

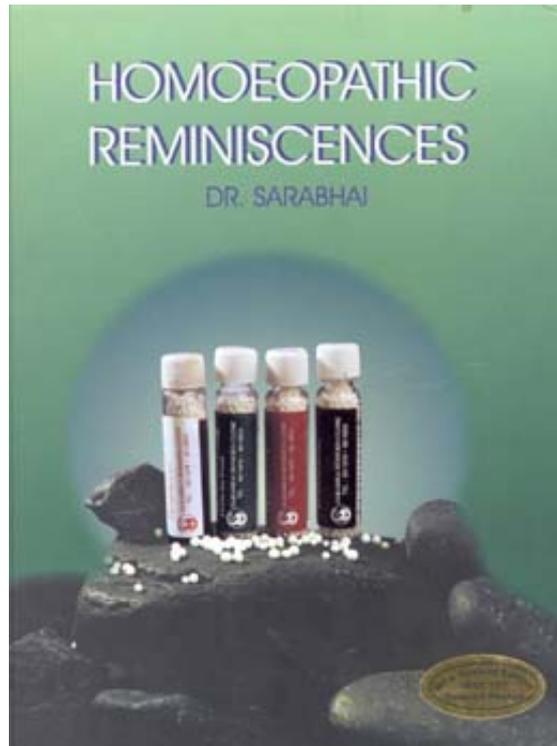
Kapadia Sarabhai Homoeopathic Reminiscences

Reading excerpt

[Homoeopathic Reminiscences](#)

of [Kapadia Sarabhai](#)

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Testimony Of The Clinic

A case of Myocarditis with C.C.F. and Atrial Fibrillation

Mr. J.H.P. was from a village near Surat, aged 48 years, who was diagnosed as a case of Myocarditis with C.C.F. and Atrial fibrillation. His E.C.G. of 12th Feb. 1962 showed findings suggestive of Atrial fibrillation; partial RBBB; and multiple ectopic beats with right ventricular hypertrophy. X-ray showed heart size +++. As the allopathic treatment could not prevent deterioration of his condition, he opted for homoeopathic treatment. Lyco., Ignatia, Dig., Puls., etc. were given without much effect.

On 16th August, 1962 when I was consulted the patient complained of (1) Dyspnoea, (2) Clutching pain at the cardiac end of oesophagus on attempting to walk, to such an extent that he was compelled to stop, and even sit down. He was prescribed Kali.Ars. 200 every morn-night on the following indications:

- (1) Puffiness of upper eye-lids.
- (2) Early morning aggravation.
- (3) Anxiety and restlessness.
- (4) Blackish discoloration of skin with lichenoid type of eruption, with severe itching.

With Kali. Ars. the symptoms gradually reduced. Since we had discontinued the allopathic diuretics, his oedema went on increasing gradually. At this stage the patient complained of a peculiar sensation - "As if the heart were ceasing its beat, and then started with a thud again".

- (1) On this peculiar sensation.
- (2) Suicidal thoughts.
- (3) Night aggravation.
- (4) Having used mercurial diuretics in the past.

On 29th Sept. 1962 he was put on Aurum met. 30, three doses per day.

Since Aurum met. did not produce the

desired response and oedema further increased, on 4th Oct. 1962, Sepia was prescribed to tackle the block of malaria and quinine complex on the following indications:

- (1) Chloasma of the face.
- (2) H/o Malaria and quinine.
- (3) In general aggravated at the beginning of movement and amelioration on continuing the movement.

He was given Sepia 1m four doses per day in powder form on 5th Oct. 1962. As oedema went on increasing and urine output reduced further, on 6th Oct. 1962 at 3 p.m. he was given Sepia 10M in dry form every 2 hrly upto 7th Oct. 3 p.m.

However there was no relief, and severe dyspnoea due to C.C.F. became much worse, and urine output went down to less than 4 oz. per day.

At this stage, we noticed one more mental symptom of Aurum. He asked many questions yet never cared to wait for the answers from us. So on 7.10.1962 at 9 p.m. he was put on Aurum met. 1m every 3 hrly. in powder form to which he responded miraculously by passing urine in increasing quantities and in 36 hours he passed more than 100 oz. of urine. There was an associated sense of over all relief and well being. Orthopnoea was relieved and patient could sleep in lying position the next night. Aurum met 1000, 4 doses per day was continued till 30th Nov. 1962. Then Aurum met. 10M daily 2 doses were given and continued till 16th Jan. 1963.

