Have I gone backwards? A case of Lac Suillinum

Abstract: *Lac Suillinum* has a most peculiar vertigo of "falling backwards like a plank" and I've found it to be the PQRS in several cases. So, having had such a fall, can be an important part of the history of the patient. It is well-known that pigs, as they enter the slaughter house, get very agitated as if they have a sense that something "not nice" is going to happen. This sense of unease (often accompanied by tumultuous palpitations) can also be part of the *Lac-suis* case. They can feel alone; alienated.
Interestingly, the protein content of pig milk is relatively high (almost 6% compared to 1% for human milk). So, the breakdown of the casein component induces a relative euphoric state due to the influx of caso-morphine into the system, which corresponds to one of the Themes: **Drug-like state**.
So, *Lac-suis* Delusions, such as: Soft; cloud-like feeling; Space; surrounded by; as if; Spatial feeling of eternity; floating and Dreamy sensation can be a key part of the mental state of the patient who may search for such sensations in meditation.
Lac-suis patients have a dislike of pork or report an aggravation from its consumption. In females there may also be a history of Peripartal Pelvic Pain Syndrome (Symphysiolysis) which is very prevalent in pigs.

Keywords: *Lac-Suillinum*; *Rhus tox*; *Psorinum*; *Morgan Pure*; *Sycotic co*; *Medorrhinum*; *Lac Humanum*; vaccination; Sycosis; bliss experience; heart; tumultuous palpitations; symphysis pain; sacro-iliac pain; paraesthesia extremities

The Case:

A woman (51 years of age) who works as an agency nurse in cardiac care, came to the clinic in November 2017 for assistance with "a nerve pain which travels up the right side of my body from my heel." She has a history of back pain "nurse's back" and feels this recent episode came on as a consequence of sitting through a week of lectures a few months prior which exacerbated a coccyx injury she sustained five years earlier (2012) when she fell while ice-skating. "I fell suddenly; straight back onto my head with my tailbone hitting the ice first. It was like a plank of wood going straight down from upright to horizontal with one bounce."

She can pinpoint a specific area of pain in the right sacro-iliac joint and says that it spreads out from the coccyx encircling the pelvis in a band of pain. She suffered terribly from symphysis pain in both of her pregnancies and was bed ridden towards the end of her second pregnancy as she struggled to walk.

It is common practice for patients to be trying lots of different things to sort out their problem, so it comes as no surprise to learn that she sees a Gestalt therapist and has taken up Kriya Yoga (Paramahansa Yogananda meditation) to help her deal with her pain. I consider such body work therapies to be adjunctive treatments that augment ours in a good way, so I encourage her to continue with both if she finds them useful.

Additionally, in order to get through each night, she sleeps on her back with her knees on a pillow and heat packs under her neck and lower back. (> heat).
She also takes two Panadol before bed and 5 to 10 mg of Endep depending on the pain level for that day.

She cannot lie on her left side as it causes pain and paraesthesia in the arm. (crosswise pattern L/R). Sitting upright is a pain-free position and lying flat on her back doing gentle stretches offers relief so long "as I don't overdo it." (> motion < motion).

She's been given *Rhus tox* in the past by another homœopath and it, along with an occasional dose of *Hypericum* 6C, has helped ease her pain. Her GP has a holistic approach to patient care, so she has taken l-lysine throughout the Winter as the cold air can cause a herpetic outbreak on the lower lip; the amino acid being taken to prevent that. Interestingly, she sustained greenstick fractures of both wrists at separate times in her teens and this has underpinned repeated episodes of carpel tunnel in the mid-1990s (*Rhus-tox*) as a result of her role in theatre during heart surgery of having to clamp the femoral artery with downward pressure for minutes at a time to effect clotting.

She has worked most of her life in cardiac care having achieved a very high level of competence and clinical expertise in her profession and is well-known and respected as a researcher and educator. A major restructuring of the hospital in which she worked, saw her being retrenched in 2010. So, she took up a lecturing position at a local university's medical school for students studying online for qualifications in cardiac care. "The work was good/easy enough, but I really missed being part of a team. On-line teaching is a lonely existence and there's no immediacy of interaction."

This lack of people-interaction resulted in her leaving the academic position in 2015 and taking up agency work in the cardiac ward of one of the big hospitals in the city. This has been more satisfactory in that it allows her space to arrange her working schedule according to how she can cope with respect to her pain and has her working again with colleagues and patients.

