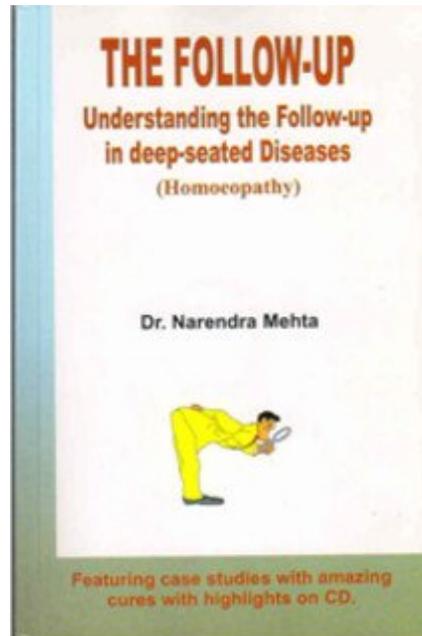


# Narendra Mehta The Follow-up

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# **THE FOLLOW-UP**

**Understanding the Follow-up  
in deep-seated Diseases  
(Homoeopathy)**

**Dr. Narendra Mehta**



**Featuring case studies with amazing  
cures with highlights on CD.**

## ONTENTS

Particulars	Page Nos.
<b>Part- 1</b>	
1.The Significance of Follow-up	1
2. The Next Step after Prescribing	7
3. The Right Approach to Treatment	9
4. Knowledge of Disease and Medicine	17
5. Body Reactions to the Medicine	29
6. Relationship of Remedies	39
7. The Significance of Observing Changes	41
<b>Part-2</b>	
1. Case of Wilm’s Tumour	43
2. Case of Coma with CVA	51
3. Case of Stupor and Head Injury	65
4. Case of Rheumatic Joint pain	73
5. Case of Brainstem Astrocytoma Grade 3	83
6. Case of Haemangioblastoma	93
7. Case of Encephalomalacia	105
8. Case of Psoriasis	115
9. Case of Haemorrhagic Brainstem Glioma	123
10. Case of Right Cerebellar Astrocytoma	129
11. Case of Granuloma-Perilesion Oedema	135
12. Case of Post-traumatic Convulsions	143
13. Case of Coma with Haematoma	151
14. Case of Age Related Macular Degeneration	159
15. Case of Behavioural Disorder (Run Away Mania)	169
16. Case of Tuberculosis	177

## **Chapter-1**

# **The Significance of Follow-up**

### **Why I decided to write on follow up?**

We have seen many cases in seminars and read in books and magazines of cases that have shown good results and success. Every one will be happy for all those results if they have followed Hering's law of cure and also the miasm. But many times, they show only the prescription and declare that the patient has been cured. Any one will wonder, "Is this ok?" Is only removal of symptoms from the patient considered to be the cure?

Many times in seminars, they have shown on the video, that the symptoms have disappeared. However, it is difficult to digest and satisfied with the patient's overall looks as well as his behaviour. Despite the patient narrating that he is happy, his problems have disappeared, and that he is not in pain, simultaneously, he looks weak, or has a dull or sad face or at times, looks older than his age. Many times, they declare the patient is cured but after some time he comes out with a new grave disease, manifesting for the first time. This is not as per Aphorism 2 which states that, "The highest ideal of cure is rapid, gentle and permanent restoration of the health, or removal and annihilation of the disease in

its whole extent, in the shortest, most reliable, and most harmless way, on easily comprehensible principles"- *Organon Of Medicine* by Dr. Samuel Hahnemann.

During my early days of practice, I used to prescribe and sit apprehensively with closed hands, waiting for the disease to disappear. Some times, it used to disappear but many times there were no changes. I used to think, "What is lacking here? Where is the fault?" The answer to the above questions is that we do not know *follow-up*. This realisation spurred me to take up the task of devoting this book to the importance of follow up in homoeopathic treatment.

### **Why is follow-up more important than mere prescription?**

It is very easy to prescribe a medicine with confidence. The first prescription is very easy. But we do not know the next step. I confess, in my early practice, I used to give the medicine, and wait for the result, but I was unaware of the right process for necessitating a definite cure. What happens after the administration of a remedy in homoeopathic cure? This is one of the most absorbing and complicated aspects of homoeopathic practice. The early and minute changes in signs and symptoms are vital clues to be traced after a remedy is given. A physician should be keen in observation and mentally agile.

This will help him to interpret these changes, as it represents the internal changes in the body and also arrive at certain conclusions that will assist him in the successful outcome of the case.

