

Dr. Ashok Borkar

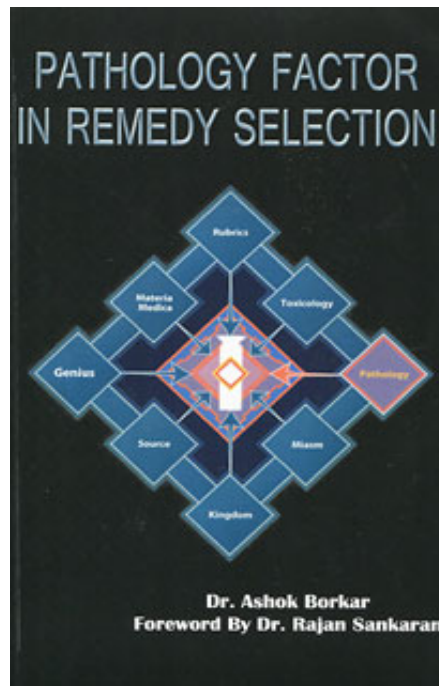
Pathology Factor in Remedy Selection

Reading excerpt

[Pathology Factor in Remedy Selection](#)

of [Dr. Ashok Borkar](#)

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A Case of a 16-Year-Old Girl with Epilepsy

This is an unedited case. The patient was uneducated and lived in a village. She was quite dull when answering questions. There were three attendants in the room and they had done most of the talking in the first part of the history. In a case of epilepsy, the history given by the attendant is very important, as they have seen the convulsions. A proper description of the convulsion is very valuable for a good prescription.

D: Tell me what happens to you.

P: I get convulsions but I don't come to know that I am getting it. Sometimes I can make out and sometimes not.

Attendant: Most of the time she can't make out. D: Tell me what else happens to you. P: When I get convulsions, I get very angry.

What is important here?

The first and spontaneous symptoms given by the patient are always very important. They offer you a totally unprejudiced view of the disease. We have two important symptoms here:

1. She does not know that she is getting it. She is not conscious at that time.
2. There is anger associated with the convulsion.

Attendant: That time she does not want to eat anything. When she vomits, her head becomes lighter. If she vomits she feels better, otherwise she sleeps the whole day.

D: After getting this, she sleeps?

Attendant: After she gets a convulsion she can't do anything, so she sleeps till her head becomes lighter.

D: How does it start?

Attendant: I had seen her when I had gone to Vailankani, Madras, that, before she gets convulsion she can feel it and then she says that she is not feeling well. Then she becomes unconscious and she gets froth in her mouth and she remains unconscious for almost two to three minutes. When she is unconscious we don't touch her, but automatically she gets her senses back. Then she feels drowsy. Then, we make her lie down on the bed.

D: Whatever you have seen, just describe it again.

Attendant: I have seen that she can feel that she will get a convulsion, and then she has froth from her mouth and her whole body becomes stiff. Then she becomes unconscious and it takes two to three minutes to come to her senses. When she becomes conscious, she feels drowsy and then she goes to sleep. After one to two hours of sleep she becomes normal.

D: Tell me, what you have seen?

Attendant: Initially she would get this but at the age of thirteen she got her menses, and on her first and third day of menses, she would get convulsions.

D: When did this problem start?

Attendant: The first attack was when she was nine years old.

D: What happened when she got her first menses?

Attendant: She got menses at the age of thirteen and since then, she started getting convulsions.

D: Before or after menses?

Attendant: After it starts. D:

Means during menses?

Attendant: Last night she got convulsions. When she gets her menses, on the first day of menses she gets it or after two days of menses she gets it, but she has to get it during menses. It doesn't have any fixed time. She gets it anytime. Sometimes she falls in the toilet. Mostly she falls outside but if we see her, we make her lie down on the mat. Sometime she bangs her legs or her head gets injured; sometimes, when she has tea in her hand, even that falls down. She doesn't come to know, and now as she is growing up she is getting it all the more. Now she is on tablets for epilepsy.

D: Whatever you have told is very important; she gets it during her menses and when she gets a convulsion, she becomes unconscious and she falls down and gets froth in her mouth then and sleeps and then vomits.

Attendant: Sometimes she gets froth or sometimes there is dribbling of a lot of saliva from the mouth. Sometimes she gets vomiting and she feels better and her head becomes lighter.

D: She gets saliva in the mouth during the convulsions?

Attendant: Yes, a lot. Sometimes she gets convulsions only for few minutes without froth in the mouth. When she gets a convulsion in the hand, whatever is there in her hand falls down and breaks.

D: What else have you observed in her? Tell me everything.

Attendant: When she is supposed to get it she tells me that something is happening to her. So I make her lie on the mattress. Then she either bangs her head or her leg. Sometimes it starts from her mouth or sometimes from the eyes.

D: How does it start first, in which part? You said that it starts in eyes?

Attendant: She widens her eyes, she stares so seriously that we feel afraid as if she is going to hit us. She frightens us. She gets it in different ways. She makes her fist stiff. Sometimes she gets it in her legs; sometimes in her hands; sometimes she becomes stiff. She does not get convulsions in the same manner.

D: Every time she does not get it in the same manner? What happens to her hands?

Attendant: Whatever she has in her hand, it falls down. When I saw her her that time, she made her hands stiff. When we had gone to Madras that time she had told me that something is happening to me. So we made her lie down on the bed and she banged on the bed.

D: Does she always tell that something is happening to her?

