

## Homoeopathic Management of Acute Cases

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### INTRODUCTION

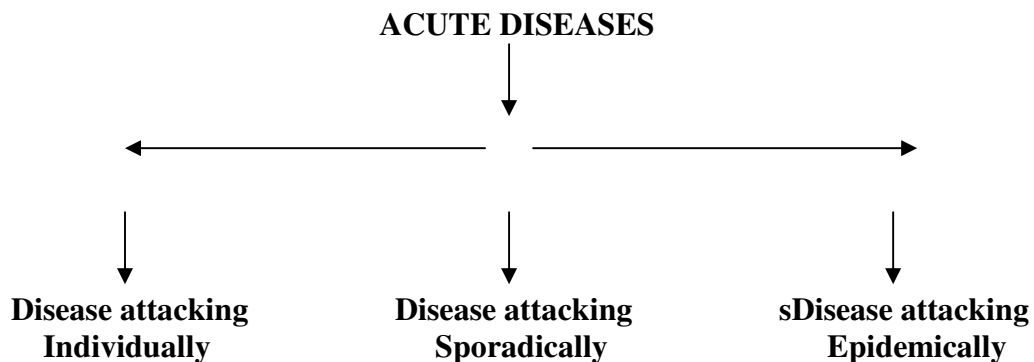
Whenever successful Homoeopaths come across the cases of acute conditions they prefer to refer such cases to Allopathic physician. Most of the time the reason is that they have wrong concepts that Homoeopathy is a slow acting therapy and it is meant only for chronic diseases and not for the acute conditions. These are the common excuses given by Homoeopaths. These are their own limitations and not of the science.

### Fixed concepts of Homoeopaths:

Generally Homoeopaths have fixed concepts regarding the Homoeopathic treatment of particular disease conditions with particular specific medicines. e.g. Abdominal colic – Mag Phos, Diarrhoea – Podophyllum, Fever – Ferrum Phos, etc. Such prescriptions are considered as blind prescriptions and they never cure patients.

### Homoeopathic Concept of Acute Disease Classification

Homoeopathic Concept of Disease Classification:



### Definition:

Acute diseases are the diseases to which man is liable are either rapid, morbid processes of the abnormally deranged vital force, which have a tendency to finish their course more or less quickly, but always in a moderate time. (Aphorism 72)

### Classification of Acute diseases:

1. Allopathic concept of disease classification.
2. Homoeopathic concept of disease classification.

### Modern concept of Acute Disease classification:

In allopathy the process of labeling the suffering of patient on the basis of common symptoms is known as “**Nomen clature**”. It is a process of diagnosis on the base of certain fix signs and symptoms. This process of classifying the disease on the basis of their common signs and symptoms is known as “**Nosological classification**”.

Forms of acute crisis:

As it is mentioned in the Organon teaches that there are three forms of acute crisis:

1. Indisposition 2. Acute exacerbation of chronic miasm. 3. The acute Miasms

**1. Acute Indisposition:** This type of acute crisis are known as **Mimicking Sickness** which attack individually are usually brought on by an exciting causes and the best treatment for such crises is simple rest, appropriate diet and nursing.

**2. Acute exacerbation of chronic miasm:** The second type of acute crisis attack individuals 'Sporadically', which are caused by atmospheric, meteoric and telluric influences. These are true acute indispositions and if severe should be treated with acute remedies. These diseases form acute layers, which repress the constitutional picture until they have run their course or are removed by homoeopathic remedies.

**3. The acute Miasms:** The Third type of acute diseases is 'Acute Miasm'. They are caused by microorganisms, which are self-limiting but tend to form quick crisis and end with complications, death or convalescence. They are of two types those that provide immunity after one attack and those, which re-occur like flu, cold etc. They should be treated with remedies, which reflect the picture of the acute miasms only.

#### History taking of Acute cases:

Acute diseases are caused by exciting cause or acute miasm. The acute miasm comes on either with sufficient violence to cause death of the patient, or with less violence, wherein there is a period of progress and a tendency to recover. While attending to a case, the physician should inquire to the recent deviation from health. Since acute diseases require immediate medical intervention one should not waste time in collecting details of constitutional state and should confine himself to the presentation of the disease. Therefore in acute diseases the physician should be able to collect two main important aspects of the case.

**1. Presenting complaints:** These can be described in four components, i.e., Location, Sensation, Modalities and Concomitants.

**2. The feature at general level:**

A. Changes on the physical plane like appetite, thirst, thermal reaction, respiration, etc.

B. Changes on the mental plane like irritability, confusion, fear, restlessness etc.

The above information forms the basis of treatment of acute diseases.

#### Case Processing of Acute:

1. Disease Diagnosis.
2. Diagnosis of Phase of disease.
3. Diagnosis of Miasm: a. Dominant miasm
4. Diagnosis of Susceptibility.
5. Erecting an Acute totality.

**1. Diseases Diagnosis:** One of the popular misconceptions about Homoeopathy is that has little to do with diagnosis and that a Homoeopathic physician does not require various facilities like Laboratory Investigations, X – Ray, Sonography, etc.

#### Importance of diagnosis in Acute conditions:

1. To know the type of disease: Individual/Sporadic/Epidemic.
2. Affected Tissue / system / organ can be known.
3. To know the individual characteristic symptoms, which form the
4. basis of prescription.
5. Pathology: Type, degree, extent can be known.
6. To know the Prognosis of disease.
7. Management: Auxiliary mode of treatment. / Medicinal treatment.
8. Prophylactic measures.

