

Geriatric Case of Myasthenia Gravis: From Deathbed to Dancing

By Sujata Owens, BSc, DHMS, CCH, RSHom(NA)

This is the story of Peter, a 78-year-old man, who had been in and out of hospitals and sometimes weekly emergency room visits for a year when I started seeing him. He was on many medications and continuing to decline in spite of the care he was getting. Before I saw him, Peter had been diagnosed with myasthenia gravis (an immune disorder causing muscle weakness and fatigue) and was being treated for it.

I got a call from Jane, Peter's daughter, who has been my client for years. Jane had been diagnosed with fibromyalgia ten years before. She had seen a great improvement in her health. So, when her father was trying to recover from repeated hospitalizations, emergency room visits, tons of medications and nearly died, she convinced him to see me.

This is the history I collected from Jane. It has been edited for clarity.

"Peter had prostate surgery when he was 55 years old. He had a sling put in due to incontinence. He had melanoma, but it was removed successfully. Peter experienced incontinence in April, so he went to the urologist, who put him on tolterodine to treat an overactive bladder. The neurologist Peter saw told him that adding that drug exacerbated myasthenia gravis. Peter was having blurred vision and a droopy right eye lid at this time. His vision was not a problem. Peter had taken statins for over 10 years. Peter was able to do a trip to Colorado for two weeks at the end of June 2015.

"On July 4, 2015, Peter stated having a hard time articulating. He thought he must be tired from the trip. On July 7, he played 18 holes of golf. Peter was quite active in his retirement. He did a lot of volunteer work at the Senior Center, played golf and played water volleyball weekly. On July 9, he started slurring his speech. He was taken to the hospital. I decided to take him to the Southdale Hospital which has a neurology department and because he was treated there for his prostate cancer and heart issues. At the hospital he was diagnosed with transient ischemic attack, a mini stroke. He was released the next day, even though he showed signs of being unable to swallow. He was asked to eat only soft foods.

Over the weekend the swallowing got worse and that is when he was diagnosed with myasthenia gravis (MG). Again, a trip to the emergency room due to his inability to swallow. They administered a bad intravenous injection. It hung loose.

HE WAS FALLING ASLEEP DURING THE CONSULTATION.

I FOUND THAT WAS CHARACTERISTIC AS HE WAS ON HIGH DOSES OF PREDNISONE, WHICH IS KNOWN TO MAKE PEOPLE HYPERACTIVE AND ALERT

"Tolterodine was stopped after the diagnosis and Peter started treatment with IVIG [Intravenous immunoglobulin is a plasma product used in the treatment of certain conditions related to the immune system. This treatment is approved for use in people with immune deficiencies, autoimmune diseases, some inflammations and infections]. He started to improve and was able to eat again, but then he had a blood clot at the point of the IV. So, the doctor started him on blood thinners for the blood clot. His doctor wanted to wait before trying plasmapheresis [plasma exchange to purify blood], to see how far the three IVIG treatments would take him. Peter's MG did not start in his arms and legs, like most myasthenia gravis patients. It hit his mouth, palate and respiratory function first, which had led to the misdiagnosis. He was put on Mestinon [pyridostigmine, used to improve muscle strength in patients with myasthenia gravis]. Peter was placed on a feeding tube through the nose, and then in the stomach, as he was having phlegm from the Mestinon and the nasal feeding tube was exasperating the drainage.

"When they placed the feeding tube, they must have nicked a vein, so Peter started to bleed in his abdomen. They

had to stop all treatments for about a week. He continued to decline. They started plasmapheresis but it really wasn't stopping the decline. It was decided to put Peter on prednisone, 10 mg, so as not to make him decline any more. Still he continued to decline. Two days later, he was given even higher doses of prednisone, and had to go through a procedure of tracheostomy and was intubated. He was upset. Peter had an 'event' during the procedure and nearly did not recover from surgery. The event was not defined clearly. Peter almost died. Peter remained in the ICU for three weeks and was unconscious most of the time. He was weaned off the automatic respiration system at that time and eventually was able to breathe with a trach tube with assistance 24/7. So, Peter was taken out of the ICU and to another hospital. There was no improvement in his condition, he continued to decline."

