

Obsessed with Death

By Vatsala Sperling, MS, PhD, PDHom, CCH

Susan is 62 years old, a big woman of Spanish ancestry. She appears exceptionally friendly, wears bright red lipstick and carries on her lips a smile that is equally bright. She has a lilting voice. Dressed in a stylish pants suit, she tries to look trendy but because of her body shape, the outfit does not flatter her. Having learned from her friends about my practice, she has come seeking help for her nervousness, heart palpitations and a lifelong preoccupation with thoughts of dying. As I greeted her at the reception area, her friendliness and bubbly laughter caught my attention though I noted that the fearful expression in her eyes did not match her jolly demeanor. Throughout the session, Susan sat on the edge of the chair, always leaning forward.

Susan's family history includes cancer and liver diseases.

From Susan's narrative, sprinkled throughout with her generous laughter, I gathered the following themes.

Shock:

"As far back as I remember I have been a high-strung person. I am shocked easily. Feels like I am getting electric shocks on my raw nerves that have no covering. Shock makes me feel anxious, nervous and surprised. It stings and jolts me. I feel shock coursing through my raw nerves tingling at their very core. I feel assaulted by criticism, pounced on by it, taken by surprise. It is shocking. My nerves get over-wrought, high strung. It is debilitating to feel this way because the only way to deal with shock is for me to get high fevers."

Over-sensitiveness:

"How my parents treated me, each other and my siblings, their bitter divorce when I was only ten years old—these made a shocking impression on me. I did not know how to cope. I became very sensitive to my environment—to familial energy vibes, to the way my home smelled, looked, sounded and tasted. The slightest of disturbances in any of these would make me so upset and beside myself that I would bend over backwards trying to set it back in balance. Any disturbance is an assault, an attack on my very being and I feel it as a shock. It goes through my whole body, makes me shiver."

Death:

"There was a lot of physical violence in my childhood. In my elementary school I saw two of my classmates killed in the

playground. I saw a man with stab wounds, dragging himself down the steps of our apartment building. No one came to help. I was too young. I hid in a corner and watched him, too afraid to go near his bleeding form. Too afraid he will kill me. Too afraid, if I took my eyes off him, he will be dead. Parents divorced and they did not want to raise the four of us. They just did not care what we did, where we went, with whom we associated. My childhood died a quick death. I think of death often. It is very easy to die...just be shocked enough and one can die. My daughter saw death from up close—her boyfriend pulled a gun on her—with an intention to kill. My daughter escaped without a scratch but we learned what it feels like in the face of death. My daughter could have died. I could have died. When I was eleven, I was attacked by someone with an intention to rape and kill me. As he came close, I felt I was going to die as soon as he touched me."

Fears:

"I never felt safe anywhere—not in my childhood house, not here in my home, not on the streets. I am always on high alert—expecting an attack, an assault. Crowded streets feel unsafe. I am afraid for my life. I fear being murdered. I shake and tremble with fear in dark streets. If I have to cross the road and get to my car in a dark street, you will find me terrified, as if I am staring into the face of death. I feel any moment someone will attack me and finish me off. I have been getting these awful panic attacks in fearful situations—all my life, never been free of them."

Intuition:

"I can read into people's intentions. If I do not get good vibes from someone, I do not let them into my house. It is a gift. I hold it back and do not let anyone know because I feel if they knew about my intuitive nature they will pounce on me and finish me off, I will be left to die. I am oversensitive to how people behave and I can predict their behavior pattern. I get a sense of what is to come. I had always felt that I would die young. I can pick up negativity from an unsafe situation and see death coming for me."

Hysterical aspect:

"There is a hysterical aspect to my state of mind when I am in shock, fearful, or facing death. I am raging, beside myself and jittery. I am not myself when I am hysterical. I am under control of all the energies, sensory input and my

response to these stimulations. It can be shocking, frightening for others to watch me be that way.”

Dreams:

“Nightmares actually—I have been seeing them ever since. It is a fierce lion pouncing on me. I wake up in terror, in anticipation of an attack, lion’s claws tearing at my face, his jaws crushing my head and I would soon be killed. But actually I wake up before it happens—though I see it coming. It is the same with Tsunami waves coming at me. I anticipate that the crashing waves would kill me and I wake up in terror before it happens. I wake up and hear my heart pounding. I am drenched in sweat, shivering with fear and quite certain that I would die.”