However, the down-side to the arrangement is that, as an agency nurse she's been forced to have influenza vaccines for the past three years, and she's not an integral part of a team. To make matters worse, she suspects that the nurse unit manager, who has recognised who she is, feels threatened by her presence on the ward. Although she is civil to her she is not friendly, and the other nurses take their cue from her. "Breaks taken in the tea room are unsettling as, although nurses taking a break at the same time as me will say hello and exchange trivial social banalities, they soon pull out their devices and get busy ignoring me. I'm pretty sure they gossip about me behind my back."

"I hate the disconnect that I observe happening all around me! I <u>like to feel connected</u> and this behaviour reminds me of the times in primary school when I lost my bestie and had to work on getting another. I see it as a rejection; of not being important to someone. My kids are in their late teens now so not needing me so much and my hubby has a good mate he interacts with a few times a year and, beyond that, has no need for us to build social relationships and positively discourages it. I feel quite lonely at times. <u>I long for a union with something bigger than me</u> and that's what I look for in the meditation, but I have a restless mind and <u>the bliss experience escapes me</u>!"

She got married at 25 and used the oral contraceptive pill (OCP) only for two years for contraception; gave it up as it "disagreed" with her.

She had two straightforward pregnancies at ages 35 and 37. She had vaginal births and breastfed with no problems; each for up to 12 months. Menses resumed in each lactation when the babies went onto solids.

She's had a history of dysmenorrhoea and menses that consistently turned brown at the end of the bleeding days…. (*Rhus-tox; Sepia; Thuja*).

She had warts as a child (*Thuja*) and, in her teens suffered from blackheads on her nose (*Nit-ac*); and has had episodes of pimples along her hairline and around her jaw and on her upper back and chest (*Sepia*).

When she was 42 (2008), extreme and persistent tiredness, along with some "hormonal issues of male pattern baldness, hirsuitism and tender breasts", led her to have some investigations and she was diagnosed with sleep apnoea. This is now well-managed with a continuous positive airway pressure (CPAP) machine. The hormonal issues were treated with the OCP until a subsequent rise in her blood pressure and that is now managed with a statin and CoQ10.

However, since halfway through this year, she's suffered ectopic beats and she's recently been diagnosed with "mitral valve incompetence". "When I'm at rest I can feel a hesitancy in my heart beat followed by a thump and then notice a wave of blood surge through the heart after that".

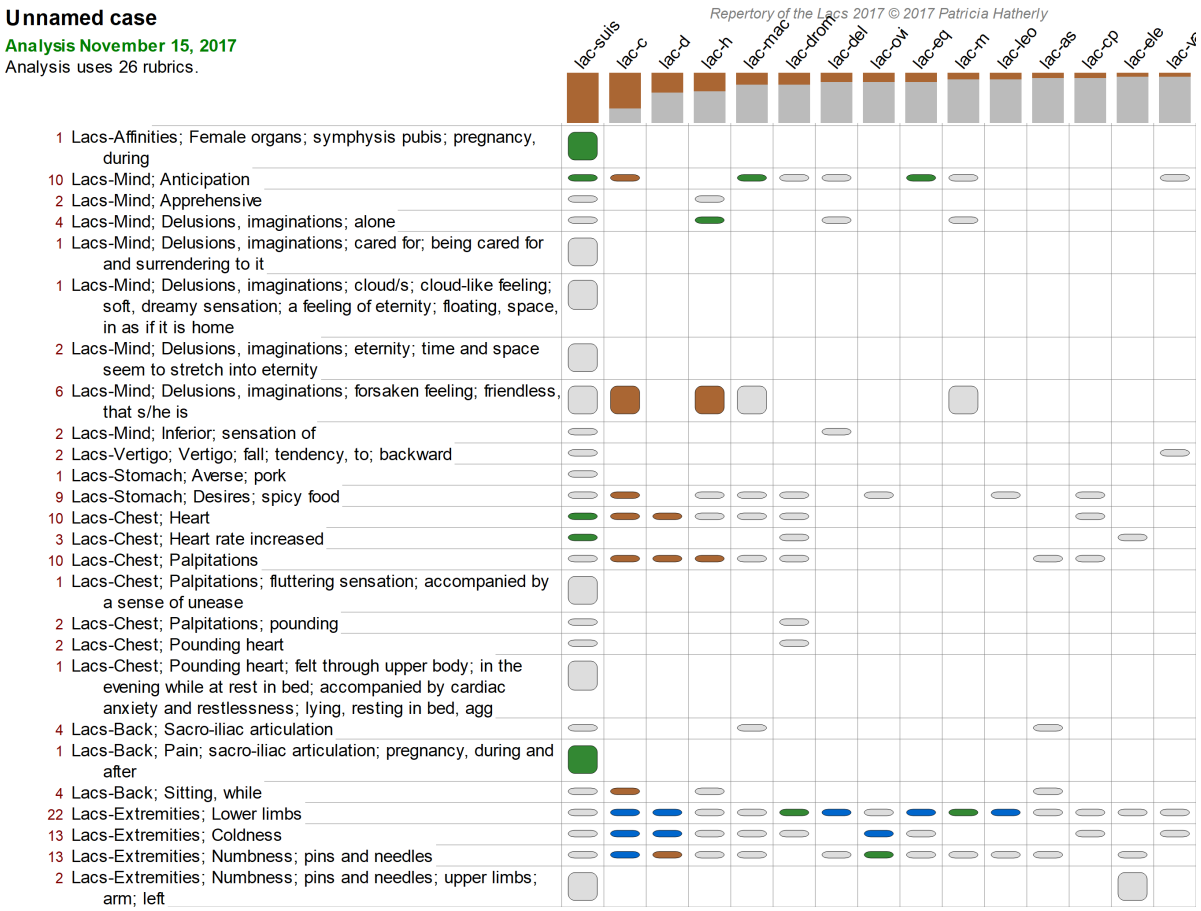
There is heart disease on both sides of her family going back two generations. Her father died from a heart attack and her mother had rheumatic fever in childhood.