I was contacted at this time and was asked if I would treat Peter. I asked them to call me after he was stable enough and at home. So the family called their homeopath friend Kathy. Kathy encouraged them to start proper homeopathic treatment with me as soon as he was home and decided to help him because of the dire situation he was in. At this point Peter was unable to hear, write or see anything, he would not open his eyes, he was unconscious and at his lowest. Kathy prescribed *Gelsemium* 30c. He was instructed to take a water dose of *Gelsemium* 30c: two drops every 15 minutes under his tongue for four doses. Although Peter was unable to move his tongue and mouth and had nurses in the room continuously, his family figured out how to administer the doses without being noticed. The next day Peter opened his eyes for the first time. The remedy was continued for one week and then weekly following plasmapheresis. Peter's prednisone dose at this time was lowered to 10 mg. He continued to show slow improvement until November 1 but stayed in hospital.

On November 4, Peter became quite weak and his diaphragm, palate, mouth and tongue symptoms started getting worse. He was back to slurring his speech and his eyes were weak. His eye started to droop again. He was unable to stick out his tongue or puff out his cheeks in spite of five plasmapheresis treatments. Kathy asked the family to switch to *Gelsemium* 200c. They did a blood test and decided the treatment was not doing any good. They increased the prednisone to 70 mg. Peter was released home on November 17.

Family friend Kathy came down at Thanksgiving and started Peter on *Gelsemium* 1M on December 4. Within two doses, given as half a teaspoon each time back to back in wa-

ter, he started swallowing. He had been unable to swallow for months before that. Peter was self-sufficient and was feeding himself through the feeding tube. He was physically improving daily. He was getting around.

Peter continued to get plasmapheresis on December 11, 14, 15, 18 and 21, 2015. He greatly improved with these treatments and *Gelsemium* 1M. He was able to enjoy some broth and a taste of wine for Christmas Eve dinner. Doctor M was impressed with the overall improvements in Peter's condition compared to November, which were attributed to *Gelsemium*.

On January 1, 2016 Peter started to get weaker again. He was given *Gelsemium* 1M until January 3. Despite this, the decline continued. His speech got more slurred. He started getting a lot of postnasal drip and phlegm. So, Peter

went through another set of plasmapheresis starting January 11, 13, 15, 18 and 20, 2016. There was no dramatic improvement as with the December treatments, but his speech improved after the first treatment. He continued to struggle with the cough and phlegm, especially at night. Peter had to use a cough assist machine and a suction tube.

Cough suppressants were helping somewhat. He was able to swallow small amounts of water and suck on a popsicle. Peter's hands shook in the morning and got better as the day went on.

On January 21, despite five treatments of plasmapheresis, he still had a lot of congestion and phlegm. Peter's wife, Connie, did not think he made as much progress with the last round of treatment. He remained on a cough assist machine, which he had to use at night. Peter was short of breath in the morning; Jane thought he sounded like Darth Vader.

On January 24, Peter was again getting short of breath when he went up the stairs. He needed help. He did not have the physical strength to make it up, and his respiration seemed to be weakening.

On January 25, he continued to have more respiratory issues. He complained about being out of breath; his oxygen level was 72. He was taken to the emergency room. No one knew what was wrong, but they thought it was pneumonia.

On January 27, I visited Peter at his house. I saw Peter sitting in the living room in a recliner with tubes coming out of his nose and mouth. I heard mucus rattling in his chest. A nurse was standing nearby. His wife, Connie said, "It has been

I WAS LOOKING FOR A
REMEDY THAT COULD HELP
BRING INFLAMMATION
DOWN, AND THAT ALSO HAS
A STRONG ACTION ON THE
CIRCULATORY SYSTEM

a tough morning. His blood pressure is too high. His oxygen is still low. It is 90.” She handed me a piece of paper with a list of the medications Peter was taking.