Heart palpitations:

“I hear it all through the day and more so when I am agitated, afraid and shocked. It does not take much to put me into these situations and so I hear palpitations very frequently. Do not be fooled by my fatness. I have had heart checks ups. Doctors did not find even one beat out of place. My cholesterol is not flying off the chart. Blood numbers look ok. I eat heart-healthy food. My daughter is a health freak and a nutrition researcher. She keeps me well supplied with heart-healthy supplements. I am covered. But I do have palpitations—for as long as I remember. It is as if I am waiting for the worst. Waiting to be attacked and assaulted, pounced on, crashed under the mighty waves. The fact that these do not happen, does not prevent palpitation—it just happens in anticipation of the worst, in knowing that I would die.”

Raging fevers:

“As a child, I was put through a lot of stress and rejection. I felt these like electric shocks going through my whole body and when I could take it no more, I developed these intense sore throats...red, painful, swollen. I could not swallow anything at all. With this, I got raging high fevers, temperature going to 103–104 degrees in a matter of minutes. I always felt that during one of these fevers I would be cooked alive and that would be the end of me. But no, before you know it, I would have shaken off the fever and feeling better again so soon. However, as the fever is setting in, I see my death coming. With these fevers, what I most remember is heart palpitation ... dub dub dub ... high speed, loud ... someone could hear it across the room.”

Generalities:

“In general, I am a day person. I feel very frightened during the night—that is when all my fears take on a life of their own and I feel that I am just about to die. Add a nightmare or two, add an emotional shock that I must have had during the day and you get the picture. I feel very thirsty and like cold water. I like cold weather—hot and humid is not for me. Don’t like to be drenched in sweat. I love a sweet snack and tea in the evening.”

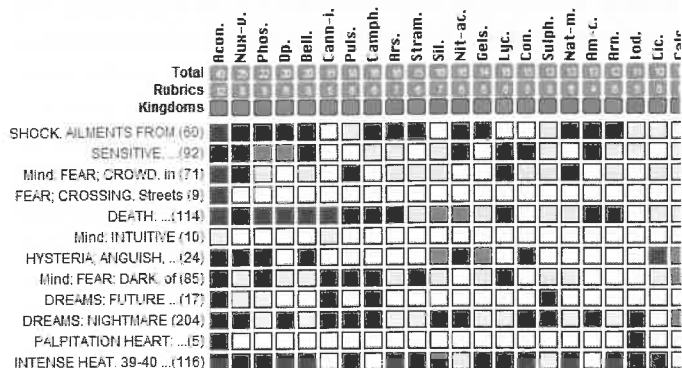
Central theme of the case:

At the time of case taking, Susan claims to be free of any health concerns that could be considered for physical symptoms. But she admits to having had heart palpitations all her life and reports a history of getting intense fevers. So, these two aspects of physical expression are important to her case—irrespective of whether they are happening at the time of case taking or not. Other than these, all her symptoms fall in the mental-emotional realm. She is interested in overall wellbeing. She wants to be free of stress and anxiety. On being questioned about stress, she tells me about her experience of being in shock. She gets sick (raging fevers and sore throats) whenever she experiences shock and she sees her death approaching. She is pre-occupied with death—she sees it coming, anticipates it and even her dreams/nightmares are full of fears that she would die. This particular issue stands out for Susan: her prediction that she will be dead. She has had this feeling since her childhood when she was a witness to much violence, murder, stabbing, parental discord, divorce and neglect. She had experienced the fear of being attacked by someone with an intention to rape and murder her when she was a very young child. These events created a fertile ground for shock and the rest of her responses to this central experience are her way of coping with this shock, this assault to her psyche.

With this insight into Susan’s case, I chose the following rubrics from *MacRepertory* software and *Complete 2008 Repertory*:

- Mind; Shock, Ailments from (60)
- Mind; Sensitive, Oversensitive; Sensual impressions, to (92)
- Mind; Fear; Crowd, in (71)
- Mind; Fear; Crossing; Streets (9)
- Mind; Death; Presentiment of (114)
- Mind; Intuitive (10)
- Mind; Hysteria; Anguish, during (24)
- Mind; Dreams; Nightmare (204)
- Heart & circulation; Palpitation heart; Daytime (5)
- Fever, heat; Intense heat, 39–40°C (116)

The graph shown below is based on these rubrics.



