



FROM THE EDITOR'S DESK

Things to be taken care of when we see an acute case are few but there are somethings which we forget in practice many times. The first and foremost thing is the time since the complaint started and if the patient can allocate any ailment factor associated with it or give a precipitating factor to the complaints. If enquired properly we will be able to get an ailment factor in many of the cases. After that is the location of complaint, say if we get a complaint of upper respiratory tract we have to see the exact location of settlement of the complaint whether it's the nose, the pharynx or the larynx. In gastric affection one has to be sure whether its just the gastric region or the colon or the rectum and so on. After this we can see the progress of the complaint from one organ to the other and the pace of progression of the complaint, and the rapidity of it. Then comes the modalities, and concomitants. From all of this ailment factor, change in generalities, and concomitants are most important. Here we have to take care that the ailment factor is defined very properly and in practice many times either the ailment factor is vaguely given as patient can give you two or three causes of this complaint or might not be able to give anything properly. In those cases we should not rely on it and concentrate more on change in generalities and concomitants as they depict the constitutional state.

The drug should be matching the constitution of the patient at the time of the acute episode or said in simpler terms the acute medicine should also match the generalities of the present state of the patient which depict the constitutional aspect of the patient in that phase. And that is why it is said that we should not be doing polypharmacy and a single drug should be given even in acutes as at that time also patient depicts a constitutional state of a remedy. If generalities are taken properly we will be able to find it for sure.

Let us see few examples:

A four year old child comes with pain around ear since last one day. It was child's birthday a day before and during the party only he started becoming very irritable. He complained of pain in the

ear and was crying when mother touched it. Parents felt that since there were so many people around & he is playing since morning so may be the child is tired and that is why he is cranky. They called me up and asked what can be given, since the function was going on, they said there were unable to come for consultation. I had suggested at that time to give Belladonna 200, seeing the sudden appearance of symptoms, his constitution which I knew was Calcerea (as he is my patient I knew that) and seeing the history-usually he is better by Belladonna as his acute medicine. The patient was brought in the morning as he as not better and had also developed fever. On examination, there was swelling in the rt. parotid gland & it was extremely tender to touch. Even slight touch and child would wince in pain. At night he didn't wanted an A.C. to be put on as he said he was feeling cold, usually he needs A.C. in summers throughout the night. (This child usually gives the symptoms very nicely which helps me prescribe really better). Based on these general features of extremely sensitive to touch and chilliness 3+1 prescribed Hepar Sulphur 200 three times a day, by evening fever had come down and pain was much better and swelling also regressed but not completely. Was asked to continue for one more day the same dosage, by next day evening the swelling completely subsided, no fever and child was active & back to normal again. I prescribed a dose of Calcarea to wind up the case as that being constitutional remedy and also having a glandular tendency.

Case 2:

9 year old male child who is coming to me for treatment for recurrent attack of ASOM since 6 months (Has this tendency to ASOM since 2½ years, has already got a surgery of adenoids done but it recurred). His attacks frequency is much better after he was given Calcarea Sulphur. He comes down with a complaint of fever since morning. Child is better sitting in open air, had played in the park last night (summer vacations going on) where the grass was damp. Also had cold drink a day before, so parents feel one of these factors could have caused it. Child complaints of lot of pain in the

limbs and mother informed the child was was lying down throughout the day but was very restless and asked for pressing his legs. On examination Rt. sided tonsil was enlarged. Based on the ailment factor of damp exposure and restlessness I prescribed Rhus Tox 200 three times a day for two days which cured this state of the child.

Case 3:

A female of 63 years comes with complaint of sneezing since two days. There is watery discharge from the nose, since one day she has developed irritation in throat & has sensation of ear blocked. Sensation of empty feeling in the stomach with restlessness but no gastric complaint. Thirst decreased and she wants to sit in the open air in the verandah. Stools normal. Pulsatilla 200, three times a day for two days, after four doses only patient was completely better so was asked to stop the medicine after that.

Case 4:

Child 4 year old, all body hot, dry heat, child having gases and constipation since 2 days, has not passed stool since morning, fever since morning. Was given Bryonia 30 as his grandmother does keep some homeopathic medicines at home and does self prescription for her ailments. But it didn't help. When enquired about history, child had hot milk in the morning and immediately after that went to take bath and then immediately after that went for playing out in the sun. So exposure from cold to hot temperature is seen. Thirst: drinking water often, but complaining of stomachache and doesn't want to eat food, is little lethargic and is not talking much. Tongue coated thickly white which stands out. Temperature is 102° F. I prescribed Antimony Crud 200 3 doses 1 hrly/ & then report to me. Fever came down to 99°, and child gets up from bed and eats little bit of Khichadi. Next day also three does given 4 hrly and temperature comes down to 98°, he passed stool and gases also not present anymore. Child was back to his usual self again.

I will be glad to receive your feedback or queries, if any on this discussion.

—Dr. Geeta Rani Arora
Editor-in-Chief