Mycophenate twice a day
Clonidine one to three times per day
Clonazepam three times per day
Pyridostigmine three times per day
Metoprolol twice a day
Amlodipine twice a day
Citalopram once a day
Mirtazapine one at bedtime
Bactrim: M, W, F. Once
Prednisone: seven pills in the morning
Cough syrup
Tums/Prilosec for touchy stomach (at hospital)
Lipitor
Ranitidine for stomach

This is where the case-taking with Peter and Connie began. Connie spoke for Peter: “He can’t speak much. He can’t swallow. He has blurred vision. His right eye has a thin film. He was given over-the-counter drops that seemed to help. Slurring words began first of July. On fourth of July, he was not himself. He tried to eat cereal. He could not. It clung to his throat. He could only do broth soup, with no chunks in it. He could not open his eyes. His hearing, eyes and swallowing were all affected. He has made very little recovery.”

I ask Peter what he needs help with most. Peter answered. “I want to get back to chewing something. I love food. It is not improving. The doctor says it will take a little time for this to go away. I feel weak. I felt good with physical therapy. Yesterday I fell backwards. They started an oxygen tube.”

His wife takes over, “Blood clot he had in him, he kept having pain. When they would touch his stomach he had pain, right behind the gastric tube. He is black and blue from bruising from his chest to pelvis. He was bleeding inside his abdomen. They started heparin. He coded. Southdale Hospital keeps a ventilator in the ICU [Intensive care unit]. He had to be admitted to the ICU for three days. But he could only stay in the ICU for so long. They started him on propranolol. He is allergic to morphine.”

I asked Peter how bad the pain was on the scale of 1 to 10, 10 being the worst? He says about 5. His stomach aches like there is too much gas down there.

I ask him about his bowels. He says he needed help with constipation a couple of times but otherwise good, normal. He added that he has had bed sores on his tailbone since August 20. When Connie was cleaning it, he thought that tailbone area felt heavy.

Connie adds, “They did not have a wheelchair to fit him. Whoever found the sore did not put it down on the chart. On the third day someone put it on the chart, I was furious. It was stage two or three by then. You can sue them for that. Then they got a wheelchair that fit him, and they also gave him an air mattress. When he went to the ICU to have that blood clot removed, it had an awful smell. I was born and raised on a farm, so I know bad smells. It was awful even five or six days after they took out the clot.”

I say, “It must have gotten infected?”

She says, “Yeah. I think so. But then his blood pressure stayed good. Blood pressure was around 165/95. They forgot to give him a pill that they had taken him off. His hemoglobin was at 6.7. His breathing was bad. He tired more easily. But there was no fever. They did a blood transfusion at Southdale. We spent our anniversary in the Southdale ICU. Through all this he has been cheerful and easygoing. The nurses always commented on how nice he was. Mestinon that they put him on made a lot of mucus. They thought it was a cure for myasthenia. September 20, 2015 his white blood count was 2600. His hemoglobin was 9.2. No fever. Transfusions continued. He was in good spirit but a lot of mucus. They said that they did not know what was causing that much mucus. He was in hospital and just came home. Pulmonary infection is the diagnosis. They gave him IV antibiotics. They have a whole list of things that he is not supposed to take with myasthenia. I do not think the doctor really cared. They never explained to me how to give him doxycycline. He is on iron twice a day. He gave it without considering all the rest. Doctor M found the prostate cancer before it spread. Doctor M would see him for an hour. But they fired Doctor M because he spends too much time with patients. So now we do not have a doctor. Doctor H took him on. She spends 30 minutes with him even though she is supposed to see Peter for only ten minutes. I am disappointed with how they are treating him.

