

# Application of Organon in Managing a Patient in the Hospital

**ABSTRACT:** *Philosophy is what we learn right from undergraduate days. Application often remains imaginary. This was a thrilling experience where we had to be on our toes to manage this young patient both clinically and philosophically. We had to test the fundamentals of fever management as quoted in our ORGANON OF MEDICINE and by Dr H C ALLEN. We could do nothing but to observe the tragedy of administering the remedy at wrong time and of course later the magic of just one dose of right similimum. We indeed find ourselves fortunate to experience aphorisms of fever in reality. It was our teacher who tied down our over-enthusiastic attitude to repeat the medicine based on philosophy.*

**Dr RAKESH GUPTA MD PART 2**

13, Parvati Sadan, 3<sup>rd</sup> Floor, Room No 14/15, Masjid Bander, Bhat Bazar, Mumbai 400009

**Dr NIKHUNJ JANI MD PART 2**

**Dr N L TIWARI MD HOMOEOPATHIC CONSULTANT**

MLD Trust Homoeopathic Hospital, Opp ST Workshop, Palghar, Tel 025252556932

Mr PD, 24 years, Single, Studied till 10<sup>TH</sup> Std, a Plumber, residing at Palghar.

Patient came for the first time on 26/7/07, with Fever with Rigors<sup>3</sup> since 26/7/07 10 am. Was prescribed *Ars-alb* based on Fever totality, it was given at the start of the fever paroxysm. 99.6°F at 3.15 pm. Within a span of 3 hours went in hyperpyrexia 106°F, was given Placebo and in-

jectable antipyretics. He was asymptomatic within 3 days and temperature reached baseline the very next day. Recurrent Malaria was considered and case definition was done. Chronic totality pointed towards *Nat-mur* which was prescribed on 28/7/07 at 6.30 pm and observed till 30/7/07 and was discharged without any complaints.

## CHIEF COMPLAINTS

DATE	TIME	COMPLAINTS
26/7/07	10.00 am - 12.00 pm	Fever with chills <sup>3</sup> and rigors. Covered with blanket <sup>2</sup> but no relief. Did not want fan. Duration of chill half an hour. Thirst increased 3½ glasses every 15 mins to 30 mins.
	Duration half an hour.	Fever with heat sensation all over body. Bitter taste in mouth. Dryness of mouth. Thirst increased <sup>3</sup> , ½ a glass in half an hour, vomiting <sup>2</sup> , 2 times with fever, vomits whatever eaten, bitter taste of vomitus < after taking allopathic treatment, drinking or eating <sup>2</sup> . Weakness fever during. Sweat scanty.

O/E: T: 99.6 F P: 106/m BP: 80/50 RS: Clear. CVS: NAD. P/A: L Just Palapble, S0.

INVESTIGATIONS: 26/7/07. HB: 13.4 ESR: 92. LFT: NAD. Urine R: Protein ++, WBC: 3-4, WBC: 9800,

N: 86, L: 12, E: 01, M: 1, Platelets: 1,42,000

PERIPHERAL SMEAR: MP positive, Trophozoites and Schizont of P Vivax seen.

DIAGNOSIS: Malaria Plasmodium Vivax.

**PATIENT AS A PERSON**

APPETITE: Poor during fever.  
 CRAVING: Spicy<sup>3</sup>. AVERSION: Sweets<sup>2</sup>.  
 STOOL: N. URINE: N.  
 SLEEP: Good. DREAMS: House work.

**LIFE SPACE:** Patient is plumber on salary bases. Initially he was working in navy as a painter, he saw a ship burning and feared drowning while in boat (Fear of death). He is reserved and doesn't share his feelings with anyone. Broods often.

