

Injury Cases Quantified

Editor Introduction: These are cases of Routine Remedies, Yes, but with an Insight. We all treat so many cases of injury with phenomenal results, so much so that we have forgotten to be amazed at the results, and take them as a routine. So when an orthopaedist, newly appointed to a Homoeopathic hospital sees these results and documents them scientifically, we can once again look at these cases with the satisfaction of a job well done. And in addition, give Homoeopathy its rightful due.

CASE 1:

Mrs Tarabai Dhanu, 50 yrs, fell from a chair 6 days ago and injured the upper 1/3 of her Right tibia. She immediately developed pain and a swelling 33 cm in diameter. The swelling continued to gradually increase in size. 3 days later she also got fever for a short period. She was brought to the Palghar Rural Hospital.

The Orthopaedic opinion: Haematoma, chances of secondary infection.

Advised: leg elevation, crepe bandage – for compression bandage.

Action: Arnica 30 QDS

Explanation:

- A/F: Old injuries
- Pathology of Haematoma formation
- Arnica acts on the blood vessels. It has the capacity of absorption of blood. It handles complications of recent as well as old injuries.

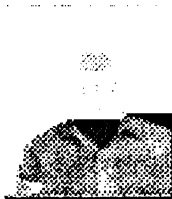
Here susceptibility is low; there are no local modalities or characteristic present. The sensitivity at mind and level of nerves is also low.

Now we want to achieve the resolution of haematoma and facilitate the fibrosis. Considering low susceptibility and low sensitivity, Arnica 30 was started in frequent repetitions.

7/11/02	Swelling > 25-30%, softness (+) No secondary infection	Arnica 30 QDS x 5 d
12/11/02	Swelling fluctuant (+) no warmth Pain > ³	Arnica 30 QDS X 1 d
13/11/02	Swelling > pain (+) Considering short duration of amelioration 30 → 200	Arnica 200 QDS x 4 d
16/11/02	Swelling > pain > ³	Arnica 200 QDS x 7 d
23/11/02	Swelling > ² pain > ³ tenderness > ³	



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ORTHOPAEDIC OPINION: - complete fibrosis has taken place and the case file can be closed as cured.

CASE 2

Mr Raju, 32yrs, was passing by the hospital on Nov 7 2002, and as luck would have it, had a vehicular accident in front of hospital, with attention at hand immediately. X-ray showed fracture at junction of medial 1/3 and lateral 2/3 of Rightt clavicle.

Action:

There is recent H/O trauma; A/F: Injury

The pathology is of active bleeding. *Arnica* covers both; *Arnica* handles complications of active bleeding from injury.

It's Sphere (SOA) of Action is on vessels and capillaries.

Severe pain indicates high sensitivity.

The pathology of active bleeding and local acute inflammation points to high susceptibility.

Acute inflammation demands frequent repetitions.

So *Arnica* 1M QDS was given for 4 days, and a figure of '8' bandage applied.

12/11/02 Swelling >², tenderness >³, pain >² 50%.

Now bone union promotion is the focus of attention

- A/F: Injury
- Pathology of the fracture of bones
- *Symphytum* acts on the periosteum and promotes callus formation.
- It controls bony pain after injuries.
Symphytum 1M QDS given to promote bone union.

19/11/02 Day 12: X-ray showed that good callus formation started on 12th day.

Orthopaedic opinion: Usual period required for good callous formation is 3-4 wks.

CASE 3:

Mrs H P, 56 yr, came with injury to Right wrist after a fall the previous tday.

X-ray → Colles' fracture of right wrist Radio-Ulnar variance normal.

AP X-ray shows normal radial tilt.

Lateral view: showed articular angle to long axis of Radius 10 degrees in dorsiflexion (which is normally 0 to 6 degrees) volarwards fracture of lower end of radius; extra articular with dorsal comminution-(means totally crushed to powder) # Rt wrist. Due to condition of the bone, Close Reduction had to be done and a speical cast applied on 24/10/02. (The cast was of a material which would not loosen when haematoma and swelling reduced.

Action:

A/F: Recent injury to Right wrist

Pathology of active bleeding following injury leading to haematoma formation, with swelling, tenderness and acute pain. We checked our records and also with ortopedician that this patient had heamatoma. He confirmed that colles fracture also develop haematomas although not frequently.

Arnica is known to have action on blood vessels and, capillaries. It has absorbent action on bleeding parts.

It controls after pains following haemorrhages.

So considering cause, pathology and its state, sphere and mode of action of remedy, *Arnica* was given.

Acute inflammation following trauma and the severe pain points out high susceptibility and high sensitivity which demands higher potency in frequent repetitions.

Arnica 1M QDS was given for 2 days.

Local swelling on dorsal part of the hand and fingers was better.

Pain >>² 50%.

Tenderness >³

Now we have to promote bone union process: Considering bone fracture following trauma and *Symphytum*'s action of promoting bone union, *Symphytum* was selected.