FERRUM PHOS IS KNOWN FOR PULMONARY INFECTIONS WITH OR WITHOUT STRONG FEVERS

“We both have been disappointed. From here on he went to Abbott. All these places we have been to have been disappointing. The two neurologists we saw started to fight and the woman neurologist who we liked, we never saw her again. Then from Abbott to Bethesda, but there was no neurologist treating him. The doctor at Bethesda was good and intelligent. She got him back on plasmapheresis. That got him going but rehabilitation was awful. He could not get up by himself. He was bedridden. The therapist came but they could not get him in the wheelchair. Fifteen minutes and he would be

done. They were too busy and short staffed. Someone plugged in the feeding tube. From there we went to St Joseph.”

As Connie is giving this history, I observe Peter is falling asleep in the chair.

She continues, “For days, there was no progress. That is when my daughter started giving him *Gelsemium*. After the remedy, he opened his eyes. He could write on the white board. His writing was so poor before. He could say yes or no. And he got better as time went on. His feet were getting red, similar to his skin where he had the bed sore. He still has some edema now. Blood pressure pill he had quit but we put him back on it again. They started him on a cancer chemo drug on October 5. He did not sleep well there. But he liked the doctor he had there. His heart rate was slower on the ventilator but he could not sleep. He had no congestion there.

“On October 10, everything was good except his chest. More plasmapheresis. This mucus is caused by Mestinon and not from a cold. October 10, he walked for the first time. He was put on oxygen too. He was so weak. They shut the ventilator down. He started doing some exercises. His voice started coming back. He was able to speak. He could bike. His arms were affected and he could not write. His legs were never affected.”

Connie adds, “He has been doing occupational therapy since he has been home. He can lift two to three pounds. On 28th October, we moved to Abbott Hospital for more intensive therapy. He was in the Courage Center and not the hospital. They did not have doctors assigned to him. When he went from Bethesda to the Courage Center, they did not tell him anything. So these poor doctors had to start over. I feel sorry for the doctor. She has to put up with it.”

I ask him to tell me more about this weakness.

He says, “I am much weaker in general. I used to be active and involved in the community, church kind of person. I love playing golf. My eyes, eyesight, respiratory muscles all have been weak. I have weakness in my knees. It was like working with putty. I wish I would have died on the table. But I got a chance to stick around for a while.”

Connie continues, “Yesterday was a nightmare at Northfield Hospital. They sent him home with oxygen. They were going to keep him one more day. We were not expecting to come home with oxygen. He had trouble getting in the house. He is too weak. He has walked a couple times with aid.”

Peter has his eyes closed as if sleeping.

“He got to come home on November 17. They were not too sure he should. I would rather sit with him here. He was

fine until last week. He felt he had a cold. We went to see Doctor H. She prescribed him something which he took and in three weeks he is back in the hospital. The neurologist at Abbott said you should try this lady at the Park Nicolette Hospital who is good at treating myasthenia gravis. I do not drive. So my daughter took him. She took him off Mestinon. She said, ‘It only helps symptoms and does not do anything to cure it.’

“Since November 17, he has had two sets of plasmapheresis. I could see the difference every time with the third, fourth, fifth plasmapheresis during the first round. But the second round of plasmapheresis, he had this infection, respiratory or pulmonary infection. He does not want the fan on. He feels chilled easily. He can only have some warm water or a can of broth soup through the feeding tube. He says warmth feels good, as it is not a shock to the system. He likes the sponge baths. He likes them nice and warm. Our heat is turned up pretty high to 73 degrees F.”

I ask Peter, “Is the mucus dripping down?” Peter answers, “Yes, a glob drops down and I have to cough it out. It is green colored.”

Connie adds, “I nebulize him. He is coughing. It is really bad in the night. He has popsicles but the cold of the popsicles makes him cough. When they did a swallow test two weeks ago, he could not swallow.”

(Peter starts having a coughing fit.)

“They say the last thing to come back is this ability to eat. He was good the first two weeks, soup and yogurt. Next day he crashed overnight. IVIG got him to that point but they could not give it to him anymore.”

