

# Jonathan Shore

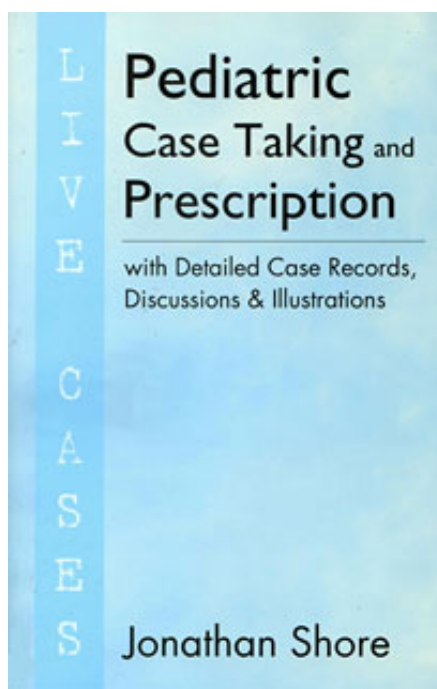
## Pediatric Case Taking and Prescription - Live Cases

Reading excerpt

[Pediatric Case Taking and Prescription - Live Cases](#)

of [Jonathan Shore](#)

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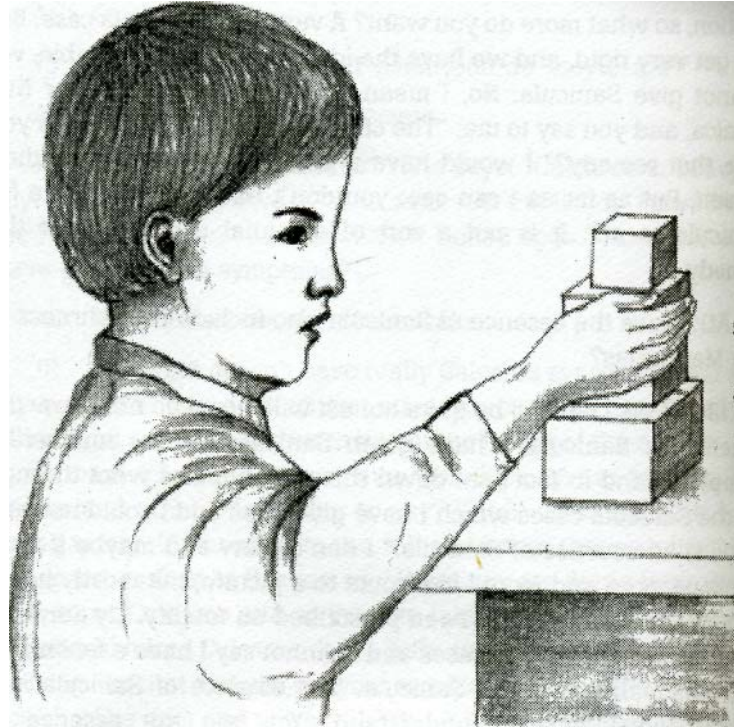
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**PICTURE 17 SANICULA**

A withdrawn and a little dull child.

**PAPER CASE 23**

**Jesse P.**

Sulphur 1 M on 12/2.

Worked immediately, but then relapses after three weeks.

Slugging kids (3).

Rough (2).

Out of balance (2).

Throws things (2).

Bad eczema on foot (2), peeling.

Obstinate (3), refuses to do what he doesn't want to do (3).

Really hot (2).

Sweats a lot (2).

Head perspiration in sleep (2).

Throws off covers.

Jealous of brother (3).

Fear of dogs (2).

Irritable (2).

Very competitive (2).

Remedy Hyoscyamus 200 C.

**17/3/87**

Hyoscyamus acted; 80 % more in balance.

**20/8/87**

Fungus on foot (1).

Hives all over his body (1) past three weeks.

Left foot scaly eruption big toe on sole, and fourth toe around nail.

History of eczema on face at eighteen months old, not severe.

