

## **MY MOST UNFORGETTABLE CASE (NYMPHOMANIA)**

Mr. X, a landlord, consulted me in early 1960 with shyness and embarrassment for a distressingly tragic and shameful complaint for his wife a gracious lady of 27 years. He stipulated a condition that I should visit the patient and not to let my assistants know about it. He humbly requested me to keep the case history and the news a dead secret. He hails from a noble family. He narrated his wife's ailment with terrible shame and humiliation. He was well educated, a post-graduate from London School. His marriage was a love marriage and his wife too was a graduate from London. He had married her six years earlier much against the wishes of his parents. He confessed premarital sexual adventures with his fiancée while abroad. His wife suffers from nymphomania which means uncontrollable sex hunger which drives her almost violently crazy.

In spite of a few daily copulations, she was still demanding of him and was driven to onanism and allowing her pet dog to lick the genitals and breasts to the point of exhaustion. After they returned from abroad, they settled in their luxurious villa near a city. Both of them consulted gynaecologists and psychiatrists of repute, both in India and abroad but all to no purpose. In desperation, on the persistent demands and requests by his wife, the gentleman allowed her to flirt discreetly with their trustworthy chauffeur and the reliable cook, who were quite energetic and young. The situation is reminiscent of the one in D.H. Lawrence's novel, "Lady Chatterley's Lover" where her ladyship has an affair with the gamekeeper, Mellors. I was terribly moved by the pitiable plight of the husband and promised to do my best.

It was one afternoon in early summer. The villa was wonderful with its lawns, lavish flower gardens and a swimming pool. I was led into a drawing room with trendy upholstered sofas and aristocratic furniture. The wall paintings, ivory engravings and inlaid works testified to the wealth and aesthetic sense of the exotic couple.

The moment I was introduced to the patient, she exhibited her aristocratic bent of mind as well as hauteur. She ordered cold beverages and gave instructions to her servants about their respective duties. She bragged of her achievements in painting, music and described in detail her histrionic talent in college days and her roles as Shakespearian and Shavian characters. She spoke very highly of her parentage. Before I started interrogation, she developed colicky pain in left ovarian region shooting to the left leg. She complained of numbness of scalp.

Meanwhile, the maid servant brought cool drinks in princely China glassware and was patiently waiting for instructions from the lady of the house. On instructions, through looks and gestures with a sense of command, the waitress placed the glasses on the stools next to our seats. Mrs. X scolded the waitress because it seemed she noticed the servant keeping the glasses without bending politely. Then, after the storm, I asked her to narrate

her complaints. She described her *menarche* as copious, early and sometimes black, with small clots, right from her first few periods. In a desperate tone, she said, “Dear doctor, I love to wear pants and tight dress but unfortunately I am miserable in them. I get irritation in the private parts and it becomes impossible to wear them any longer. In fact, doctor, because of my heavy periods, I am unable to wear even sanitary towels because of this nasty irritation. My hubby on several occasions pleaded with me to have a check-up with a doctor and wanted me to have a thorough investigation for the delay of six years in becoming pregnant. I refused vehemently because of this trouble and some irritation and I don’t like children”

Meanwhile, the boy servant was waiting with an ivory casket which was a *pan (betel leaf)* box and she prepared a pan for herself with tobacco and got two pans without tobacco offered one to me and the other to her husband. She expressed her love for tobacco, and said she would consume nearly 15 to 20 pans a day. She reported about her chronic constipation and said she would pass even a couple of days without the bowels moving. But she was least worried by it. She complained of ravenous appetite and in spite of such an obsession, her weight was only 54 kgs, and almost constant, right from her marriage time. Her height was 5'-4".

When I enquired about her sleep, she said “quite normal, but when I get the spells of anxiety and fear, I walk in the open air for relief and I like to be alone.” Both of them consulted psychiatrists and gynaecologists with no relief except slight temporary relief in tension and restlessness and in constipation with the help of heavy sedation and laxatives. One gynaecologist experimented with a lot of hormones with no relief except on a few occasions. However, as a result of the hormone treatment, her periods became normal and regular. She did not pursue the treatment further because she could not get relief in her trouble and she developed pimples and a fine moustache line due to hormone treatment. During searching interrogation of the husband separately, he told me that she was terribly uneasy during sexual intercourse though she craved it but reported general improvement afterwards for sometime. When I asked him why he did not opt for a divorce, he explained with tears in eyes that he loved her so much and was unable to resort to such an inhuman and unloving act. He said that she contemplated ending her life as well as his by giving poison but did not have the nerve to do it. He said that she had a funny feeling that her breasts were enlarged and swollen.