(I observe with coughing he gets red in face. He is bringing up mucus, lots of loose mucus. He is making a sound to bring it up. I hear gurgling.)

Connie continues, “They will start lowering the prednisone next week. Yesterday they gave him steroids and a catheter for plasmapheresis. The nurse could not get blood from one side. A couple of nurses have been terrific luckily.”

(Peter asks to be excused to go to bathroom. He has a walker.)

In the case record that was filled out for Peter and from Jane’s history, I knew that Peter had lost his son and his granddaughter in a car accident suddenly. He wrote that was the biggest grief he had ever encountered. He had gotten suicidal and even thought of ending his life by running a car in a closed garage. I decide to ask him about this when he returns.

IN MY REPERTORIZATION,
I TRIED TO KEEP THE
BALANCE OF SYMPTOMS THAT
REPRESENT THE DISEASE
IN PETER ALONG WITH KEY
GENERAL SYMPTOMS AND
CHARACTERISTIC SYMPTOMS
THAT REPRESENT HIM

I ask, "Would you mind telling me what happened after your son and granddaughter died in a car accident?"

Connie takes the lead in answering, "He did see a counselor two or three times. Our son was diabetic. He went into a diabetic coma and had an accident. His daughter was in the car at the time. They are buried together near us in a cemetery. Peter goes out there when he can at least once a week or more. I do not feel I need that. But it soothes him."

I also found out that Peter avoided confrontations and was generally in a good mood. I ask, "He gets angry?" Connie answers, "Yes, but rarely. My daughter made him a chart which tells him what he is supposed to do but he expects me to take care of him. He asks me to get the pillow, easier to ask me than do it himself. Good thing we are retired. For sleeping he is raised up, at about 30 degrees. Lots of goop. I have to clean it up. I suctioned it before he went to bed and there was stuff last night and again today morning. He prefers to sleep on his right side."

I ask, "Are you restless?" Peter says, "No. I sleep on my back or on right side and I sleep soundly."

I ask, "The case record said you take sleeping medications?" Connie answers "He has two meds at night. An antidepressant and Lorazepam for mood and anti-anxiety. He was on statins for ten years. That is what caused this. The chemo drug he is on is making him lose his hair. It comes out in big bunches."

As I did not get satisfactory answers about how it was for Peter after his son's and granddaughter's sudden death, I decide to ask again, "How was it after the deaths?" Again Connie answers: "That was 15 years ago so it's hard to remember now. I think he was more disappointed and very depressed. It took two years to get over our son and granddaughter's death."

I ask, "Does he like company or prefers to be alone?" She answers, "He likes both, to be with people and alone"

I ask, "Is he better after crying?" Connie says, "Yes."

Peter says as I am getting ready to leave. "At 79, why did I get this? I have lots of friends. I have received cards and prayers from all over. That cheered me up. My brother was 42 when he died. My dad died at 63. My granddaughter, I miss her. I would drive her to places. I still talk to them. I say to him, 'You should have known better.' He was diabetic you know. What is done is done. I pray for them. I love them."

My assessment:

Even though Mestinon was possibly causing all this mucus, the pulmonary infection had to be treated and the cough had to get better first. That would stop the ongoing emergency room and hospital visits.

Jane's homeopath friend had done a good job prescribing and managing the first prescription of *Gelsemium*, which definitely helped. The plasmapheresis and medications he was taking were managing some of his myasthenia gravis symptoms at the time I saw Peter.

Analysis:

I felt I had to give importance to treating the ongoing infections and help bring the mucus production down. In the last year and a half, he has had series of these acute infections one after another that ended up admitting him to the emergency room. I wanted to reduce and stop the emergency room and hospital visits. Even after ten blood transfusions, he was anemic. I was looking for a remedy that could help bring inflammation down, and that also has a strong action on the circulatory system. There were not a lot of strong characteristic features he could give me. But there were enough symptoms I was observing. He was producing excessive mucus that was loose, rattling and without aspiration would choke him. I noticed the redness of his face during the coughing fit then back to his normal paleness because of low hemoglobin issues. Also, he had internal abdominal bleeding symptoms.