In essence, this means he must know the direction of cure and the embryological layer of the disease as per **Dr. Prafull Vijayakar's Chart of Suppression**. This chart is the outcome of Dr. Prafull Vijayakar's 22 years of rich experience. The chart is based on the basic principles of immunology, genetics, embryology, human biochemistry and neuro-endocrinology. This "chart of suppression" and the direction of cure, if properly understood, will obliterate the elements of uncertainty and low success rate, prevailing for centuries in homoeopathy practice.

We also need to consider the miasm. Miasm means taint or pollution and Dr. Hahnemann described them as taints on a constitution which give rise to a particular set of disease. It is of paramount importance to consider the miasm because as the cure progresses, the miasm has to follow the course *from Syphilis to Sycosis and Sycosis to Psora miasm, or syphilis to psora, that is, from more dangerous and destructive miasm to less danger miasm*. These changes also help us to judge the accuracy of the prescription and regulate the administration of the remedy. **Common Practices**

It has been observed that a repeated dose of a single medicine or even more than one medicine at a time given to the patient. After giving these medicines, the symptoms disappear. The patient is happy, relatives are happy, and even the physician is satisfied. But after some time, the same patient comes back to the homoeopath complaining about a new disease. What has actually transpired is that the disease has transferred from one layer to another, as per the Chart Of Suppression.

For instance, asthma has been treated with *Ars. alb.* or *Blatta.*, but subsequently, joint pain has started. In this case, patient was treated for the disease according to the specific action of the medicine and not by the reaction of the body. Therefore, the disease has travelled from the endoderm to the connective tissue (mesenchyme).

Similarly, back pain is treated with a combination of *Rhus. tox.* + *Ruta* + *Calc. fl.* and the patient develops hypertension. Here these medicines have got a specific effect on the connective tissue, so the pain is mitigated. Later on, however, the disease travels from the mesenchyme to the mesoderm. What is this? Is it cure? Is it a case of good follow up? This is nothing but disease travelling to a deeper layer, which is again suppression!

This is invariably a bad follow up, because the “cardinal principles” are violated. Our master, Dr.

Samuel Hahnemann, has said, “prescribe for the man and not for the disease”, but here the homoeopath has prescribed for the disease and not for the man, ignoring the basic principle of homoeopathy.

Teaching of therapeutics as a subject in homoeopathic colleges may seem to endorse the approach of treating the disease and not the man. But therapeutic seen in proper prospective may give a different picture. So, when repeatedly given, this combination or single medicine which is selected on the basis of a above mentioned therapeutical approach, will show occasionally, good results, or many times, the disease symptoms disappear and later on develop a new disease which is on a deeper layer as per the chart of suppression, or there is no effect of the medicine on the disease. In such cases, there is no difference between allopathic and homoeopathic physicians. The importance of therapeutics is that, if a simillimum medicine is prescribed for a man and not for the disease, that disease is covered by the medicine in therapeutics. This means that a particular medicine has a *disposition* for that particular disease, which is given in therapeutics, that is if Ars-alb has been prescribed as simillimum, the patient, is suffering from cancer, and therapeutics also covers Ars-alb as one of the medicines for cancer.

Case no. 01

## Case of Wilm's Tumour

Name: F. M.  
Date: 17/11/'94  
Sex: Female

Reg. no.: 1177  
Age: 3 months

Wilm's Tumour	
 <p>Max Wilms described seven cases in 1899</p>	 <p>(D) Age - 8 years</p>
<p>(A) Wilms (1867 - 1918)</p>  <p>(B) Wilms tumour</p>	 <p>(E) Age - 9 years</p>
 <p>(C) Age - 3½ years</p>	 <p>(F) Age - 10 years</p>

A three-month-old baby was brought to my clinic by her anxious parents. The baby suffered from an enlarged abdomen and was continuously crying. The parents had already consulted a paediatrician who diagnosed it as a case of Wilm's Tumour. A sonography of the abdomen was done at Dr. Balabhai Nanavati Hospital on 11<sup>th</sup> November, 1994. The report confirmed that it was a case of Wilm's Tumour.

**"WILM'S TUMOUR- (NEPHROBLASTOMA)**

*This is the second most common malignant tumour of the kidney and is present in the first decade and often in the first year of life. It occurs in about one case per 10,000. The modern treatment for it is the removal of the kidney followed by radiotherapy and chemotherapy."*

The baby's mother gave me the case history. Since 1-1/2 months, the baby had constipation and the right side of her abdomen was enlarged, hard and tender. The mother complained that the baby had become irritable and cried the whole day. The child was irritable, especially, while waking from sleep. When the baby was carried in open air, she was playful. One-and-half months before, i.e., on 4th October, the baby was vaccinated for B.C.G. and on 11th October, for Polio and Triple vaccine.