For final consideration, I chose the remedies *Aconitum napellus*, *Nux vomica*, *Phosphorus* and *Opium*.

Aconitum napellus:

As soon as I saw this remedy as the very first option in the graph, I recalled reading Margaret Tyler, “*Aconite* has been, perhaps, rather neglected in our day. The old Homeopaths knew how to use it. But someone gave vent to the unfortunate platitude, which has been passed on, ‘By the time you see the case, it is already too late for *Aconite*.’” With this insight, I reviewed Susan’s case again and reminded myself what is central to her experience.

Tyler also says, “...*Aconitum* moment of solid, unreasoning fear. The very face of *Aconite* expresses fear and *Aconite* is curative in ailments from fright, mental or physical. *Aconite* has fear of death...it predicts the hour of death. ...complaints caused by fright and the fear remains.”

Vermeulen quotes J P F Richter, “A timid person is frightened before a danger, a coward during the time and a courageous person afterwards.” People are timid, cowardly or courageous, but irrespective of what they happen to be, the experience of fear is common to them—the only question is of timing—when they feel fear. He further says that *Aconitum* has affinity for the mind, nerves and heart; it is worse at night, from violent emotions, shocks, chills, cold, dry winds, sweating, noise, music and light.

Vermeulen goes on: “*Aconite* has forethought, knowledge about death, is excitable, extremely restless, with anguish and fear of death. It has violent, sudden attack of panic, terror, unreasonable unaccountable fear, palpitation and tingling sensation throughout the body, but mainly the extremities.”

Kent states: “... *Aconite* is like a great storm, it comes and sweeps over and passes away.” It is apparent that *Aconitum* is not just for acute situations that arise from sudden exposure to elements and cause a great deal of fear of death. It is the unreal, the intangible that strike terror into *Aconite* and “the patient seems threatened with sudden, violent death.” (Tyler)

Morrison points out, “Although *Aconitum* has been used in the past primarily for acute conditions arising from shock and exposure, Vithoulkas has pioneered its use in more chronic psychological conditions such as deep phobic states, panic disorder and anxiety neurosis... In both the acute conditions and the chronic psychological disorders, there is most often great anxiety and an overwhelming terror of death. In many cases this fear extends to a presentiment or certainty that death is imminent. ... *Aconite* can release shock or fright that has been held in the body or mind for a lifetime.”

I hold this image of *Aconitum* against the portrait of Susan that has emerged from her narrative.

- Susan experienced many traumatic childhood events as shock that went through her raw nerves like electric currents.
- Since childhood, she developed raging, high fevers and sore throats that came on suddenly and went suddenly whenever she was shocked.
- Shock brought on heart palpitations, fever, sore throats and the feeling that she would die.
- Currently, she experiences panic attacks and has debilitating fears of crossing roads, crowds and the dark; shock brings about the fear that death is approaching.
- She continues to exhibit high fevers and sore throats.

Vithoulkas remarked that *Aconitum* can be used in acute as well as chronic conditions. Susan’s symptom picture spanning her entire life so far guides me toward *Aconitum*. It is a precise match for Susan’s emotional-mental as well as physical symptoms.

Nux vomica:

Murphy describes *Nux vomica*: “irritable nervous system, hypersensitive and over-impressionable, hypochondriacal states, zealous, fiery temperament. Very irritable. Over-sensitive to external impressions. Angry, impatient when spoken to, quarrelsome, spiteful, malicious, violent, abusive.”

Kent says: Nagging, fault-finding. Suicidal and homicidal impulses. Competitive, fastidious.”

Morrison: “Type A personality”—confident, over achieving, workaholic. Craving for stimulants

Vermuelen says: “needs coffee to work and alcohol to sleep.”

Nux is especially adapted to digestive disturbances, portal congestion and hypochondriacal conditions depending thereupon (Lippe). The *Nux* patient is chilly, worse from cold, better from warmth and rest (Clarke).

The picture of *Nux* that emerges here is one of an over-stimulated, over-worked person who is competitive, driven to be on top, number one and who can get nasty, cutting, sharp and malicious when someone gets in the way.

The images of Susan and *Nux* appear far apart, though they share the common characteristic of oversensitivity to sensual stimuli. Susan is worse for heat and humidity and *Nux* enjoys heat.