When I questioned about her previous history of health, she reported ‘I have nothing else except this nasty disease of awfully increased sex life. It is there even before my first period which was in my 15th year. It does not leave me even in dreams. Please, can’t you treat this nasty disease? I am desperate and hate even to live.’ When I asked about the history of frequent vaccination, she told that there was normal reaction for the primary vaccination and none for the innumerable subsequent ones.

I enquired about the history of significant illness in her family. She reported that her mother (twice) and her elder sister (once) were operated upon for ovarian cysts. The only obsession and worry was about her health. She had a terrible fear lest people come to know about her disease. Her deep sense of guilt and feeling of embarrassment were noted in her conversation on subsequent visits. Her B.P. was 120/80, pulse 75, Blood examination results of H.B., D.C.; T.W.C., and E.S.R. were n.a.d. Her urine analysis showed a couple of pus cells per field and stool analysis was normal except amoebic cysts in a few stool analysis reports.

*Platina* was the drug of choice with a few rubrics without indication for *Platina*. The repertorial analysis and details of treatment are appended. No contra-indications for *Platina* were observed. Cross reference rubrics for a few symptoms were selected to give wide scope for repertorial analysis. The method of elimination rubric for repertory analysis was not chosen because the selection of such a rubric may be defective and the results of the analysis may be limited and narrow. The language of the symptoms of early black and slightly clotted periods with a strong history of heredity may suggest a tendency for ovarian cyst. Hence the justification for the selection of pathological rubric-ovarian cysts.

The rubric of 'aversion to company' was not selected for repertorial analysis because the patient may be in that mood when she was anxious or in tension but her nature and wide travels contradicted any such assumptions. Moreover, *Platina* was in second grade in the rubric of aversion to company. Because of the embarrassment the patient may be obliged to shun society. *Platina* comes out with certainty. Even the rubric 'aversion to children' is also taken for repertorial analysis. By taking such rubrics with less remedies, the real meaning of repertorization is lost. Even if characteristic prescription is attempted, Kent's quotation "women such as have undergone fright, prolonged excitement or from disappointment, shock or prolonged haemorrhages" greatly testifies to the prescription of *Platina*.

Although in the interesting and valuable concomitant, pain in left ovarian region extending to the left leg, *Platina* is not indicated in Kent's repertory, the study of *Hering's Guiding Symptoms* and *Allen's Encyclopedia* for the drug *Platina*, suggests the symptoms as indicated for *Platina*. The selection of CM potency and single dose was because of the rich totality of the symptoms of the case with a good deal of mentals and that too without any established organic lesion and mostly the typology of the patient tallies exactly with the remedy. The particular symptoms with interesting location and extension serve as good physical symptoms of high value in mental case. The question of a D & C operation was reserved for some other future date because the underlying sterility in the patient may be due to excessive and frequent sex life. So when the severe

sexual desire was becoming normal, to wait for sometime was the decision of the author, though the husband and wife very much wanted the patient to have a D & C operation.

The interesting point of discussion in the treatment is the selection of *Mercurius*. This is because of the presence of amoebic cysts in the stool and two attacks of dysentery during the course of treatment (see also the article on amoebiasis). At first, no remedy was given because the patient showed relief in symptoms with diet restriction and because the latent miasm was manifesting. The case taking afresh at this stage did not suggest any significant deviation except the common symptoms of gripes-blood and mucus in stool, and occasionally, a few loose bowels. So the probable dysentery nosode was given. Regarding the use of CM potency of the nosode, the justification for its use was that the treatment was started in higher potency. To keep the subsequent doses of the remedies, even different in nature, the same potency was maintained. This to begin with is in line to keep the organism to one variety of potency because the organism was already attuned to a definite potency. This is not a rule but a probable explanation in the problem of homoeopathic posology.

