



# Managing of Acute Cases with Homoeopathy

## CASES FROM OTHER HOSPITALS:

Acute cases are self-limiting disorders, from which the patient either recovers or succumbs to the disorder hence the aim of all treatment is to abort the course of the disorder. Kent in his early days of practice cites a case of Typhoid he treated and the patient was all right after 21 days!!! Meaning that the medicine failed to abort the course of the disease, and the patient recovered naturally. In acute disease, the symptom picture is so pronounced that the Physician needs to make a note of the symptoms and prescribe accordingly, for after all, disease is but a change in the disposition. The changed disposition may be expressed at the mental level, for example irritability, anxiety, fear, etc, and physical level, for example, increased sensitivity to heat or cold, touch are light etc and at the nutritional level, expressed as desire for or aversion to, causing up along the disorder are concomitants either mental or physical.

## CASE 1

Mr S, age 50 years was suffering from fever and sought allopathic medical aid. Even after a month of taking the medicines, there was no respite. Apart from raised ESR, all the tests were normal, including the urine culture. Antibiotics for another month. The fever persisted. Anti-Koch's treatment for two months without relief, Then Mr S got the help of a local Ayurvedic doctor and was under treatment for another month without any relief. At this stage he was referred to me with a diagnosis of pyrexia of unknown origin.

On my visit the temperature was varying between 101F in the morning to 102 F in the evening. The patient was



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very weak and had persistent hiccups. Appetite was reduced though the patient ate as a ritual. There is no variation of thirst. The tongue was mildly coated.

On enquiry, if the hiccup was of recent origin, he replied that it was there since the beginning of the fever. This was only reliable concomitant I had for prescription. I looked into the Kent's repertory under the chapter stomach, hiccup. In the sub rubrics I found *Crotalus-hor* and *Mag-phos*. There was not much of toxicity to consider *Crotalus-hor*. Hence I prescribed *Mag-phos* 6x, 2 tablets at a time at 10 am, 2 pm and 6 pm. When I visited the patient at 8 pm the same day, the hiccup had totally disappeared and the temperature was normal in the first time in 5 months! Then I put him on placebo every 4 hourly and observed the patient for a week. There was neither the relapse of fever, nor the hiccups.

## CASE 2

Mr R was admitted in the government home hospital at Malakpet in September 1980. Where I was teaching surgery and in charge of the surgical unit. He had a deep seated abscess in the right buttock. Even after a week of prescribing the usual remedies for abscess like *Hep-sulph*, *Silicea*, *Calc-carb* there was no respite of pain or swelling. On the 10<sup>th</sup> day the abscess was a little ripe, the pain was unbearable. Observing the pain of the patient, I thought that a small incision will relieve the tension and the patient can be comfortable. I took him to the surgical dressing room. Then there was this one batch of 5 ½ yrs M B S (H) students, few of them posted in my unit. Everyone was anxious to see that the patient got some relief. As he was being prepared to incise the abscess, the patient started abusing me, calling me all sorts of names in the most, filthy language. Then I put the scalpel down and walked out of the room. I looked into the repertory, there was remedy for the exact expression of the patient. The rubric I looked for was abusive, the sub- rubric: Pains with:



and the drug was *Corallium-rubrum* in the 3<sup>rd</sup> grade. I asked one of the students to get a dose of 200 and immediately administered to the patient. Within few seconds, it burst open, splattering pus on the three of us standing close by to the patients! If we understand or get the characteristic expressions, then the Repertory of Materia Medica helps in getting the similimum. Here there was a mental expression as a concomitant for a physical suffering.

**CASE 3**

A female patient aged about 36 years presented with acute pain in abdomen. On interrogation the son revealed that the pain started in the morning as a generalized pain. She was constipated for 2 days had not passed stools. She was absolutely thirstless. On examination: The patient was drowsy, the tongue and mouth were absolutely dry. It was very difficult to arouse her because of drowsiness. Drowsiness with pain is paradoxical and I thought *Ignatia* was indicated and I was tempted to prescribe it. My associate Dr

Tarapore, drew my attention to other leading indication of absolute thirstlessness. Constipation and dry parched tongue and mouth in addition to dryness, which lead to the prescription of *Nux-moschata*. I gave 200 potency and was observing the patient.

After about an hour the temperature reduced to 100 F, patient asked for water, which she promptly drank. After about half an hour, she had the urge to pass stool, which she passed. The pain and tenderness reduced and she went back to sleep. At around 9 pm she got up and went back home. The next day the temperature was normal. The pain reduced, she had normal bowel movements and could eat well, though not as usual. Her son reported this to me in the morning. She herself cameback in the evening absolutely healthy and happy, and was enquiring whether she can have a regular meal. On examination: The temperature was 98 F and other vital other signs were all normal. She was allowed her regular meal. For 3 days, there was regular report of the patient being healthy.



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