Peter was a jovial guy with lots of friends. We can certainly call him a family-oriented man. His griefs were the sudden deaths of his son, granddaughter, and when he was younger, his brother's death. He was better from crying. He liked to visit the cemetery once a week. It comforted him. He talked with his dead son.

Weakness was his chief complaint (weakness is a main manifestation of myasthenia gravis). The only sensation that came through Connie and Jane was: he was strong before and now he is so weak. He was falling asleep during the consultation. I found that was characteristic as he was on high doses of prednisone, which is known to make people hyperactive and alert. He talked about feeling dull.

He was generally chilly and better from warmth. He desired cold drinks or popsicles which made him cough. He slept on his back since this illness but used to sleep on his right side before. He felt hot when his blood pressure rose.

Remedy: *Ferrum phos* LM1

Instructions: Give ten succussions to the remedy vial given. Put five drops in a half-cup of water. Stir ten times. Take one teaspoon twice a day. After the second dose, throw away what is left in the cup and make new solution each day. Continue the process every day until follow up.

Why the LM potency? Peter's vitality is low, he is on lots of medications and with underlying tubercular (green mucus), and sycotic (too much mucus production, cancer growth) miasms, I decided to do LMs as such a state needs frequent repetitions. In addition, the LM potency causes fewer aggravations and if aggravations happen they can be managed by stopping the remedy for three days and then restarting with fewer drops and succussions.

Repertorial analysis (Radar Opus 2.1.13):

You will see in the repertorial analysis that *Phosphorus* appears in first place and *Ferrum* is sixth. *Ferrum phos* is known for pulmonary infections with or without strong fevers.

I would like to emphasize that in my repertorization, I tried to keep the balance of symptoms that represent the disease in Peter along with key general symptoms and characteristic symptoms that represent him. That is what has given us the totality of the case in this repertorization.

About my analysis:

I decided to combine rubrics as they were represented in two different sections: Difficulty in swallowing appears in both the Mouth and Throat sections, with a smaller number of remedies in each. The combined second rubric you see in the clipboard below has 148 remedies in it. The two rubrics used to create the combined rubric are: Mouth, swallowing, aggravates (48 remedies) and Throat, swallowing, impossible (107 remedies). Instead of representing the rubric myasthenia gravis, which is incomplete as it has only 16 remedies in it, I chose to use the main and characteristic representative symptom of his illness in Peter.

Another characteristic symptom of redness of face was combined to try to get a better representation of remedies. Face, discoloration, red, alternating with, paleness (62 remedies) and face, discoloration, red, cough, during (38 remedies). So the combined third rubric has 81 remedies in it. The symptom of paralysis of lids was taken as that was what was unusual about Peter's representation of myasthenia gravis. So the rubrics clipboard is a combination of my significant observations and the characteristic symptoms of Peter and his illness. The symptom of anemia had to be included, as even though Peter had received multiple plasmapheresis, he was still anemic. I felt compelled to include the weakness with sleepiness because even though myasthenia gravis has weakness as part of the disease representation, Peter (who was on prednisone) was falling asleep at various times during the case-taking. That striking quality made it a characteristic symptom to include in my repertorization. (see chart below)

240 - Sun Sep 8 11:39:18 2019 - 90 - James Stenstrom

Synthesis Treasure Edition 2009V (SCHROYENS F.)

