

Conquering Acutes with Homoeopathy!



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About the Author: She is the HOD of Homoeopathic Materia Medica at DKMM HMC, Aurangabad. She is very well admired in the college due to her friendly & congenial demeanour.

ABSTRACT: *To be a fine homoeopath, one does not need to be intelligent, wealthy or have good contacts. One must be honest, dedicated, and most importantly, have a large amount of courage to survive against all odds.*

Our approach to homoeopathy can be summed up in one word, *simple*. Most things in life are simple and homoeopathy is not an exception.

The aim is to find out the most

characteristic symptoms and prescribe on them. These characteristics can come in the form of Keynote(s), rubrics, themes, pathologies, or even a sensation.

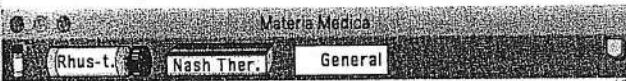
In general, there is a misconception that our

I repertorised the symptoms using BCCR repertory, it came up with:

	Rhus-t.	Ars.	Puls.	Calc.	Sep.	Op.	Nux-v.	Ign.	Chin.	Bell.	Sulph.	Ant-c.	Apis	Lyc.	Uerat.
Total Rubrics	7	4	6	5	5	5	4	3	3	3	3	3	3	3	3
Kingdoms	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
CONCOMITANTS; EXTREMITIES; Lower extremities; pain in general (33)															
Fever; CONCOMITANTS; GENERALITIES; Exhaustion (47)															
CONCOMITANTS; EXTREMITIES; Upper Extremities; pain in general (43)															
Fever; CONCOMITANTS; EXTREMITIES; Upper Extremities; joints, pain in (3)															
Fever; CONCOMITANTS; STOMACH; Aversion to; food in general (38)															
Fever; CONCOMITANTS; URINATION; too frequent (10)															
Fever; CONCOMITANTS; STOMACH; Thirstlessness (81)															

Rhus-tox was covering all the symptoms.

Then I checked his tongue to confirm *Rhus-tox*, & as Dr NASH says in his Nash's Therapeutics book, it was a triangular red tip tongue.



Rhus toxicodendron [Rhus-t.]
 Dry or coated tongue with a **triangular red tip**
 Great restlessness, cannot lie long in one position changes often with temporary relief, tosses about continually.

So, I prescribed him *Rhus-tox* 200 every hour, in water.

In acute cases of fever, I prefer prescribing the dose in water as we can succus, thus give a higher potency of the medicine at every dose.

The Mo reported that the fever gradually went down in 2-3 hours. He started asking for food & water. This makes us sure of the fact that when generals start getting better, we are on the right track. Pain in the extremities decreased slowly. And by the next day, he was up & about.

2) **Case of Acute Throat Pain**

A 17 year old young female presented with acute pain in her throat < Lf side.

On asking her more about the pain, she couldn't describe much.

She couldn't answer about the Origin, Duration or Progress.

Nor were there any modalities except for pain < empty swallowing. So, the best repertory in those circumstances is Phatak repertory, as Dr PHATAK

was also a man of few words like this patient of mine.

When we see these symptoms in repertory,

	Lach.	Merc-i-r.	Rhus-t.	Hep.	Merc-c.
Total Rubrics	9	5	4	4	4
Kingdoms	3	3	3	3	3

PHATAK REPERTORY; THROAT (24)

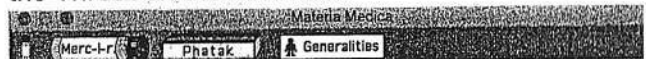
PHATAK REPERTORY; THROAT; left (19)

PHATAK REPERTORY; SWALLOWING; empty; agg (17)

We come up with: *Lachesis*, *Merc-i-r*, *Rhus-tox*, *Hepar* & *Merc-cor*.

Now what caught my attention was the remedy *Merc-i-r*. It being a small remedy & not so well proved, was covering all symptoms.

So, I read it up from Phatak's Materia Medica, who has written in capital letters, about the affection of the Throat on the Left side.