Although general emotional state is still improved, things are not right.

Impulsive (1).

Strikes out (1).

Fear of dogs (2).

Dark (2).

Eats a lot.

Desires bacon (2).

Perspires on head in sleep (2) has an odour.

Remedy. **25/8/87**

Phone: skin eruption bad, large blisters on ball of foot.

**27/8/87**

Eczema much aggravated (3), spreading up leg and arms, large vesicles.

Impression: severe reaction to remedy. Antidote with camphor.

Despite the antidote his mood stayed good for a while, he then relapsed and has needed another two doses of the remedy. He has done very well.

## EVALUATION

JS: Now this was a case interesting for me. I didn't do the prescribing on this case, I didn't give Sulphur, I didn't give Hyoscyamus, this was a case of someone at the Hahnemann clinic and they were away and the child came to me because of the hives. And I said: "Look, I don't want to give your child a remedy."

this is a deep case, and the kid has hives ... I mean, what the hell." So the mother said she hasn't really been satisfied with what the other remedies have done. And she doesn't feel it will be such a bad thing to disrupt this case, she wants me to treat this child, because she is not really satisfied. So I gave a remedy and all hell broke loose. It was very interesting, but let's do the case first. So the case here is 20/8/87, this is the case that I have. And the remedy is obvious, well maybe it is not absolutely obvious, but who would like to give a little discussion about the case?

AD: ...

JS: She said that I said that I gave a remedy because the mother wasn't satisfied with what had been done before. And that is no good reason to give a remedy. I agree and maybe I didn't make it clear. This is not my case, this is someone else's patient who has arrived in front of me, like that. And I have just half an hour to take the case, she says: "The kid has hives." And I look back and I see the child has had Hyoscyamus and this remedy and that remedy, then I know it is a deep case. And I don't really want to interfere with someone else's case, so I ask especially the mother, I said: "I don't want to give a remedy." She says: "No, I am not satisfied with how it has been before." and I tell this because you see it says eighty per cent more in balance, but actually it didn't last very long. And in this case, he is still impulsive and striking and I give you the cases before so you can see the idea of this child. So someone would like to make a comment on the case, an analysis?

AD: Well, I wondered but now you say it, you are coming to the temptation of giving Hyoscyamus again, but the eighty per cent is not enough, it is very close.

JS: And also, and I apologize, I should have actually had the information there, she comes five months later. And she says: "Actually ..." She has other children treated homoeopathically and she says: "My other children: much better." And I feel based on this experience, it wasn't the remedy, the remedies haven't really touched this child, like they touched the other ones.

AD: That is important to know, to determine, because then you can take all information and not just the information on 20/8/87.

JS: Very good. He says: "It is important to understand that, because then you go back to the original case as well and you don't just take the immediate information."

AD: Do you want to know what kind of remedy I thought about?

JS: Yes, how did you think and where did your thoughts lead you.

AD: There are two remedies I thought of, that is Sanicula and Tuberculinum, and I decided for Sanicula because of the fear of dark, the perspiration and the uncovering of the feet, and the desire for bacon.

JS: So he says there are two remedies he thought of, Tuberculinum and Sanicula and he went with Sanicula because of the fear of dark, the perspiration, the uncovering the feet and the bacon. Yes, very good, does someone have a comment on that?

JS: Any other comment? Anyone disagrees?

AD: Nux vomica.

JS: You disagree, very good.

AD: I disagree, I think of Stramonium because the Hyoscyamus was very close and Stramonium follows Hyoscyamus well.

JS: He says he thinks of Stramonium because Hyoscyamus was very close and Stramonium follows well.

AD: He has the fear of dogs, fear of dark, the jealousy is there as well and the eruptions on the feet.

JS: Repeating: and Stramonium has eruptions on the feet. Right, but wrong. And I will show you later why this is not Stramonium.

AD: I had also Stramonium.

AD: Tuberculinum.