Views: Full repertory

Search remedy:

	phos.	sep.	nat.m.	lyc.	sulph.	merc.	ferr.	iach.	calc.	puls.	ars.	sil.	nat.v.	bell.	phus.t.	nit.ac.	carb.v.	chin.	staph.	allm.	dulc.	kali.c.	nat.c.	spong.	verat.	dig.
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10	3	1	1	2	1	1	1	2	1	1	2	1	2	1	2	1	1	1	1	1	1	1	1	1	1	1
11	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

11 symptom(s) / 331 remedies

Sum of symptoms (sorted degrees)

No limitation

All remedies

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First follow up February 5, 2016

When I saw Peter on January 27, he was on a feeding tube, aspiration tube and respirator. He was producing lots and lots of mucus that they were worried he would choke on so had a suction tube inserted in his throat. He was on oxygen. Today, all the tubes are gone except one. He still has the tracheostomy tube.

He was looking much better. He was sitting in a recliner, smiling at me. He had not needed to be on oxygen. His oxygen levels had returned to normal. He was still making mucus but nothing like before. His doctors were surprised how well he recovered (and so was I).

Peter reported, “The neurologist is reducing prednisone. I still produce mucus but not as much. The color can be still green. There is improvement though. My eyes have been sensitive to light. Can’t see clearly enough. I have to blink all the time. They are worse on bright sunny days but also on cloudy days. My right eye feels gritty.

With the help of his physician, Peter started reducing his prednisone very gradually.

“I used to wake up at 3 a.m., but if I took Tylenol then I would wake up at 5 a.m. I have stopped taking Tylenol. I wake up around 4 a.m. now. A humidifier helps. My blood sugar readings are high. Blood pressure also runs high still. Bone density is not good.”

He said he would like to come in for an office visit next time in two weeks.

Remedy: Continue on *Ferrum phos* LM1 as before.

I added a second remedy: *Euphrasia* 12c. Plussed doses*: one teaspoon once a day for three days or until 70% improvement whichever happens first. Then only as needed if eye symptoms return.

Second follow up February 29, 2016

Peter says, “*Ferrum phos* LM1 was very good for mucus. But I ran out. So I started back on *Gelsemium* that I had on hand. All the mucus and respiratory symptoms came back. I am needing to suction the mucus out again. Also, I have this bed sore on my tail bone that is not healing. Can you give something for that?”

“My eyes are not as bad as last time. I did take a plussed dose a week for two weeks and then stopped. I have been less shaky the last few days. They are still lowering the prednisone. The speech therapist says my voice is getting better. My blood pressure is within normal limits. The doctor took me

HE WAS ABLE TO DANCE AT THE WEDDING AND THAT MADE HIM VERY HAPPY. THE FAMILY WAS SO GRATEFUL THAT HOMEOPATHY HELPED PETER TO BREAK THE CYCLE OF CONTINUOUS ADMISSIONS TO HOSPITAL AND THE EMERGENCY ROOM

off blood pressure meds. I am doing medications to manage blood sugar. My left side feels weak.”

Observation: I saw Peter starting to fall asleep as I was finishing up with remedy management and giving the instructions to Connie.

I still observed the red plethora.

Remedy: *Ferrum phos* LM1. Calendula gel for bed sore and also to apply locally on the skin for the irritation at the tracheostomy tube insertion site.

NOTE: Here it is important to note that *Gelsemium* which helped initially was not the remedy Peter needed at the time of this follow up. Otherwise we would have seen him continue to improve. He had moved into a *Ferrum phos* state and you will see in the next follow up that continued to respond well to *Ferrum phos*.

Third follow up May 18, 2016

Peter reports, “The bed sore is gone and has stayed gone. I let all the nurses go. We are doing showering by ourselves. My sleep has improved. Now I get a good ten hours in the night from ten p.m. to seven a.m. I take naps for one and a half to two hours in the afternoon. This gal at the therapy sessions said I have had a quick recovery. I agree. I want to start walking without a walker but I am afraid. I am retaining fluid but if I walk, I notice the swelling is less. I still cough due to the mucus. I have not needed to do emergency room visits. I am very pleased about that. The easy skin bruising is getting better too.”