After that vaccination, the baby had developed constipation. Slowly, the abdomen started enlarging. The mother observed that earlier the baby was playful, friendly and used to wake up cheerfully. But after the abdomen enlarged, the child would always wake up irritable, would cry and not enjoy anyone's company. The baby cried at night too and would be pacified only when the light was put on. She required some one to be next to her.

The baby did not allow me to examine her and clung to her mother, as if I would frighten or hurt her. On being questioned, the mother confirmed that the baby did not like to be touched by anyone, may be due to the fear of being hurt. Another characteristic was that the child would not sleep without the fan on.

### On Examination

I observed a hard swelling on the right side of the umbilicus, which was an easily palpable, huge mass.

### Sonography Investigation

The report suggested a case of Wilm's Tumour. A tumour of the size of 9.9 cm. X 9.2 cm. X 7.6 cm. was detected in the right lumbar region. The right kidney was not identified.

**To add 2b Report before treatment -----**

## Analysis

We analysed the case on the first findings of the huge mass. What was the miasm involved?

In this case, the miasm was **Sycosis**, because a growth of tumour had taken place. Based on the case history provided by the mother, we converted this case into the rubric form.

## Rubrics

Constipation

Right Side

Irritable

Open Air - Amel.

Since the irritability, crying and aversion to company followed the constipation, which started after vaccination, and there was an aggravation of these symptoms at night, we highlighted the symptoms.

After Vaccination

Irritable And Cries

Aversion To Company

Fear of Dark.

As the baby was averse to being touched by strangers and feared being hurt, we noted that down too, *clinging or Fear of Touch*.

As we detected on examination a hard swelling on the right side of the umbilicus, which was an easily palpable, huge mass, we noted, *Tumour right side.*

### Thought Process

From the above case, we derived at the conclusion that:

- A     *Irritable after Vaccination ---Mentals*
- B     *Constipation after Vaccination---Physical General*
- C     *Mass felt in Abdomen--Physical Particular*

*Miasm --- Sycotic*

Hence we had to identify the medicine, which would cover the bad effect after vaccination and would cover the sycotic miasm. So the key rubric was ***Bad Effect of Vaccination.***

### Other Symptoms

- 2     Irritable on Waking
- 3     Aversion to Company
- 4     Fear of Strangers
- 5     Fear of Touch
- 6     Thirstless
- 7     Desire for Open Air
- 8     Constipation

9 Hot Patient

*Vaccination after* - rubric, indicates the following remedy.

**Acon. Ant.t. Apis. Ars. Bell. Malandrinum. Merc. Mez. Psor. Sil. Sulph. Thuj. Vaccinum . etc.**

After repertorisation, we identified Thuja as the medicine.

	Thuj	Ant-t	Ars	Bell
Weighted	14	10	13	13
Rubrics covered	8	7	7	7
Rubric grades	14	10	13	13
Generals	3	2	2	2
Mentals	1	1	2	2
Mentals	2	1	1	2
Mentals	2			
Mentals	1	1	1	2
Stomach	1	3	2	2
Generals	1	1	2	1
Rectum	3	1	3	2

VACCINATION after  
 IRRITABILITY waking, on agg.  
 COMPANY aversion to,  
 FEAR strangers, of  
 FEAR touch, of  
 THIRSTLESSNESS  
 AIR open desire for  
 CONSTIPATION

Treatment

On 17/11/'94

**Thuja 200, one dose.**

Follow-up

**18/11/94**

After 24 hours, the child started playing.

Her problem of constipation was alleviated to a great extent.

Urine output had increased.

Irritability was less. Moreover, above all, the child smiled at me and allowed me to examine her.

*Understanding- "Now in such cases, we will not see the regression of the tumour immediately. So how does one identify the follow-up? As given in Hering's law, a general feeling of well being starts, when the body starts throwing out toxins and as the nutritive gradient flow starts, during this process, there is no unusual energy consumption, so weakness will be less, and therefore, as stated above, a general feeling of well being had started."*

*From these we could conclude that the **Mind and Physical General had improved** first. We would not see the regression of the tumour immediately because it was physical particular. But we were sure that our medicine had acted in the right direction.*

**21/11/94**

The child started taking normal feeds.

She began enjoying others' company.

There was no fear of touch.

**Understanding-***This is exteriorisation. The child was showing interest in the outside world. While it is not possible for a tumour to regress within the first week, we were sure that the medicine was correct and we were on the right path of treatment.*

On examination, the abdomen and the tumour now felt soft.

**1/12/'94**

Constipation was absent.

Irritability was no longer there.

The child was cheerful. She no longer cried on waking up.

O/e abdomen size had started reducing.