**ANALYSIS OF CASE**

TYPE		
Chill and Coldness	Character	Chills <sup>3</sup> with rigors.
	Time	10am - 12pm.
Fever and Heat	Character	Heat sensation all over body.
	Time	
	Concomitants Generals	Thirst increased <sup>3</sup> , ½ glass frequently, Weakness <sup>3</sup> +
	Particulars	Vomits < drinking or eating, nausea. Bitter Vomitus. Taste bitter <sup>3</sup>
Perspiration	Character	Scanty.
	Time	
	>	Fever.

**EVALUATION OF SYMPTOMS**

No	SYMPTOM	REASON
1	Chill at 10 am - 12 pm	Aggravating time modality
2.	Sweat ameliorates all complaints	Characteristic ameliorating modality
3.	Thirst increased <sup>3</sup> , ½ glass frequently	Physical general concomitant
4.	Weakness <sup>3</sup> fever during.	Physical general concomitant
5.	Vomiting fever with	Physical particular concomitant
6.	Bitter taste fever with	Physical particular concomitant

**SUSCEPTIBILITY ASSESSMENT CRITERIA**

CRITERIA	ASSESSMENT	POTENCY	REPETITION
SUSCEPTIBILITY (TISSUES)	MODERATE.	200	INFREQUENT
PACE: Sudden onset but recurrence.	MODERATE.	200	INFREQUENT
PATHOLOGY: RBC Cell Lysis with release of merozoites. Both Erythrocytic and Exoerythrocytic cycle.	MODERATE.	200	INFREQUENT
CHARACTERISTIC SYMPTOM	MODERATE.	200	INFREQUENT
SENSITIVITY (Mind And Nerves).	HIGH	1M	INFREQUENT
SUPPRESSIONS	? PREVIOUS HISTORY OF ANTIMALARIAL DRUG.	200	INFREQUENT
CORRESPONDENCE DEGREE AND LEVEL		200	INFREQUENT
STAGE OF DISEASE.	STUCTURAL REVERSIBLE.		



## FOLLOW UPS

DATE	FOLLOW UP	REASONS	ACTION
26/7/07	Pt was admitted at 3.15 pm in hospital. Oral Temp: 99.6° F	<i>Ars-alb</i> covered all the symptoms.	<i>Arsenic-alb</i> 200 one dose stat
26/7/07 6.15pm	Patient complained of one episode of rigor. Vomitted 2 times after admission/Vomiting < drinking <sup>2</sup> , Vomitus watery.O/E: T: 104.8 F, P: 140, RR 28.	First dose was given at the start of paroxysm because of which body reactd internally.	Placebo
26/7/07 7.15pm	T: 106°F	Hyperpyrexia: Inj given to bring down the temperature.	Inj Febrinil 2cc IM Stat.

**APHORISM 236:** 'In these cases, the medicine is generally most efficacious when it is administered a short time after the termination of the paroxysm, when the patient has partially recovered from it. During the intermission the medicine will have time to develop its curative effect in the organism, without violent action or disturbances; while the effect of a medicine, though specifically adapted to the case, given just before the next paroxysm, would coincide with the renewal of the disease, thereby creating such counteraction and distress in the organism, as to deprive the patient of much strength, and even endanger life. But if the medicine is given just after the termination of the attack, when the fever has entirely subsided and before the premonitory symptoms of the next paroxysm have time to

appear, the vital force of the organism is in the most favorable condition to be gently modified by the medicine and restored to healthy action.'

**APHORISM 237:** 'If the feverless interval is very brief, as in some severe fevers, or if it is disturbed by the after effects of the preceding paroxysm, the dose of homoeopathic medicine should be administered when the perspiration diminishes or when the subsequent stages of the paroxysm decline.'

**ACTUALITY: Medicine was administered at the start of the paroxysm.** It coincided with the renewal of the disease, thereby creating counteraction and distress in the organism, as to deprive the patient of vitality and pushing the patient into hyperpyrexia. Best we could do is to put patient on Placebo and reduce temperature by antipyretics.