Susan does not come across as a “Type -A personality,” the term Morrison has used to describe *Nux vomica*. This remedy does not cover her overly friendly and bubbly nature. Susan does not appear to be a workaholic, or a very fastidious or competitive person. Susan has not reported any stimulant

use/dependence—a common feature of individuals needing *Nux*.

Phosphorus:

This is the third remedy that appeared in the graph. Vermeulen lists “slight causes: emotions, talking, touch, odors, light. Sudden changes in weather” as causing a *Phosphorus* state. *Phosphorus* individuals are affectionate, sympathetic, open, impressionable, sensitive to external impressions, clairvoyant, full of fears and anxieties, scattered.

Morrison: “Gullible, easily reassured by physician. Spacely.”

Kent describes Phosphorus as: “Delicate, waxy, anemic and emaciated subjects.”

Clarke: “Susceptibility to fright, fear, in evenings.

Coulter speaks of someone “Lively, extraverted, slender, graceful, eyes shine with soft, luminous quality, psychic dimensions, great anxiety and irritability on being alone...”

The fears of this remedy are not centered around death and anticipation of death—which has been a constant feature of Susan’s case. In her friendliness and laughter she could be a *Phosphorus* individual, but this remedy does not cover her anticipation of dying from fright.

I dropped this remedy and moved on to consider *Opium*, the next in the graph.

Opium:

Hahnemann: “*Opium* in its proving was the only remedy which did not produce a single painful reaction.”

Morrison refers to the Sixties when the term “Blissed-out” was in use, indicating a dream-like, peaceful and euphoric state that mimics the effect of all opiates. However, *Opium* contains a marked polarity in its symptom picture and the patients may not always be blissed out. In the secondary state of this remedy, patients may desire work and have a very clear mind. *Opium* is one of the main remedies in ailments brought on by fear.

Kent says the “*Opium* patient may say she is not sick but has a temperature of 105–106 degrees, covered with a scorching, hot sweat, has a rapid pulse and is delirious. She says she is well, but has not passed urine, or stool. Complaints from fear when the fear remains, or the idea of fear remains, or the cause of it comes before the eyes.”

Tyler tells us that “*Opium* comes in for cases of painlessness where there should be distress and pain: for desperate sickness where the patient says ‘I feel so well! So well!’ Or

complains of nothing: for cases is insensibility—coma—as in apoplexy: for cases of painless, symptomless complete constipation...”

Susan has never said she has felt well when she has had panic attacks, or fevers or sore throats. She has described her sore throats as very painful, when her throat swelled up and it was very difficult for her to swallow. Her fevers are described as raging during which she was afraid she would be cooked alive. These do not appear as “painlessness of conditions that are generally painful.”

Tyler mentions black letter symptoms for *Opium*, “sees animals coming toward him. People want to hurt him, creeps under cover, wants to jump out of bed... wants to run away.”

Susan is far from this picture of *Opium* except in the area of fear. The life-threatening situations that she endured in her childhood and also during her daughter’s experience of looking down the barrel of a gun are no longer happening right now. But these events have left an impression on her and she experiences them as happening “now.” Day-to-day activities like crossing a road when it is dark or being in a crowded street shock her into panic attacks, pushing her over her threshold of tolerance and producing raging high fevers and sore throats.

Prescription and dosage:

Having compared the remedies to the mental-emotional and physical symptoms of Susan, I selected *Aconitum napellus*. She appeared to be in robust health with no current physical symptoms. I opted to give her a dose of *Aconitum napellus*, 1M.

First follow up, December 1, 2010:

Susan begins with jolly laughter, “The lion has gone bye-bye. I have not seen him in all these weeks since I last saw you.” “How about the tall waves?” I asked, continuing the jolly streak. “None have come to crash over me and kill me. Instead, I have dreamed about pleasant, calm, blue lakes” she replied with a bright smile. Her eyes were more relaxed while she said this—very different from how I had seen them while meeting her for the first time. She did not appear to be troubled by this dream of a calm lake—as she was when describing her dreams about the pouncing lion and crashing waves.

“My husband and I were in Chicago. I grew up there, but had never felt at home—always afraid I will get killed. The crowds, the busy streets—I was never happy in that city, always in panic feeling I would meet my death at any intersection. My husband noticed too—that I was a lot more relaxed now than I have ever been in our thirty years of marriage. He said so.”