JS: Yes, Stramonium or Tuberculinum. It is very interesting, but when you see a Stramonium case you will see the difference between this case and a Stramonium case.

JS: So SANICULA is the remedy for just the reasons which were given. And so I gave Sanicula and tremendous... Unfortunately I myself didn't see this, because the child was not my patient, the other practitioner came back after a few days and so all the relationship was done with him. The child developed the eczema, vesicles started on the hands and the feet and spread up; the rash was almost covering the whole body. And the parents were going crazy, they said: "We can't... It is impossible!" And they gave the child coffee, they bathed him in camphor, they smeared cortisone over the whole body.

AD: But how was the child in general?

JS: Better. His emotional state had improved, and this rash came out. But it didn't just come out, it just exploded. After all the camphor and whatever they did, finally the rash subsided. And I believe the rash seemed to subside as a result of all the measures which were applied to him. But his emotional state stayed quite good for a while, three months, four months, something like that and then he relapsed and he got more Sanicula, you see because they came ... And I forget, I think I had one more time for something to do with this child, but I believe even before that time the child got more Sanicula, because they said: "It was very bad the eruption, but his emotional state was so much better, that now that it is relapsed, we want to try the remedy again." And they tried again, and again he had some skin eruption, but it wasn't so bad. And then I think he needed another dose, this is 1987 so some years have gone by, but it is best to understand that the Sanicula acted very, very deeply and she got her wish. You have to be very careful what you wish for. She said to me: "In my other children I knew the remedy acted, it was dramatic." So she got her wish. So here this Sanicula child is really quite irritable.

AD: Which potency did you give?

JS: Probably a C 200. Quite irritable. In this case here, impulsive, striking out, it doesn't come through quite strong enough, I mean he was at school, he was pushing and hitting the

other children and he was a big trouble. Very jealous of his brother you see, it says there: he would be fighting a lot with his brother. It was actually a rather difficult situation and I believe, probably the situation was even more difficult than was appreciated, why? Why do I say that his mental state was more severe than it comes out in the case? It is an easy question!

AD: Because he had such a tremendous aggravation.

JS: Yes, because he had such a tremendous aggravation. And the other thing about the aggravation that is interesting of course, is because it came from Sanicula and this is a very large, bulbous vesicular eruption, maybe Sanicula has this, but it was very severe coming out on the skin. And when it comes out so severe on the skin there has to be some reason inside, that it is coming out so severe.

## PAPER CASE 22

**Henry O. age 4 years  
10/9/89**

(Pale, blue circles under eyes.)

Recurrent infections.

Castro at age thirty months.

Frequent sore throats.

Behaviour problems.

Irritable (2), shy (1), demanding (2), clinging (1). Overly dependant.

Mother feels he has food allergies.

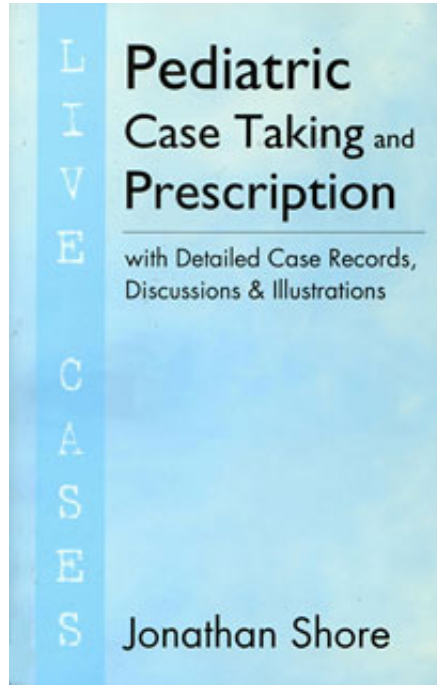
Cough (1), nasal obstruction (1) with yellow discharge.

Terrified of loud noises (2).

Desires butter (2), milk (2), prefers liquid to solid foods (2), salt (1).

Picky eater.





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with Detailed Case Records, Discussions and Illustrations

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