27/7/07 8 am	Vomiting 1 episode, Bodyache reduced. Thirst increased. T: 98°F. Repeat investigations suggestive of MP positive	No need to repeat the dose. Action of <i>Ars-alb</i> still going on.	Placebo
27/7/07 8.00 pm	Pt comfortable No fever, No nausea, No vomiting. T 99.6F		Placebo
28/7/07 8.00 am	No Fever, No vomiting, No bodyache. T - 97.8F.		Placebo

**APHORISM 238:** 'One dose of the appropriate remedy may prevent several attacks and may actually restore health; nevertheless, we may perceive threatening indications of a new attack, and in this case only, the same medicine should be repeated, provided the complex of symptoms con-

tinues to be the same.' If after the exhibition of the proper remedy, the next paroxysm be earlier and more severe, or later and milder than preceding one, the action of the remedy should not be interfered with; wait for succeeding paroxysm, which may be lighter or not return at all.



**ACUTALITY:** Initial dose of *Arsenic-album* has gradually settled the fever paroxysm. Although antipyretic was given but it is not sufficient to

control the temp for more than 6 hours because Plasmodium cycle remains unaffected with the same.

28/7/07 6.35pm	No complaints.	Constitutional remedy to avoid any recurrence.	<i>Natrum-mur</i> 200 1P
30/7/07 10 am	Patient symptom free for two days. T-98.6.		Placebo

**ACTUALITY:** Treating single episode is not enough. Constitutional medicine is prescribed to annihilate the Exoerythrocytic phase and stop the relapse.

## Letters to the Editor

NJH has made a land mark in the field of Homoeopathic education by bringing out the student's edition- Practical Application of Organon of Medicine. Organon of Medicine is the Foundation of Homoeopathic practice where Dr Samuel Hahnemann has given fundamental principles and directions to apply them in the practice.

Only a few students have inclination towards the study of Organon of Medicine. The majority are interested in clinical subjects like, Medicine, Pediatrics and Psychiatry; or as second choice opt for homoeopathic subjects like *Materia-Medica* and Repertory. Organon of Medicine is the last option.

In Homoeopathic practice, Organon of Medicine should enjoy the central place. In Dr Hahnemann's own words- "follow my method and report your failures" he challenges clinicians for soundness of principles of homoeopathy. The first six aphorisms of the Organon give the most fundamental requirements for successful homoeopathic practice.

Aph 1 and 2: are the Aim of Education and Training, Aph 3 and 4: make the Curriculum for the training and Aph 5 and 6: Lay down the Methods and Techniques of Education and training.

Late Dr M L Dhawale has demonstrated this in his practice and suggested to bring the practice to the classroom as learning through practice is the best way of learning. He successfully demonstrated the application of principles to practice. Individualization, Totality, Susceptibility and Law of Similars are the fundamental principles.

I congratulate the entire team behind the publication of this special issue on the most fundamental subject that was sidelined for some time. The first issue on Repertory inspired me to put students at Palghar to work to give good clinical Organon-based material

-Dr N L TIWARI

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Its just the time I got Students Edition of NJH. I enjoyed reading Dr Krutik's article - 'Yes, I am proud to be a homeopathy and Introduction to repertory. Congrats on your good work. Have you done Dip in International Academy of Classical Homeopathy? Best wishes to your further research and practice.

-Dr RAJIV ABRAHAM, KERALA.

★★★

Yes! I am proud to be a Homoeopath.....After reading this energetic article by the enthusiastic and hardworking Homoeopath and good friend, Dr Krutik, I feel that we are in the world which stands on edge when lots can happen by hard work and principles given by Dr Hahnemann. The article was a inspirational and helpful for the beginner to understand Organon and Homoeopathic principles comprehensively. One positive thing about this article is that it does not contain any criticism and comparison about allopathy and homoeopathy.

-Dr DHRUVIL SUTAR

And dare we give the prize to Dr Tiwari for best letter?

... also thanks for contribution to Organon Issue.