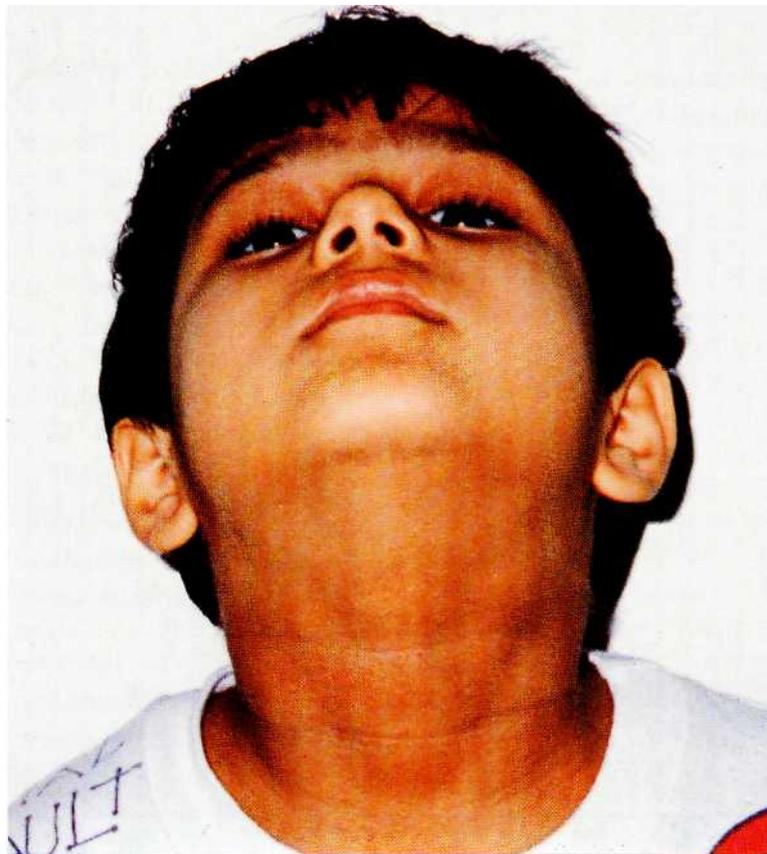
His E.C.G. was taken on 14.1.63 and he was examined by a cardiologist who opined that signs of C.C.F. and atrial fibrillation had totally disappeared. On 16th January, 1963 the patient was put on Aurum Met. cm daily two doses for further improvement.

E.C.G. taken on 5th July, 1963 and 7th

* An interesting Aurum Met. case of C.C.F. has been reported in 'Testimony of the clinic' by E.B. Nash.



ECZEMA



Nov. 1963 continued to show improvement. X-ray revealed the heart size to have become smaller compared to the previous examinations, Aurum Met cm b.d. was continued* till April 1965.

The treatment was discontinued at this stage. He became so well that he actively looked after his agricultural farm in his home village. Thereafter he was given Aurum met. as a constitutional remedy, on S.O.S. basis for any complaint he developed. In winter during the year 1967 due to some mishap in his daughter's life, he was involved in a period of serious anxiety and grief. This involved long bus journeys in cold winter nights and prolonged periods of loss of sleep. He developed pneumonia and died on 12th Jan. 1967.

SUMMARY REPORTS OF E.C.G. & X-RAYS OF MR. J.H. PATEL

Before Homoeopathy

AT MOMBASA:

* E.C.G. taken by Dr. M.S. Karve on 30.10.61:

"Auricular fibrillation with tachycardia. Partial right, bundle branch block with right ventricular hypertrophy."

* On 22.11.61:

"Compared with the tracing of 30.10.61, the present E.C.G. shows persistence of the Ar. Fibrillation and the RBBB, and the low voltage in standard leads. There are some ectopic beats with wider QRS than the others."

Dr. Karve reported on 22.1.62 as follows:

"From the clinical course of the patient, he now appears to have permanent auricular fibrillation, the heart failure being controlled by Digoxin or Sedilanid, and Navidrex. The X'ray shows an enlarged heart with a rather straight left border, but I do not think there is pericarditis; however, the Mantoux test may be done to exclude Koch's pericarditis. There is no evidence of mitral valve disease.

The most likely diagnosis is atherosclerotic heart disease. There is no evidence of thyrotoxicosis. E.M.F. is also to be

considered."