She prefers savoury to sweet food and has easy satiety (*Rhus*-tox; *Sepia*; *Thuja*) and eructations ameliorate (*Sepia*). Although she likes the crackling on pork (*Medorrhinum*) it makes her sick; she rarely has bacon or ham. "I seem to have a really slow digestive system and have always suffered from constipation. A curry can take up to 30 hours to move through." Her "inactive rectum" (*Thuja*) is made more regular with daily magnesium powder. Even so her stool is "hard, bumpy and dry" (*Thuja*).

She tries to keep hydrated by taking up to two litres of water a day. However, she reports… "pretty much as soon as I have a drink I need to pee."

She's chilly; hands are cold, and she needs socks to go to bed… "I like to be snug!"

Because of the polyuria, bowel issues and the mixed picture of remedies which all correspond to *Sycotic co* and the need to settle the added aggravation to her vital force occasioned by the vaccines, I decided to begin treatment with *Sycotic co* 30C to be given each night for two weeks and then three doses night; morning; night (NMN) of *Lac-suis* 200C were taken.



At the follow up consultation a month later she reported a major aggravation to the nerve pain immediately after the *Lac-suis* "numb to my toes on the right side." She had a MRI and it showed "arthritis in the facet joints L4; L5 and S1 and an haemangioma on the left side of L5-S1. This "blood clot just sitting there" is a new symptom since the last MRI in 2012 "a quirky find". A visit to the osteopath followed by a physiotherapy treatment where an adjustment was done to the pelvis resolved her pain which settled to "occasional twinges in the coccyx". The physiotherapist has given her some strengthening exercises to do daily and she's diligent concerning them.

She's coping better at work. "During the last casual shift that I did, I happened to walk into the tea room at the tail end of a conversation that the girls were having a discussion about the casual staff in which my name got mentioned, and it didn't bother me as I got the feeling that it was a chat about logistics so there was no need to feel sensitive."

Her eyes have become "dry and itchy" and she is also itchy around the chin and neck (both old symptoms which have returned) and her nose is "blocked on and off; worse when in bed and it changes sides depending on how I lie down." The skin on her bottom lip is no longer peeling but there is some peeling of the top lip.

She's waking feeling nauseous. "I could happily skip breakfast; am not really hungry until lunch time." "I can't get through a whole cup of tea at the moment, and eggs are making me feel ill. I'm wanting tart, savoury food but feel full quickly." A cup of coffee recently caused palpitations.

She's in bed by 8.30 and wakes at first light. Her dreams, however, have been "unsettling". Just after the *Lac-suis* she dreamt of walking behind a patient being wheeled along the corridor of her hospital. The patient and orderly disappeared and she was left alone, lost with all the doors closed and locked so there was no way out. Other dreams are causing her to wake feeling fearful; worried about family members. Relating these dreams led to a tearful revelation of how attached she is to her mother and how much she worries about her living so far away from her.