**8/5/'95 (after 6 months)**

Sonography report

*Size of tumour was 6.5 x 5.5 x 4.2cms.*

*Regression of the Tumour*

**8/9/'95**

Sonography report

*Size of tumour was 4.0 x 2.7 x 2.2cms.*

*Right Renal Outline Seen.*

These findings suggest that now the right kidney is recovering from the tumour and there was a *Regression of the Tumour.*

**13/3/'96**

*Size of tumour was 1.7cms in diameter.  
The Right Kidney was normal.*

**15/4/97**

Both kidneys were normal.  
The residual mass was 1.7cms.

**20/3/98**

*Both kidneys were normal.  
Residual mass was 0.4 x1.4 cms.*

*Aphorism 253*

“ Among the signs that, in all diseases, especially in such as are of an acute nature, inform us of a slight commencement of amelioration or aggravation that is not perceptible to every one, the state of mind and the whole demeanour of the patient are the most certain and instructive.

In the case of ever so slight an improvement we observe a greater degree of comfort, increased calmness and freedom of the mind, higher spirits - a kind of return of the natural state.

In the case of ever so small a commencement of aggravation we have, on the contrary, the exact opposite of this: a constrained, helpless, pitiable state of the disposition, of the mind, of the whole demeanour, and of all gestures, postures and actions,

which may be easily perceived on close observation, but cannot be described in words. “

### Conclusion

*Improvement starts from the mental and physical general states even in pathologically advanced cases. In the Organon of Medicine as in Aphorism nos. 2 and 253, permanent restoration to health is very important. So today, after 10 years of the treatment of that baby, it is gratifying to see her blossom into a healthy, beautiful girl. If the medicine selected is based on the miasm, then there is no need for intercurrent, intermittent or anti-miasmatic remedies. This is what I have learned from such cases.*

## USG REPORTS

BEFORE TREATMENT

**DR. DADHICH HOSPITAL**  
X-RAY AND SONOGRAPHY CLINIC

Baby Firdosh  
Ref.by: Dr. N.D.Mehta

8.5.95

②

**SONOGRAPHY OF ABDOMEN:**

Real time ultrasound examination of liver,GB,Pancreas,  
& Spleen are normal.

Right kidney is not visualised.  
However there is a welldefined complex mass lesion seen in  
right renal fossa.  
It shows hetrogeñous echopattern with focal solid & cystic  
areas.  
It measures approx. 6.5 x5.5 x4.2 cms in size,showing considerable  
regression since last examination.

**IMPRESSION:**

Findings are suggestive of right renal mass,most likely,  
wilm's tumor. As compared to previous examination,there is  
regression noted.

## USG REPORTS

AFTER TREATMENT

**DR. DADHICH HOSPITAL**  
X-RAY AND SONOGRAPHY CLINIC

Baby ~~Firdos~~ Firdos  
Ref. by: Dr. N.D. Mehta

15.4.97



**CLINICAL STATUS:** Known case of right renal mass.

**SONOGRAPHY OF: UPPER ABDOMEN:**

Real time ultrasound examination of upper abdomen reveals that:

**LIVER:** is normal in size, shape & contour.

It shows normal echopattern. No focal lesion noted.

**PORTAL VEIN & CBD** are normal in course & calibre.

**GALLBLADDER** is physiologically distended & shows no abnormality.

**PANCREAS** is normal in size & echopattern.

**SPLEEN:** is normal in size & echopattern.

**BOTH KIDNEYS:** Both kidneys are normal in size, shape & position.

Right kidney measures approx. 6.9 cms.

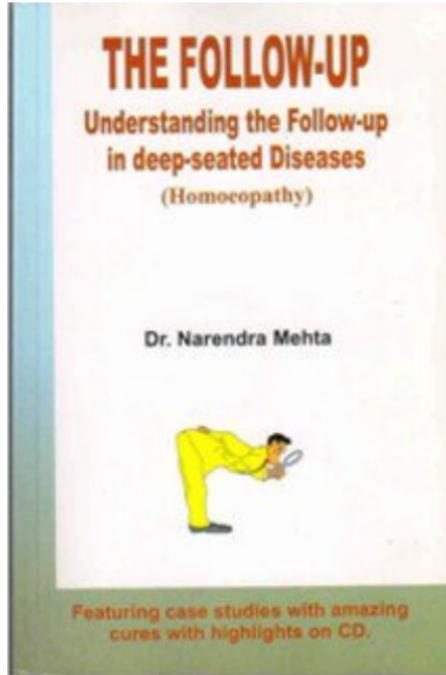
Left kidney measures approx. 7.2 cms.

A small echogenic residual mass lesion is <sup>seen</sup> anteriorly in right

**IMPRESSION:**

Known case of right renal benign neoplasm.

A small residual solid mass lesion is seen in right upper pole of kidney.



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