

Dear Readers,

With commonwealth games just held in our country and that too in my city, it was an overwhelming feeling and a great experience. The city has changed for good. I went to see the hockey match the other day and all that I felt was it is the moment which matters.

All your training, experience and confidence have to come in to play at the moment when you have to strike that goal. At that time, if you are able to use all that wisdom and learning in the correct way you are going to be a winner otherwise this will not matter. Similarly, when we have an acute case to handle in our practice, we have to use all our learning, be a listener and an observer. Above all, have an eye so we are able to filter out the right information and prescribe exactly what is needed.

I don't know if all will agree with me or not but this is what I believe, what I have learnt and also have seen in my practice that the medicine has to be correct – just correct if the patient has to improve. It's simply black or white; there are no grey shades in homeopathy. In fact, I find it useful to share this with my patients so they come back to me if they are not better in 12 hours (for an acute ailment) and in many cases, I just wait for few hours or minutes for the reaction to occur.

Dr Brian Kaplan discusses in his book 'The Homeopathic Conversation' – Chapter 4, about acute cases handling. He has explained two types of cases, one which come to the physician for the first time and the ones who are already his patients. The first category is more difficult to treat as at times they are not "educated" about homeopathy and many times find the questions of the physician irrelevant. Here the observation and if possible, the information from relatives and family is very important and if you get this correct, the patient is all yours for life and there is one more person added to the list whom you can heal with homeopathy. In the latter category, where patients are already your patients and you know the constitutional remedy and

many times the acute remedies which have helped the patient. He has suggested it's always good to check that list first to see if that matches and only if you feel the presentation is different, you should think of another remedy

When we are talking about acute case handling, we should not forget the use of repertory here. As this is the one aid which is of tremendous help otherwise it's undeniable that we will end up using only few remedies we remember and I bet that they will be few counted ones which we are comfortable with remembering.

Repertory is such a wonderful tool – the more I use it, the more I feel I need to know more of homeopathy. I treated a case of dengue where the fever was touching 104°F and the patient was admitted in the hospital but not responding to anything, I had also given two remedies by now - *Arsenicum* and *Nux vomica* - seeing her chilliness and nausea. But then her son mentioned that her nausea increases when cold water pad was being kept on her head and feet. I looked up and found *Hepar sulph* as the remedy for nausea when cold; although there were other remedies also but this matched the totality and one dose of *Hepar sulph* 1M brought her fever down in 2 hours and she was discharged the next day.

So it's our lacunae where we miss. There are times where I m not able to help with homeopathy in acute ailments. It's where I am unable to perceive what my patients want to tell me or show me. Many of us would have such areas in our practice. These are the areas where we need to work on if we really want homeopathy to be chosen as the first line of treatment for any ailment - be it a simple cough to an epidemic - by general public first as government policies will follow later.

Dr Geeta Rani Arora
Editor

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Unbolt yourself ...

MONTH	TOPIC	LAST DATE OF SUBMISSION
January 2011	Cancer	November 20th 2010
February 2011	Attention Deficient Disorders	December 20th 2010
March 2011	Kali Group	January 20th 2011
April 2011	LM Potency	February 2011

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