On being questioned about palpitations, she said, “NO. NO. NO. What did you do to me?”

Assessment and prescription:

Susan has shown improvements in these areas:

- Cessation of nightmares when she used to wake up in anticipation of being pounced on by the lion and tall waves crashing on her and killing her. She has not seen these since taking the remedy on October 17. Instead, she has seen dreams of calm, blue lakes.
- No fear in the crowded streets of Chicago.
- Cessation of palpitations that have been with her for as long as she remembers.

Since the remedy is continuing to work, I decide to wait and watch. No need to repeat the remedy.

Second follow up, January 11, 2011:

Susan was as jolly as ever for this session and reported that she was generally doing very well. She was sleeping through the night and was not waking with fear. Her husband was traveling for a couple of weeks and she did all right all alone in her sprawling house in a remote, wooded location. She was not besieged by fear at dusk, dreading the arrival of night, of darkness. Her father had visited her for a few days. He was a cause for much anxiety in her childhood, but she endured his visit with a sense of calm that she had not experienced ever before. Even her dad had noticed that. Susan did not talk about any panic attacks, palpitations, fear or prediction of dying.

Assessment and prescription:

The remedy is continuing to work as shown by: better sleep, lack of nightmares, lack of fear when alone and during nights, calmness on facing the situation that was a source of anxiety for her in the past (her father's visit). These instances show an overall improvement in her mental-emotional and physical symptom picture. I decide to wait and watch. Remedy is still acting. No need to repeat the dose.

Third follow up, April 12, 2011:

Susan states, “I have been calm. I have been doing good. Really can't point out to any situations that have made me fearful for my life, or just plain anxious. But look at my throat... I used to get these sore throats all my life, anytime when I felt unsafe, panic and afraid for my life. Why did I get this now? Am I right in feeling that I am sensing that some terrible trouble is coming — but instead of feeling afraid for my life, I have this terrible sore throat? I almost made an appointment to go see my doctor, but my husband said I had this appointment with you anyway, so why don't I ask you if you can help. I don't like antibiotics. My sore throat came on suddenly, like a storm and within minutes last night, I was unable to swallow and my throat felt very swollen, red, scary.”

Assessment and prescription:

I have to give Susan credit for being intuitive and analyzing her experience—she is making my work easy for me. But my job is to be objective, to scientifically examine the experiences of the patient and decide—based on what they say and feel—what is to be done to help them along in their path of healing and wellness. There is no room for being judgmental and prejudiced here.

- I have been calm.
- I have been doing well.
- Can't point to any situations that have made me fearful for my life, or just plain anxious.

I take these as major improvements in the mental-emotional realm.

However, her sore throat—is it a return of an old symptom? Is it a new acute that she is going through? Is it, as she says, a harbinger of some serious trouble coming in the future? Am I going to give her *sac lac* and say it will help with the sore throat? I don't see any reason to repeat *Aconitum* 1M because her mental-emotional state is good and on the mend. She is doing well (better in mental-emotional and general areas) but she has a physical complaint—that came on suddenly, like a storm.

At this point I recall reading K N Mathur. He quotes a homeopath from the UK who practiced for over fifty years in a hospital in London and prescribed low potencies for all his patients, with an astounding success rate.

I decide that giving Susan a low potency of *Aconitum* will not harm her and if she gets any benefit from this prescription, I can give all credit to K N Mathur for mentioning about this old homeopath in his book. I give her *Aconitum napellus*, 6c to be taken three times daily till the symptoms improve.

Susan reported three days later, “For the first time ever, my sore throat went away without antibiotics. I am fine now. Shall I keep taking what you gave me?” she asked.

Since she had improved, there was no need to continue with 6c *Aconitum*. Homeopathy is a science of minimum dose and once the vital force is encouraged on the path to wellness, it does its job of keeping the organism in good health. There was no need to go on with dosing. I asked Susan to stop taking her remedy right away.

Fourth follow up, May 17, 2011:

Susan says, “We have to go to India to attend to some business over there. The problem is, everything I read about India makes me afraid of that country. Beggars and homeless people on the street, a billion people—many of them living on the brink of poverty, heat and dust, water problems, diseas-

es, strange food, noise, pollution, people everywhere—right in your face, crowds, crowds.... Honestly, I am terrified of this prospect, though I have great love for Indian culture. The very thought makes my heart go racing. I could get killed in the traffic—they drive on the left side and I have read that even in the big cities no one follows traffic rules. They would not hit a cow, but they don't mind running a person over with their trucks. Life is cheap. Don't know what I am going to do. This trip has to happen—only thing in its way is my fear. If I buckle up and say—we have to go—we will."