Mercurius iodatus Ruber [Merc-i-r.]
 (Mercurius Bin iodatus) Like Merc-i-f this salt also affects the lymphatic glands; **THROAT, but on the left side.** It acts on cellular tissue also; has

This gave me a good hint.

As the physicals were exhausted, I thought of checking the mental state & seeing what comes up. On probing, I convinced her that nothing is unimportant and that I would like to hear what she feels or perceives. She said she felt emotional these days and wept easily and a kind of restlessness

4) Case of Acute Throat Pain

A chronic patient who? Age? presented with Acute pain in throat. He had already tried Allopathic medicines, but they did not help.

The main complaint was that swallowing was tremendously painful. He said solids were more painful than liquids or empty swallowing of saliva. Here a point of learning, when a patient says Throat Pain, it has to be elicited in its entirety & characteristic has to be found.

Also, it felt that how much ever he is swallowing, it isn't going down.

Here we tried more, but no more details. This often happens in acute cases, there is only little information that a patient can help us with.

As there were few symptoms, we repertorise using Phatak Repertory.

	Lac-c.	Bar-c.	Lach.	Bell.	Apis
Total	4	5	5	4	3
Rubrics	4	3	2	2	1
Kingdoms	4	3	2	2	1
PHATAK REPERTORY; THROAT (24)	■	■	■	■	■
PHATAK REPERTORY; SWALLOWING; painful (8)	■	■	■	■	■
PHATAK REPERTORY; SWALLOWING; solids; agg (11)	■	■	■	■	■
PHATAK REPERTORY; SWALLOWING; won't go down (10)	■	■	■	■	■

We see the remedy *Lac-caninum* coming up. From Allen's Keynotes,



Throat: sensitive to touch externally (Lach.); agg. by empty swallowing (Ign.); constant inclination to swallow, painful, almost impossible (Mer.); pains extend to ears (Hep., Kali bi.); begins on left side (Lach.).

He was prescribed *Lac-can* 200 every 4 hours. This is how I prefer prescribing in acutes- high

potencies & repeatedly.

The first dose helped immediately. In the next 3 days, he was fully better.

5) Case of Acute URTI

This was a case of an old patient, who was constitutionally prescribed *Sepia* and was doing well on it. She developed an Acute URTI. I tried to help her again with the constitutional, but *Sepia* did not help!

Usually in cases where we already have a constitutional remedy which is helping the patient, I prefer prescribing the same remedy in an acute. But if the remedy doesn't help, then I take the Current Acute Totality & change the remedy.

She complained of frequent, profuse, intense severe sneezing. It is with so much pressure that she has to catch her stomach when sneezing. She had watery & running nose after that, with lachrymation & throat pain. She was saying the bones of the nose hurt.

On examination, I could see a huge Nasal polyp - like it has blocked the nose, which was painful on touch. The local GP said, "How are you breathing? Your nose is so blocked". There was redness in the throat on both sides. She was unable to sleep on the right side, as the right nose gets blocked. Difficulty in breathing when nose gets blocked. On Repertorizing,

	Teucr.	Con.	Calc.	Rhus-t	Sulph.	Thu.	Carb-v	Puls.	Sil.
Total	12	14	15	15	15	15	15	15	15
Rubrics	7	5	5	5	5	5	5	5	5
Kingdoms	7	5	5	5	5	5	5	5	5
nose; SNEEZING; violent (107)	■	■	■	■	■	■	■	■	■
nose; PAIN; bones (85)	■	■	■	■	■	■	■	■	■
nose; POLYPS; obstruction of nose, with (6)	■	■	■	■	■	■	■	■	■
nose; POLYPS; painful (5)	■	■	■	■	■	■	■	■	■
nose; OBSTRUCTION, obstructed sensation; lying; agg.; side pain on (8)	■	■	■	■	■	■	■	■	■
generalities; AIR; cold; agg. (526)	■	■	■	■	■	■	■	■	■
generalities; COLD; taking, easily (264)	■	■	■	■	■	■	■	■	■