Even the R.S.P. (rare, strange, peculiar) symptoms in the patient agree with the drug picture of *Platina*. Aversion to children is the supreme indication mentioned only for *Platina* in Repertory. It may be argued as to why the treatment was not started with *Nux vomica* to antidote the previous drug action in view of the above allopathic drugs. The question of giving antidote for the previously used medicines of other systems does not arise if the first prescription is on symptom totality. Such a drug works well even if it were for the bad effects of vaccination in the patient, in the beginning of the treatment. Moreover, the patient reported no reaction for the subsequent vaccinations and even the reaction of the primary vaccination was just normal and not protracted.

Theoretically the case cannot be certified as cured because the disease did not exteriorize as per Hahnemann's law of cure for the underlying miasms except for the dysenteric miasm. In a chronic case of mixed miasms single remedy prescription is not enough to complete the cure, as has been enunciated in the theory of chronic diseases by Hahnemann. I am personally grateful to Hahnemann for the valuable proving of the remedy *Platina* and to God for the wonderful opportunity of witnessing good results in scientific homoeopathic therapeutics. I am thankful to the patient and her gentle husband for permission to publish the case with disguised names.

Overdevelopment of the libido, called **satyriasis** in the case of men and **nymphomania** in the case of women, is a phenomenon known to both sexologists and psychiatrists. An insight into some of the abnormal sex practices indulged in by the lady mentioned in the article is given by Havelock Ellis in his epoch-making *Studies in the Psychology of Sex* and also by Dr. Kinsey in his no less epoch-making *Sexual Behavior in the Human Male*. Though contemporary society and literature are much more permissive than society and

literature in the past and present day novels do not have any inhibition in depicting some abnormal sex practices which are acknowledged to be not so unusual, one does not come across such unsavoury details pertaining to the lady in question in any work of fiction, but then truth is stranger than fiction.

### **Treatment**

- 10-2-1960     *Platina* Cm one dose was given
- 5-3-1960     Bowels more regular and normal. Relief in anxiety and tension. No change in the menses. No pain in abdomen. Placebo for daily use.
- 10-4-1960     Reported further relief. This time periods normal and not black. Placebo.
- 15-5-1960     Reported attack of dysentery. Asked to have bland diet. Stool analysis showed plenty of amoebic cysts. Placebo was given.
- 10-6-1960     Feeling quite well. Periods normal. Spending her time in painting and music. Dismissed chauffeur and cook. Appointed new servants. She expressed shame and regrets for her past behaviour. No ravenous hunger. Placebo for daily use.
- 15-8-1960     Mr. X reported that she was no more complaining of uneasiness during intercourse and there were no demands by her for copulation.
- 27-8-1960     Acute attack of dysentery for a week. Got well with diet restrictions without any medication except placebo.
- 5-12-1960     The patient is thoroughly changed and expressed her wish to have a check up for delay in conception. She was wearing tight pants. The lady doctor examined her and advised D & C. *Mercurius-CM*.
- 2-2-1961     The lady doctor examined her and confirmed pregnancy and that the uterus size was of 12 weeks.
- 15-10-1961     The delivery was conducted at home and Mrs. X delivered a female baby quite healthy and weighing 8 lbs. to the wonder and satisfaction of all.

During pregnancy even for occasional slight attacks of morning sickness, Placebo was given in addition to the daily use of *Sac. lac*.

The following rubrics were selected for repertorial analysis:

1. Haughty and arrogant.
2. Contemptuous.
3. Egotism.
4. Vexed over trifles.
5. Menses black.

6. Menses copious.
7. Menses clotted.
8. Desire increased.
9. Desire insatiable.
10. Desire violent.
11. Scale numbness.
12. Cramping pain abdomen.
13. Pain in abdomen extending to left leg.
14. Stool remains long with no urging.
15. Sensitive genitalia.
16. Pain abdomen extending to thighs.
17. Anxiety with restlessness.
18. Fear of death.
19. Loathes life.
20. Ovarian cysts.
21. Drawing pain left ovarian region extending to left leg.
22. Delusion of being enlarged.
23. Amelioration walking in open air.
24. Desires tobacco.
25. Amorous dreams.
26. Ravenous appetite.