Assessment and prescription:

Susan has told an Indian everything that is wrong with India—and the trouble is, as far as facts are concerned, I really can't argue with her. As a professional, I feel a commitment to respecting my client's views—irrespective of whether I agree with them or not. I have a call of duty here, again, to separate facts from fiction, to see what actually is and what is a patient's response based on his/her temperament and constitution.

Yes, India is a scary country if you think about the three Ps "Population, Pollution and Poverty," but this does not stop many travelers from visiting India, falling in love with the country and whatever positive message it has to offer. Why is Susan hesitating?

The only reason for her to hesitate is and in these words lies the clue, "The very thought makes my heart go racing. I could get killed in the traffic—they drive on the left side and I have read that even in the big cities no one follows traffic rules. They would not hit a cow, but they don't mind running a person over with their trucks. Life is cheap." It is her fear of dying and anticipation of death at the wild traffic.

Based on this information, I find that the remedy has stopped acting. I make my decision and give her a dose of *Aconitum napellus* 1M, to be dissolved in half a cup of water and a teaspoon of it to be taken on three consecutive days. The remainder must be discarded, I tell her.

Fifth follow up, July 1, 2011:

"I am doing all right, feeling truly great. Feels like a great wave of relaxation is washing over me and taking away all the fears that were stuck to me and crippled me for much of my life. Why should I worry? What should I be afraid of? Why should I drive my husband crazy with my constant ruminations about how I feel I will die? Poor fellow, he has his own darkness to deal with, he does not need mine as well. And, in my preparations for the trip, whenever we get to go to India, I have been reading the *Upanishads* and the *Bhagavadgita*. It says, "The moment of death is predestined. We cannot bring death one moment closer, or make life last one moment longer. When the time comes for a soul to leave its body, it will."

Assessment and prescription:

I recall Kent, who, in his lectures on homeopathic philosophy, has told us not to get prejudiced. I have to systematically understand this: what is the impact of wisdom on Susan that she has gained from reading the scriptures and what is the effect of the remedy on her.

Yes, her references to the *Bhagavadgita* are quite on the mark. She is intelligent and quite able to digest, assimilate and quote what the *Bhagavadgita* has to offer. But, just because someone reads the *Bhagavadgita*, their fear of approaching death does not go away. I recall Susan's fascination with this topic—"It is very easy to die...just be shocked enough and one can die." From this expression, Susan has graduated to saying, "The moment of death is predestined." Even though she has to lean on the *Bhagavadgita* to say these words, she has processed the message to an extent that she is able to feel comfortable with it and use it for overcoming her own fear of approaching and certain death that she has felt all her life when faced with a shocking situation.

The remedy continues to act. Susan has not recounted any nightmares, physical or mental-emotional symptoms in this session. She was given three consecutive doses of 1M *Aconitum napellus* after her fourth follow up on May 17. Almost six weeks have passed since this dose and there is no return of any of her old symptoms, nor any new symptoms. Susan is moving away from her anxiety, palpitation and fear of oncoming death. The remedy is working still and there is no need to do anything at this stage.

I explain to Susan briefly about how homeopathic remedies must be given enough time to bring about all the healing they are capable of bringing and exhaust their action completely before the next dose. She is on board with this concept and leaves my office looking quite satisfied with her progress.

Sixth follow up, September 2, 2011:

"I am so very well. I don't know what to say. I had a urinary tract infection. I used to have it earlier, when I was quite young and giving birth to my six children. All of a sudden, literally from nowhere, I would get these intense urinary infections. My pee would simply stop coming out, no matter how much water I drank, how many liters of pure cranberry juice I gulped down. Along with this, there would be my famous high fevers, cooking me to a hot death by roasting me alive at 104 degrees. Doctors never found anything—what was wrong with me, they never knew, never told me, but always gave me loads of antibiotics. Their idea was that whatever it was, it could potentially damage my kidneys. In sheer fright of losing my kidneys, I took all those antibiotics. It was so long ago. I had completely, totally stopped getting these in the last two decades, when I stopped having kids. I had completely forgotten that I ever had this issue.