The Patient Returned to India

AT SURAT:

* E.C.G. taken on 12.2.62 by Dr. R.K. Desai showed:

"E.C.G. findings are suggestive of Auricular fibrillation with multiple ectopic beats."

AT BOMBAY:

Mr. J.H.P. came under Homoeopathic Treatment on 16th Aug. 1962.

* E.C.G. taken on 14.1.63 by Dr. L.M. Parihar showed:

"Considering the biventricular enlargement and balanced pattern of E.C.G. with T wave changes, it favours the diagnosis of Myocarditis. ST segment and T wave changes are less prominent and there is no auricular fibrillation when compared to previous E.C.G."

Second Check-up 6 Months After

* On 4.7.63 X-ray by Dr. K.N. Kamdar showed:

"On comparison with the previous film of 30.12.1961, there has been no appreciable radiographic change in the appearance of the shape of the heart. The transverse diameter of the cardiac shadow is now 14.8 cm. as compared to 16.1 cm. in 1961 and 15.3 cm. on 15.1.1963.

The heart size is slightly smaller than the previous examination, and the shadow of the left auricular enlargement is also smaller in size."

* On 5.7.63 E.C.G. by Dr. L.M. Parihar:

"There is no auricular fibrillation. On comparing the E.C.G. of 14.1.1963, the T waves in VI, V2, V3 which were abnormal, have become normal. It shows improved function of the myocardium."

Check up After Further 3 Months

* On 7.11.63 X-ray by Dr. K.N. Kamdar of Bombay showed:

"On comparison with the previous film of 4.7.1963, the transverse diameter of the

cardiac shadow is 14.5 cm. and that of the thorax is 27.4 cms. There is further diminution in the cardiac size. A well defined shadow with a curvi-linear lateral margin is noticed in the right cardiac border. This was also seen previously but not appreciated well. The features could be due to pleuro pericardial cyst. There is no evidence of left auricular enlargement, as far as can be seen.

The lung fields appear to be clear.

Further improvement since the last examinations".

Check up One year thereafter

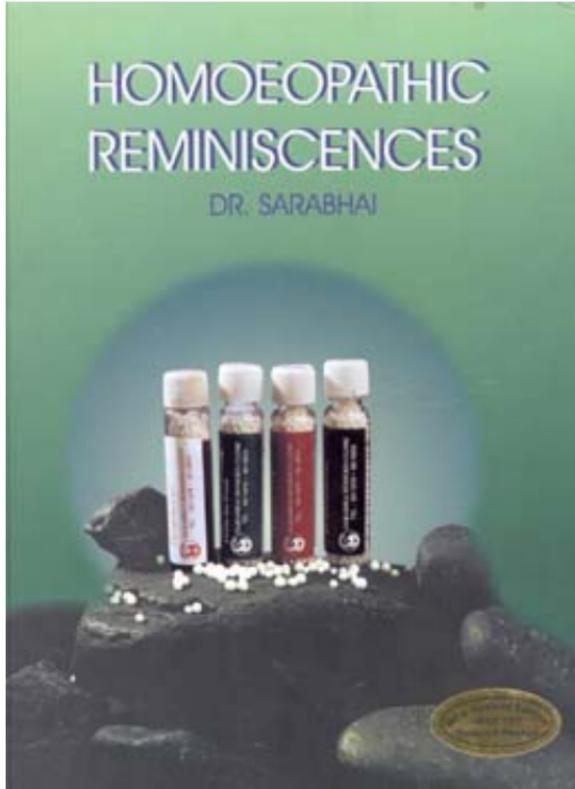
* On 7.11.63 E.C.G. by Dr. L.M. Parihar of Bombay showed:

"On comparison to the Electrocardiogram of 5.7.63, there are no inverted T waves in V₄;

except that, there is no alteration from the electrocardiogram of 5.7.63".

* On 25.6.64 E.C.G. by Dr. L.M. Parihar of Bombay showed:

"On comparison to the electrocardiogram of 7.11.63, there are no inverted T waves in Lead I, AVL, V₄ & V₅ which were present on 7.11.63. The depressed S-T Segments present on 7.11.63 in V₅ V₆ are also absent. Considering the S-T Segment and T wave changes, there is considerable improvement in the function of the myocardium. The persistence of negative T waves in Lead II, III & AVF may be due to the marked clockwise rotation of the heart. Now the abnormalities are the negative T waves in V₆ and bradycardia. It is not necessary to take X-ray plates.



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