Over the next five months, Peter continued to do well with *Ferrum phos* LM1 as his chronic remedy.

I used some acute remedies to address the mucus like *Kali bichromicum* 30c in plussed* doses for a week. It did not seem to make a whole lot of difference. I also used *Echinacea* 30c in plussed* doses to see if that would help with inflammation and infection and to strengthen immunity. It seemed to help somewhat.

The doctors were gradually continuing to reduce the prednisone from 50 mg to 10 mg in October 2016. At the October 2016 follow up, I decided to move him to *Ferrum phos* LM2 as the next reduction in the prednisone was going to be 5 mg.

In November 2016, he wanted to cancel his appointment with me. I told him not to do that, which he agreed to. In November I added *Silicea* 6x as a biochemic salt for his ingrown toenail issues.

February 20, 2017 follow up:

Peter reports, "My skin is getting better. The sores are all gone. The ingrown toenail issue has disappeared. They have me on meds for bone density intravenously for a year. I am skeptical. I have upped my calcium intake. My feet are warmer. My new doctor is accepting of homeopathy. We like him. I got off the metformin they had given me for high blood sugar. It has been two weeks now since I have been off. Now the mucus is runny, watery, it drips. Post-nasal drip if I am on my back. I am off of Lasix now. My diet is salt-free now. They lowered my blood pressure meds. My blood pressure runs high: 150/88. We will see the doctor again at the end of this week. The mucus remedy is helping."

I ask him how his eyes are. He says, "They are hurting but not so much drooping. When I got a headache, the eyes in my socket hurt. I have to use a magnifier to read. Blood sugars are 100 in the morning. That is not bad. I am not taking any medications. I have to wear a pad for urine issues. Since they put the catheter, it feels like a wide-open tube. Next Sunday, I am turning 80."

Connie reports, "His hair is growing again. His color is back."

Overall, Peter looked quite good and was maintaining his health satisfactorily.

Because of Peter's bladder issue and continued mucus production, I decided to go to the next LM potency: *Ferrum phos* LM3.

Peter's last appointment with me was June 2, 2017. At that time, he was excited, looking forward to and getting ready for his granddaughter's wedding and staying at 5 mg of prednisone and *Ferrum phos* LM3. He told me he will contact me if he feels he needs more remedy and come in for an office visit. As of the time of writing, he has not called me.

I saw Peter from January 2016 to June 2017. He made great progress during this time. Would I have liked to continue the homeopathic treatment? Absolutely. I thought he would set up an appointment on finishing the LM3. He did not. I have concluded that he continued to do fine without the remedy.

Recently, I heard from his daughter that there is a natural decline in Peter due to his age but he continues to do well. He was able to dance at the wedding and that made him very happy. The family was so grateful that homeopathy helped Peter to break the cycle of continuous admissions to hospital and the emergency room.

This family has opted to include homeopathy in their health care needs. I started working with Jane, then with her children, then her dad, Peter, and then her grandchildren, treating four generations. I have to admit that working with families like Jane's is a rewarding experience.

Sujata Owens, the first Indian Homeopathic Doctor to establish a practice in the USA, is a graduate of the DSH Medical College (1981), Pune, India. She is a co-founder and past-president of the Minnesota Homeopathic Association and is an adjunct lecturer at the Northwestern Academy of Homeopathy. She has been presenting and publishing her cases nationally and internationally on various topics ranging from autism, multiple sclerosis, thyroid imbalance, hormonal imbalance and asthma to name a few. Sujata's case of glomerular nephropathy was included in the silver issue of "The American Homeopath" in 2019. Sujata maintains a vibrant homeopathic practice in her hometown of Northfield, MN and can be reached at vitalforceconsulting4@gmail.com. Her website is www.vitalforceconsulting.com.

* Plussing: I ask clients to put a dose of their remedy in half cup of water. After pellets dissolve, I have them stir four times and take one teaspoon as prescribed. Once there is 60% improvement, they can stop.