“Now, last week, I felt like this urinary infection was coming again. For a moment, I was petrified ... the unhappy memory of all those times spent looking for a cure to this problem came back to my mind. All the pain in my groin, the burning, vaginal dryness, intense back pain—all came back to my mind. But when I actually took stock of what was happening with me, I felt it, I saw it clearly that this event was not even close to what I had endured. Why? I asked myself, why feel afraid of something that is not happening right now? By all means, this episode of urinary infection—if it was so—was but a faint shadow of what I had been through before, years ago. Right now, the suffering is not much, not any more than a minor discomfort. I was able to pee, though not as freely. I spoke to my husband about it and he said, ‘See how you feel in a day or two. If it does not go away, I will take you to the doctor.’ Of course, he remembered my past suffering on this account just as clearly as I did.

“But guess what? He did not have to take me to any doctor. I did not have to even call you, asking for an appointment. The problem—not as bad or intense as before—lasted a full day and a half. Then, I was peeing all on my own, no problem. Phew. Never, in the past, had this pee problem gone away, just like that, as it did now. There is no way I can figure this out. But right now, nothing is bothering me. I feel so well. I have lived through a lot and I am going to live...it is not my time to go yet....”

Assessment and prescription:

This description of an old symptom returning in a milder form calls for summarizing Susan’s symptom picture and progress on the remedy so that I can decide on a further course of action.

Her presenting complaints were:

- Shock—she experienced shock as electric currents going through the very core of her nerves
- Over sensitiveness to environmental impressions
- Anticipation of death, while in shock and panic
- Nightmares about facing death
- Fears in crowded streets, night, in unsafe situations, of being murdered
- Becoming hysterical when afraid or when anticipating death
- Intuitively picking up negativity from unsafe situations and intuiting about death
- Heart palpitations
- Raging, high fevers

After the very first prescription of *Aconitum* 1M, Susan had much relief from palpitations, nightmares and her fears. This effect lasted until April when she developed a sore throat and was given the remedy in 6c potency. The sore throat had made a quick exit and she was back one month later talk-

ing about her fear of India and how she could die there in a traffic accident. She was given *Aconitum* 1M, now in three divided doses. After about three months, she developed a urinary infection, which according to her was but a faint shadow of what she had been through before. At this point she had asked herself, “Why? Why be afraid of something that is not happening right now?” And much to the delight of herself and her husband, the urinary symptoms had gone away, just like that and right now, she was recounting, “I feel so well. I have lived through a lot and I am going to live...it is not my time to go yet....”

She still has a tendency to predict when she would die and when she would not... but looking at Susan sitting comfortably in front of me, her face relaxed, her form reclining way back on the chair, her brightly painted lips and eyes smiling together, gave me a feeling that all is very well with Susan. At this point, she had not mentioned any of her physical symptoms—palpitations, high fevers, sore throats, nor any of her mental-emotional symptoms—nightmares, fear of darkness, crowds and prediction of dying. Her old, long forgotten urinary symptom had come and gone and she had not felt anything more than a day and a half of discomfort.

On this account, I decided to tell Susan, “Very well. You appear to be doing fine. Let me know if anything changes for you.”

Of course things were changing for Susan and she did make it a point to let me know in a card from the airport, “On our way to India. I will write more from there. Thank you.”

I am sure that the three Ps that characterize India: Population, Pollution and Poverty—have not changed, but certainly, what had changed was Susan’s preoccupation with the idea that if she were shocked enough she could die. In fact, this idea had been replaced with, “*I feel so well. I have lived through a lot and I am going to live...it is not my time to go yet....*” And the hold of this new feeling of wellness was so strong on her that she decided to visit the scary country anyway. This time, instead of thanking the *Bhagavadgita* for such a change, I feel like thanking *Aconitum napellus* for helping Susan, certain in my heart that Lord Krishna, the hero of the *Bhagavadgita* will not mind at all.

Vatsala Sperling, MS, PhD, PDHom, CCH, trained as a clinical microbiologist but she always remembers the sweet homeopathic pills she received from her local homeopaths while growing up in India. She is a graduate of Misha Norland’s School of Homeopathy and she continues to study with several distinguished teachers in the United States. She lives in Vermont with her family. An author of eight books and several essays, Vatsala can be reached at her website, www.Rochesterhomeopathy.com