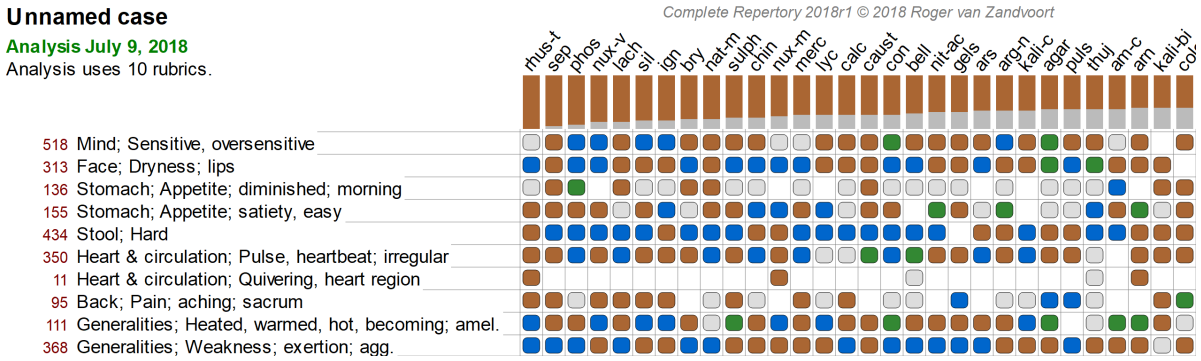
The sycotic state is settling and Psora is emerging but it's the lack/underfunction aspect that is in the frame. So, with wanting to give the remedy more time to play out but needing to support her digestion, I prescribed *Morgan Pure* 30C to be taken each morning for two weeks and asked her to allow two months to go by before the next follow-up.

When she came back to clinic after the two months she reported that she had "increased clarity of mind" about her neediness and desire to be accepted. "I know that I have a wounded inner child and that a true disciple speaks to the Divine Mother for healing on that level. However, I'm not meditating at the moment; just focusing on physical healing and getting my strength up. I'm easy to tire, especially if I exert myself. Sometimes it can just be a bit all too much!"

Her leg pain has settled but the lower back pain persists, and she still finds lying on her back in bed with legs supported by a pillow behind the knees and a heat pack over the sacrum, affords her relief.

The ectopic beats of her heart persist, and she notices that caffeine aggravates them. "Carbs bloat me and, although I'm no longer nauseous, I'm still not hungry when I get up. However, I now feel like eating mid-morning, but I don't need much as food soon fills me. Eggs still upset me but am enjoying most savoury foods; no desire for anything sweet."

Her stool is still hard and she's still needing to urinate soon after drinking. Her eyes are still dry but no longer itchy. Lips are still dry but no longer peeling. Nose is still blocked from time to time and changes sides when lying in bed.



On 2/3/2018 I decided to give her a NMN dose of *Rhus-tox* 1M to be followed by *Syc co* 30C daily for two weeks as it's the bowel nosode that corresponds to *Rhus tox* and the need to urinate soon after drinking as well as the aggravation from eggs are in its orbit.

She phoned later in the month to report that she's been feeling "panicky and anxious" and that she's had to return to the physiotherapist for treatment as her leg pain returned on the *Syc co*. I then prescribed three doses of *Rhus-tox* 30C and the leg pain immediately settled.

I saw her in clinic again two weeks later. She's no longer panicky but anxious and still dwelling on issues of competence and her ability to fit in. She's carrying a lot of tension in her upper body, particularly across the shoulders and has felt "lots" of ectopic beats.

All other physical symptoms persist. However, she reports that she's been feeling very chilly.

So, on the keynotes of the anxiety, chilliness and valvular incompetence, I decided to give her a stat dose of *Psorinum* 1M early in March.

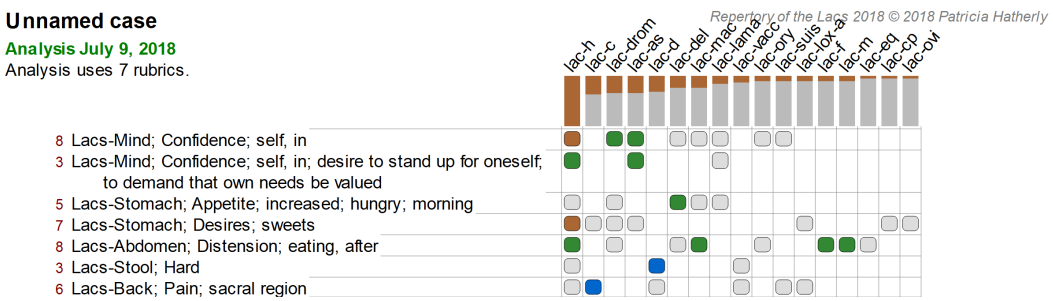
She came back to clinic seven weeks later to report a big shift. The anxiety settled and she's no longer chilly.