State of acute inflammation of bone soft tissue and haematoma around bone, demanded high potency in frequent repetitions as the Master has said.

She was put on *Symphytum* 1M QDS from 26/10/02 for 6 weeks.

Gradually pain showed daily reduction.

X-rays taken on:

- a) 31/10/02 showed reducing satisfactory results
- b) 4/12/02 showed completely healed fracture ie within 6 weeks.

Then patient was put on her constitutional remedy which was *Silicea* 200 1P/weekly with expectation to harden the callus. The last X-ray on 20/1/03 (12 weeks) showed completely united bone as normal (dorsal tilt corrected and with accepted reduction), pretty good going for a post-menopausal woman of 56 years!

CASE 4:

Baby S P, a 9 year old girl, came with H/O fall. X-ray showed fracture of Right femur.

Here, injury was the precipitating cause. There is pathology of active bleeding. *Arnica* stops active bleeding and absorbs haematoma & promotes granulation tissue formation.

It also handles consequences following recent as well as remote trauma both at physical & mental level. It controls pain and inflammation following trauma.

Again high susceptibility and sensitivity asked for higher potency in frequent repetitions.

Now to stop active bleeding, *Arnica* 1M was given for 4 days.

Simultaneously, Thomas splint was applied for immobilisation of Right leg. After 4 days, problem definition got changed to facilitate callus formation.

Here, A/F: Injury to bones.

- Pathology of active inflammation bleeding, Haematoma and soft tissue inflammation of around bones following fracture.

SPHERE OF ACTION: *Symphytum*'s known action is on periosteum and promoting callus formation.

Symphytum 1M for 14 days was given. But her father removed the splint to apply some local medicine. When pain increased, they reported again on 14th day, but X-ray showed good callus.

Otherwise, if we had not given *Symphytum*, in children 3-4 weeks are required for well developed callus.

CASE 5

Mr SK, a 70 yrs old Muslim male was operated for loose bodies in knee. There is operative trauma to soft tissue leading to active bleeding. The pathology of post-operative acute inflammation demanded high potency in frequent repetitions.

Here we have to control post-operative bleeding first. So *Arnica* 1M 4 hourly was started. The first day bleeding was approx 20 ml.

Orthopaedic experience suggests 100ml drainage on

first day.

On 3rd day morning drainage was totally removed.

Now we have to control the inflammation and healing of the ligaments and tendons. *Calc-flour* is known to act on bones, joints, tendons and ligaments and promote fibrosis and calcification thus hardening the tissues.

It has tendency for formation of loose bodies, osteophytes etc.

It causes deposition of Ca^{++} on ligaments and strengthens them.

To promote fibrosis, *Calc-fluor* 30 was given TDS in multiple doses with some nutritive supplements. The idea was to promote post-op healing by secondary intention.

As we want process more at physiological level, low potency was selected.

Obviously 3-4 weeks after, patient came with smiling face as Range of Movement had increased and he was able to offer "Namaz" as before.

CASE 6

Mr MP, a 21 yrs old male came with crushed injury of Lt Thumb, after getting it caught in vehicle door. The nail was totally smashed. It was corrected by orthopaedic surgeon.

Considering:

- smashed, crushed injury following trauma (A/F, type of injury)
- *Calendula*'s sphere of action on soft tissue
- Its ability of promotion of formation of granulation tissue (mode of action)
- Its ability of preventing pus formation (preventive mode of action)

Calendula was the remedy.

Pathology of acute inflammation with acute pain demonstrated high susceptibility and high sensitivity.

So *Calendula* 1M was given in frequent repetitions ie QDS.

The wound was properly dressed.

21/11/02 *Calendula* 1M QDS x 4 d

23/11/02	>Pain > ² 50% <i>Calendula</i> 1M QDS x 2d	<i>lava</i> 30 QDS x 15 d Glycerine based <i>Calendula</i> ointment, locally x 15 d
26/11/02	Dressing was difficult to open due to dried, clotted blood; haematoma (++) Here <i>Calendula</i> was not able to resolve haematoma. So <i>Arnica</i> was selected. <i>Arnica</i> 1M QDS x 4 d	6/1/02 A big pustule developed on distal part of the wound with ulceration of wound brownish-dark discharge spoiled blood offensive That was the picture of cellulites. Now something which will take care of deep seated destructive pathology and cellulitis was needed to be given.
2/12/02	> Pain > ³ good granulation tissue formation. Haematoma > ³ <i>Calendula</i> 1M QDS x 4 d continued	Considering ulcerative pathology, active inflammation of skin, yellowish-brown discharge, bone pathology and syphilitic activity <i>Merc-sol</i> was selected.
10/12/02	Wound healing > healing > ² dead skin removed <i>Calendula</i> 1M QDS x 7 d	<i>Merc-sol</i> 200 QDS x 7 d Imp: Sequestrum coming out

CASE 7

Mr B M, a 30 yr came with an H/O snake bite to Lt Index finger 2 months back. During these 2 months some local medicines were taken.