Attendant: Sometimes she tells, but most of the time she doesn't tell. Suddenly, she falls. She falls in the toilet also, she cannot make out; she falls even outside or on the road when she goes anywhere.

D: Tell me more about what happens to her?

Attendant: When she eats grapes, she gets convulsions. Also, if she eats anything cold. If she eats an apple nothing happens, but if she eats grapes or anything with which she gets cold, then she gets it. If she takes a head bath and if her hair remains wet then she gets convulsions.

D: Head bath? What else?

Attendant: When she washes clothes.

D: After eating grapes and taking a head bath and what else?

Attendant: When she gets her menses she is not aware of where she is falling.

D: And what else happens to her?

Attendant: She gets angry easily. She stares as if in anger, with eyes wide open. She doesn't do any work.

D: Gets angry means, what does she do?

Attendant: She shouts at us, does not listen to us. If she washes clothes for few days, then immediately she gets it. If she washes her head, she gets cold.

D: Tell me about getting angry, doesn't listen, and doesn't do any work.

Attendant: She is stubborn. She doesn't study. She left school because she couldn't study. She left school in the sixth standard. Because of this condition, we have kept her at home, we don't send her to school. I can't go every time to bring her. She falls down even on the road; there is no fixed time. When she would get convulsions in school, then the teachers would call us to take her back.

D: Now she does not go to school?

Attendant: She can't study at all, she can't read 'the', 'is'. She forgets everything. She does not have interest in studies; she gets bored.

D: Doesn't have interest in anything?

Attendant: She does not like to do anything. She only watches television. She is crazy about watching television.

D: What do you watch on the television?

Attendant: She watches all the programs. Doctor, how does she get frequent convulsions? Almost every fifteen days she gets it. She does not like to talk much.

D: Tell me more about her 'anger, stubbornness, does not like to do any work, only likes to watch television'. Tell me everything you want to tell, any complaints, any other thing...

Attendant: Now we have scolded her. So she is very tensed.

D: What had happened? Tell me properly.

P: When somebody scolds me I feel like that.

End of case.

Case analysis:

There are two parts to this case.

1. The history given by the relatives, which helps us to understand some important peculiarities of the convulsion (which the patient is not able to observe).
2. The patient's diseased individual perception of every situation.

We have to use both parts properly to select the right remedy.

What is the main issue coming up in her history? What do we understand about her sensitivity?

She is sensitive to being hit and to being injured. This is her main sensation, which is seen in every situation. It is seen in her fears, in her anger, and in her dreams, and this is also what she fears just before the convulsion (the chief complaint).

If the same sensation is coming up in every area in a case, this indicates a remedy from the plant kingdom. For this patient, the deepest and main issue is only one, and that is her sensitivity to being injured.

Her Sensation is her sensitivity to being injured and/or beaten, and her active reaction is to hit others. This indicates the plant family, Compositae.

The Compositae family has more than 40 remedies in our materia medica. Skillful use of the repertory will simplify the selection of the remedy. Knowledge of the sphere of action of the remedies within this family will help us to pinpoint the exact remedy.

Furthermore, the modalities and the peculiarities of the convulsion should always be given high importance.

The following rubrics were taken for this case (*Complete repertory*):

- Generalities; convulsions, fright after
- Generalities; convulsions, anger after
- Mind; unconsciousness, convulsion during
- Eyes; staring
- Vision, diplopia

The remedy that came up with this repertorization was *Artemisia vulgaris*, which belongs to the *Compositae* family. This remedy is not mentioned in Sankaran's *Schema*. We must be aware that if you limit yourself to the remedies given in the *Schema*, you might miss the curative remedy.

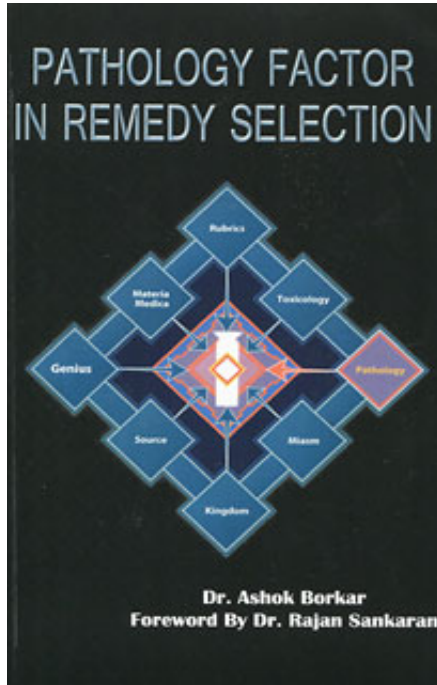
Artemisia vulgaris 1M was given to this patient.

Artemisia vulgaris is a well-known remedy for epilepsy.

Murphy's *Materia Medica* (which is a combination of Clarke's, Phatak's and Boericke's *materia medicas*) states: "*Artemisia vulgaris* is indicated where the patient is excitable and irritable before the attack of epilepsy. Epilepsy after fright or grief, after a blow on the head, with menstrual disturbances, with teething. Irregular or deficient menstruation with epileptic convulsions."

Follow-up:

The result for this patient was amazing. She stopped getting convulsions, and when her follow-up was video-recorded after about eight months, we saw that she was able to speak quite well and coherently. The dullness was no longer there. She was doing all the work in the house and was no longer hooked to the television. Her menses became regular. She stopped getting angry and her parents said that she did not shout at them anymore. She had one more convulsion after one year (when she was under emotional stress). The remedy was repeated at that time. It has been more than two years now and she has had no further convulsions.



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