 July 2009

General condition improved; Skin was getting better. **Prescription:** The patient had taken *Sepia* 10M fortnightly with Sac Lac B.D. The medicine was repeated in the similar fashion.

24 August 2009

Constipation better; itching absent; face better with no spots. **Prescription:** same dose repeated

25 October 2009

The patient's condition was improving slowly; no new episodes of hot flushes, itching and headache; skin better

by 70%. **Prescription:** repeated for one month.

25 December 2009

General condition was same. **Prescription:** *Sepia* 10M every fortnight

21 January 2010

General Condition better; some very light spots were remaining on the face and rest all complaints were better since the past 2 months. **Prescription:** *Sepia* 10M every fortnight one dose; Sac Lac B.D.

After that Sac Lac was given for 2 months and *Sepia* 10M as reserve dose, which was to be taken after consultation.

23 March 2010

All complaints better; skin had cleared up. **Prescription:** Sac Lac/O.D. for one month and was asked to call if the need arises

24 April 2010

The patient had no complaints at all and was asked to discontinue the medicine. She was also advised to report back if any need arises.

29 September 2010

The patient was called to check her condition before submitting the case for the journal. The patient is fine and had no complaints since then.

About the Author

Dr Geeta Rani Arora is a classical homeopathic practitioner. She is presently working in the team of Editors with The Homeopathic Heritage, an international journal of Homeopathy. She has experience of working in Homeopathic research for three years. She has done a certificate course from NIH, USA on complementary medicine. She loves her time of practice for which she is very passionate about.

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