### Repertorial Analysis

I.	Contemtpuous Egotism Haughty	Agar -- Alum -- Anac -- Arn -- Ars -- Aur -- <i>Calc</i> -- Can.i -- Canth -- <i>Caust</i> Chann -- <i>China</i> -- <b>CIC</b> -- con --      Cupr -- sulc -- ferr -- guaj -- Ham -- Hyoc -- Ign -- IpIp- --Lach -- <i>Lyc</i> -- Med -- Merc. -- Nat.m. -- Nit.ac -- Nux.v -- <i>Pall</i> -- par -- Phos -- <b>plat</b> -- puls Rob -- Sabad -- Sec -- Sil -- Squil -- <i>Staph</i> -- <i>stram</i> -- Stront -- <b>Sul</b> -- Thuj -- <b>Verat</b> --
II.	Desire violent Desire increased Nymphomania Desire insatiable	Agar -- Ars -- Aur -- <b>calc</b> -- Can.i -- <b>canth</b> -- china -- <b>con</b> -- <i>Dulc</i> -- <b>Hyo</b> -- <i>Ign</i> -- <b>Lach</b> -- <i>Lyc</i> -- merc -- Nat.m.-- Nit.ac -- Nux.v -- Phos -- <b>Plat</b> -- Puls-- Sabad -- Sil -- Staph -- Stram--- Thuj -- Verat --
III	Fear of death	<b>Ars</b> --Aur-- <b>calc</b> -- Cann.i -- Canth -- Con -- Hyo -- Ign -- <i>Lach</i> -- <i>Lyc</i> -- Nat.m. -- Nit.ac -- Nux.v -- Phos --Plat -- Puls -- Stram -- Verat.
IV	Loathing of life	<b>Ars</b> -- <b>Aur</b> -- <i>Calc</i> -- <i>Hyo</i> -- <i>Lach</i> --

	Desires Death	<i>Lyc</i> -- <b>Nat.m</b> -- <i>Nit.ac</i> -- <i>Nux.v</i> -- Stram --	Phos -- Plat -- <i>Puls</i> --
V.	Suicidal disposition	<i>Ars</i> -- <b>Aur</b> -- <i>Calc</i> -- <i>Hyo</i> -- <i>Lach</i> -- <i>Nit.ac</i> -- <i>Nux.v.</i> -- Phos -- Plat -- <i>Puls</i> -- Stram.	
VI.	Restlessness, anxious	<b>Ars</b> -- <i>Aur</i> -- <i>Calc</i> -- <i>Nit.ac</i> -- <i>Nux.v</i> -- Phos -- Plat -- <i>Puls</i> --	
VII.	Delusion of being enlarged	<i>Nux.v</i> -- Plat.	
VIII.	Delusion of enlarged body parts of	Nil	
IX.	Amorous dreams Ennui	<i>Ars</i> -- <i>Aur</i> -- <i>Calc</i> -- <i>Nit.ac</i> -- <b>Nux.v</b> -- Phos -- Plat -- <i>Puls</i> .	
X.	Constipation	<b>Plat.</b>	
XI.	Stool remains long without urging.	Nil.	
XII.	Sensitive genitalia	<i>Nux.v</i> -- <b>Plat.</b>	
XIII.	Desires tobacco	<i>Nux.v</i> -- Plat.	
XIV.	Ravenous appetite	<b>Nux.v</b> -- <i>Plat.</i>	
XV.	Menses copious	<i>Nux.v</i> -- <i>Plat</i>	
XVI.	Menses black Menses dark	<i>Nux.v</i> -- <i>Plat</i>	
XVII.	Menses clotted	<i>Nux.v</i> - <b>Plat.</b>	
XVIII.	Ovaries cystic tumours	<i>Plat</i>	
XIX.	Scalp numbness	<i>Nux.v</i> -- Plat.	
XX.	Cramps like pains abdomen.	<i>Nux.v</i> -- <i>Plat.</i>	
XXI.	Pain in ovaries Extending to thighs	Nil.	
XXII.	Pain in abdomen extending to lower limbs.	Nil.	
XXIII.	Pain in left ovary extending to thigh.	Nil.	
XXIV.	Aversion to children.	Plat	

N.B. : Drug in bold type is first grade, those in italics second grade and those in ordinary third grade. For grades the numerical valuation, as suggested by Bidwell, is not done because the third grade drug in all rubrics which carries less marks in valuation is the choice of remedy because third grade remedy in Kent's repertory is a potential higher grade remedy.

A group of remedies is selected at 6th rubric and in subsequent rubrics the whole group of remedies from the 6th rubric was verified. This method of repertorization is what this author calls *verification repertorization*.