Ultimately it lead to dark red bleeding++ which was painless initially. Then blackish discolouration developed with intolerable pain³ and swelling with coffee coloured³, rotten egg like smelling discharge.

Patient presented with flexion deformity with dead bone. X-ray showed multiple cysts containing trabeculae in phalanges.

Surgical removal of big cysts was done with application of mini external fixateor to correct flexion deformity. The wound needed to be kept open.

The following totality was erected:

A/F: snake bite; action of snake poison.

Pathology: bone tissue necrosis

Coffee coloured offensive discharge, chilly patient
Hekla-lava was selected.

Destructive pathology and absence of local characteristics favoured 30 potency.

17/12/02	<i>Hekla-lava</i> 30 QDS x 1d
18/12/02	Pain > ² , no active discharge: <i>Hekla-lava</i> 30 QDS x 3 d
21/12/02	Wound healing, no discharge: <i>Hekla-</i>

13/1/03	Wound healing > ² cellulitis > ² slight discharge <i>Merc-sol</i> 200 QDS x 7d
26/1/03	Wound completely healed, no discharge <i>Merc-sol</i> 200 QDS x 7 d

SYNOPSIS

1. All the above managed cases are **NON Miasmatic Surgical Cases**—as per the classification of disease as done by our Master. All the cases had **acute injuries**.
2. **DEFINITE CAUSATIONS** are present; either post operative or accidental trauma.
The causation was the major concept in treating all these cases.
eg A/F: Type of injury eg blunt, cut, crushed, pointed, clean-cut: points out towards remedies like *Arnica*, *Symphytum*, *Hypericum*, *Staphysagria* etc.

Tissue affinity of the drug and primary action of drug also helps in pointing the remedy.

- eg
- *Symphytum* acts on periosteum
 - *Hypericum* acts on sentiment nerves.
 - *Arnica* on blood vessels.

Nature of injury is also important in finding out the remedy.

eg Blunt injuries for *Arnica*. Incised, lacerated wounds for *Staphysagria Calendula*.

The type of pathology created after the injury also helps in finding the similimum.

eg: It may create active bleeding or just contusions or abrasions.

The duration and effects of the injury helps in finding the remedy as well as potency. It may be acute/ hyper-acute or chronic in nature. General or specific response of the constitution to the injury is also important.

eg Response of fever at general level and local appearance, modalities, sensations at particular level.

3. **TISSUE AFFINITY** of the drug and primary action of drug also helps in pointing the remedy.

- eg - *Symphytum* acts on periosteum
- *Hypericum* acts on sentiment nerves.
- *Arnica* on blood vessels.

4. In all the above cases, **PROBLEM RESOLUTION** ie "What is to be achieved" was decided prior to the starting of the problem.

eg (1) in case 1, to achieve fibrosis of haematoma was the problem resolution.

(2) In case 2, initially control of active bleeding and acute inflammation was the focus of attention which later shifted to promotion of callus formation.

All these problem resolutions were in alignment with natural process of recovery. These are the processes of healing which vital force can support – as Master has said.

Our experience tells us that in most of the cases, local characteristics were absent. So we will have to depend on all above stated basics.

5. In team-working, proper co-ordination, team spirit of orthopaedic surgeon and consulting Homoeopath was needed. The roles of orthopaedic surgeon and Homoeopath were clearly identified.

eg In fractures, close reduction and cast is necessary. The **mechanical factor** is not on the realm of the dynamic vital force to overcome as efficiently as by surgi-

cal intervention. We can not achieve proper bone union in case of fracture by just giving *Symphytum* without doing close reduction and cast application. So the role of surgeon becomes important.

6. In these types of cases, close FOLLOW-UPS of patient turned out to be required as the clinical picture in this dynamic acute state may change overnight rapidly.

eg (a) in case 6, initially *Calendula* was given to promote granulation tissue formation. But suddenly haematoma developed and we had to shift to *Arnica*. Again when haematoma resolved, we shifted went back to *Calendula*.

(b) In case 7, initially considering 'bone necrosis' was the pathology, *Hekla lava* was given. When picture of cellulites emerged, something taking care of both, bone necrosis and cellulites was needed and *Merc-sol* given.. In all these cases, anti-inflammatory drugs, antibiotics or serratopeptidases were not used. So close observation was necessary.

Though conceptually these cases fall under 'non-miasmatic surgical' type, every constitution responds in its individualistic way to any stress or injury. So the role of constitutional has to be kept open and should be given as in above cases, (case 3 - *Silicea*) in order to achieve desired effects and reduce long term effects of trauma at physical psychological as well as psychological physical level, so that the patient does not come back later saying: "I am never well since injury."

Constitutional remedy, thus, needs to be given after handling the injury, to close the case and prevent any after-effects. □

"A day without
laughter is a day
wasted."
- Charlie Chaplin -