She's having breakfast (toast and jam) and back pain is now centred around the right sacro-iliac joint and she feels that it is the inflammation there that's preventing easy stool. Still she's moving bowels daily about 9am though it doesn't feel like a complete movement due to the dryness and hardness of the stool. Bread and pasta cause abdominal bloating. She's still finding eggs cause nausea and the need to urinate soon after drinking has not settled. (She's recently had a flu shot as per the requirements of her agency employment). Eyes are still dry.

Feelings of being "an outsider" persist at work so she's decided to get her old job back as an academic so that she can leave the agency work behind. She's been offered some clinical supervision work and marking of exam papers; "stressful but a good stress!"

Rx: 27/4/18 *Lac-h* 0/1(from the Brisbane trituration and obtainable from Simillimum pharmacy in New Zealand) 3 gtt in 30 mls of water on rising; succuss by three for two weeks.
Because of the vaccine and bowel and bladder issues (especially the continued aggravation from eggs) I decided to repeat the *Syc co* in the evenings as an adjunct to the prescription of *Lac Humanum*.

As I have previously observed (*Similia* 28(1); June 2016; 32-34) when any animal Lac is the Simillimum, movement to the Lac pertaining to *Homo Sapiens* must come up before healing is completed; and, when the patient reports that a sense of alienation from the group has been bothersome, but that the way forward is with increased confidence to do what satisfies the self rather than others, then its time to prescribe *Lac Humanum*.



As it eventuated, during the time she was given the *Lac-h*, her mother came for a visit and stayed for a month. “It was a really healing time and I sooo enjoyed that remedy! Mum and I had a lovely time and did lots of visiting of family. It was a really happy time; and when she left, I had a good feeling that everything is right with the world! My heart symptoms have settled; no more ectopic beats!”

“I didn’t do any agency work during mum’s visit but have done a few shifts since and it’s been OK observing the politics from the sidelines and not having to get involved. I’ve decided that next semester I’m going to get my old tutoring job back. It’ll be with the 3rd year nurses and will involve some on-line work as well as face-to-face. It’s a nice mix and it’ll mean I can avoid the heavy work of patient care and not have to have any more vaccines.”

Pain in the right hip has persisted and so she decided to book into a pain clinic to get some skills in order to manage it and get a better quality of sleep. “Focusing on being mindful and improvements in my posture and strength exercises have helped greatly. Things like my shoes, work station, car driving position have all been evaluated and adjustments made and its made a world of difference. I’m not noticing pain as I go about my daily work now; keeping busy is good!”

She’s looking for food (warm foods are good; so is tea) and eggs are now tolerated. Stool is still dry however; better if she takes magnesium. Movement is after breakfast.

Scalp is greasy; eyes are still dry.

Rx: 27/6/18 *Medorrhinum* in descending potencies to close the miasm activated from the vaccines and persisting in spite of repeated prescriptions of *Sycotic co*…1M stat; followed by 200C that night and 30C the following morning.
Lac-h 0/2 was then prescribed. Three drops in 30 mls of water on waking (3 succussions) taken each morning for two weeks.

At the next visit a month later she reported that, while on the *Lac Humanum* her back and foot were much improved, but symptoms of lumbar stiffness and paraesthesia in the foot are “slipping back if I sit too long”. She’s been given a raft of exercises to strengthen the lower back and pelvic floor and return muscle bulk to the buttock and upper thigh and is committed to doing them diligently. The heart symptoms have not returned, and she’s begun her lecturing and is enjoying it. She has a plan to upgrade her post-grad qualifications so that she can establish her own agency and do occasional work interstate and overseas so that she “can see and enjoy a bit of the world, using work to cover the expense!”

Rx: 1/8/2018 *Lac-h* 0/3 for two weeks to deal with the persisting eye dryness (I encouraged her to have more than her current intake of one litre of water a day since its Winter and she’d prefer a tea) and the back and foot symptoms while she rebuilds her muscle bulk and focuses on her new direction of putting her own needs first and moving forward instead of backwards in her professional life.