#### Diagnosis of the Phase of disease:

Acute diseases require immediate attention and treatment. They are Sudden, Intense Sharp and Unpredictable conditions. To know the Phase they are further classified in to,

1. Individual
2. Epidemic
3. Periodic
4. Acute exacerbation of chronic

#### Diagnosis of Miasms:

Theory of "Miasms" remains a point of controversy since so many years. On the basis of theory written by Dr. Hahnemann different authors have tried to explain the theory and its application. Without doing theoretical discussion here we should try to understand about the practical application of miasms in cases particular acute. After taking the history we have to decide about the miasms into the case. In a particular case we have to decide about

#### Dominant Miasm

**1. Dominant Miasm:** The word "Dominant" indicates more important, strong, noticeable than anything else of the same type. There are certain criteria for deciding about Dominant Miasm

**A. Which system/sectors/location disease is active at the present?**

When we try to correlate this point with the word dominant it indicates that to decide about dominant miasm we have to find out that in which system the

disease is active at present. For that we have to depend upon chief complaints of the patients. These are the complains for which a patient has approached to a physician.

### B. For more than one systems:

There are so many cases in which more than one system or location or section Involved. So it will be a difficult task for a physician to give importance to them. In such condition Physician has to take history right from inception in an evolutionary manner. This will give a clear vision to the physician that in which manner one by one system is involved and interiorization of disease is occurred. Physician has to inquire about past history especially of other treatment. In this way physician has to arrange the symptoms from the affected system/sector into chronology and form this base he has to decide the intensity and speed of progress of disease.

### C. Once the active system/sector is decided now analyse the affected system in details:

This will further help in deciding dominant miasm.

#### 1. Pace of disease development:

Dictionary meaning of the word pace suggest that “It is the speed at which someone or something moves or with which something happens or changes.” The speed can be Rapid, Moderate or Slow.

**Rapid:** “Quick or Sudden”

**Moderate:** “Neither small nor large”, “Neither fast nor slow”, “Within the limits of a range of possibilities”.

**Slow:** “Moving or happening without speed”.

#### 2. Organ/Tissue actively involved:

Active- Busy in or ready to perform a particular activity.

#### 3. Pathological changes:

The word pathology indicates the scientific study of disease .Any disease condition has two major progressive changes. A) Reversible pathological. B) Irreversible pathological.

#### 4. Affected functions:

In a diseased condition with a proper intensity when any organ or organs are involved, their ability to perform their functions becomes disturbed. When an important organ of a body is involved it causes effect on its functions as well as functions of other organs of body, which helps the physician to judge not only active miasm but he can also predict & can take precautionary measures.

#### 5. Expression of symptoms:

Derangement of any organ or system is expressed as signs & symptoms.

### Susceptibility: Criteria: Low / Medium / High

1. **General level:** Expression/disposition, characteristic /common
2. **Mental level:** Emotional /intellectual /subconscious
3. **Physical level:** Appetite /stool /urine /sleep
4. **Vital functions:** TPR, BP, Resp., Heat etc.
5. **Immunity level.**
6. **Tissue/organ / system level:**
  - Depth intensity or pathology.
  - Which miasm active at present.
  - Common or characteristic expressions.

### Formation of acute Totality:

- A. Except exacerbation / Periodic / Febrile make Acute Totality in following way:
  1. A/F – Maintaining / Exciting cause
  2. Location (Tissue / Organ / System)
  3. Sensation and Complaints.
  4. Modality.
  5. Concomitant.

Pick up characteristic or P.Q.R.S, Keynote expression and write in order of importance as follows.

- A/F
- Concomitant
- Modality
- Sensation and complaints
- Location.

**In case of individual and sporadic type of acute diseases,** the patients are inquired into the above-mentioned scheme.

**In case of epidemic type of acute cases** case taking of few patients is done in a Systematic manner. Through that physician comes to know the characteristics individual features of that particular epidemic disease at that particular time. On the basis of this totality of symptoms is formed under above-mentioned schema. This totality is considered as totality of mass of the patient.

### Fever totality:

Incorporating the three distinct stages of Chill, Heat, and Sweat, as well as the Apyrexial phase. It also includes compound fever with indistinct phases of Chill, heat and sweat, or irregular or mixed phases, the following items have to be noted carefully:

- A. Ailments from – Cause
- B. Aggravation And Amelioration. – Especially time
- C. Characteristics – Descriptive
- D. Concomitants – Before, during, after

### **Formation of Totality in an acute exacerbation of chronic diseases**

1. The remedy should be chosen by the location, sensations, modalities & concomitants of the active layer.
2. The remedy chosen should be more superficial acting so that it will not disturb the chronic condition and will calm the symptoms at the moment without acting too deeply on the case. It becomes a complementary remedy to the constitutional remedy that follow.

### **Acute prescribing:**

➤ **Acute miasms:** Genus epidemicus as curative and Prophylactic.

➤ **Acute exacerbation of chronic diseases:**

1. Acute prescription based on presenting totality.
2. Indicated constitutional remedy at the end of acute phase which prevent relapses.

➤ **Acute episodes periodic disorders:-**

Acute Prescribing based on the presenting totality.

### **➤ Unusual Prescribing:**

On rare occasions in acute cases physician has to follow the following path of prescribing in case of absence of clear pointers of acute prescribing.

1. Nosodes
2. Organ remedies
3. Pathological prescribing
4. Alteration of remedies

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