

Exploring the Significance of Remedy Reactions in Homoeopathic Management of Acute Individual Diseases

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Abstract: Scope of homoeopathy is not only in chronic diseases but also in acute diseases. In acute diseases, patients' sufferings are intense, he is in misery. I have made an effort to manage acute diseases by giving importance to analytical study of remedy reactions. I have found that homoeopathic treatment gives immediate relief to patients' sufferings, makes the patient comfortable and results in improvement. The choice of Similimum is based on totality of symptoms and exact potency is selected on assessment of susceptibility. Analysis of remedy reaction guided for the second prescription to achieve cure. I have found homoeopathy does not just palliate the patients' symptoms but gives relief to patient. It is an observational study where the remedy reactions are analysed in acute individual diseases. Homoeopathic management is effectively done by choice of Similimum based on totality of symptoms and exact potency, which is selected on assessment of susceptibility. The outcome of the study was that remedy reactions (Kent's 12 observations) like 2nd 3rd 4th and 6th were present in the case which helped for effective management of acute individual diseases. In this study out of 30 cases, 23 patients were improved i.e. 76.66%, 05 patients are not improved i.e. 16.66%, and 02 patients are status quo i.e. 06.66%. Key words-Acute individual diseases, remedy reaction, and Similimum.

INTRODUCTION

Disease is broadly classified into two terms, the acute and chronic. The Acute disease defined by Dr. Hahnemann as "The rapid morbid process of the abnormally deranged vital force, which have a tendency to finish their course more or less quickly,

but always in moderate time". People suffer due to many reasons. Many people are not concerned and bother about their health and they do not take medicines until they find some critical situation for their health. So, they only report to doctors in their acute distress. This kind of behavior is mostly seen in the rural area where poverty and illiteracy are higher. To manage this acute is very difficult because the vital force is deranged at such a level that it demands vigorous action and if the action is not taken on time the disease finishes the course and leads to death. Immediate action in this situation is very difficult and more difficulty may come up even after the administration of remedy. The understanding of the state before prescribing the remedy is already not clear and then new matter comes in the follow ups and demands further action, but only after proper judgment and conclusion. In this situation, there are high chances to miss out the finer changes in the susceptibility until the physician is quite alert in the inquiry and collecting the data. In acute disease physician cannot take rest for long time after prescribing the remedy, he needs to frequently assess the patient and judge the response because he also needs to act further. Homoeopathic practice builds up when physician masters cures of Acute. It builds confidence in him & in patient. We are blamed, homoeopathy is slow & only for chronic but if physician can efficiently treat Acute diseases. Successful treatment of Acute diseases depends on understanding of the patient response and accordingly physician should tackle the case by

understanding the remedy reaction thoroughly. Many acute cases in OPDs of Homoeopathic hospitals of Medical College at casualty where the patient comes in distress. It is very difficult to manage the patient and the situation too where the all the environment is under stress. Immediate action may have been taken with the available resources at that time and somehow possibly handle the situation but our job is not over until the patient is completely ameliorated. We need to take frequent follow ups and inquire about the changes from the previous state. So, here, already the things have concluded at partial level at first point has comes again in front and need to understand the new follow ups with the light of the previous understanding. Now confusion builds up with the already half confused state and so the final improvement is difficult and the patient suffers more. Here it is good opportunity to study the follow ups of the case and understand its importance in the management of the whole episode of the acute disease.

MATERIALS AND METHODS

Source of data: -

- ◆ Cases have been selected from OPD of the Hospital attached to the College.

Method of collection: -

- ◆ 30 cases have been randomly selected for the study.

Inclusion criteria: -

- Acute diseases which have been classified by Dr. Hahnemann will be selected for study.
- Acute exacerbation of chronic disease is allowed for the study.
- Cases, which could be diagnosed as per the standard guidelines available in clinical medicine.
- All age groups and both sexes have been considered.
- Auxiliary and supportive managements considered on requirement.
- The cases should have sufficient follow ups that can be studied.

Exclusion Criteria: -

- Patients suffering from two acute diseases at a time will be excluded.
- Life threatening acute conditions would be excluded.

- Acute emergencies like mechanical injuries, where disease has not developed due to dynamic derangement.

Method of Study: -

I. Case Recording: -

- Recording of the cases has been done according to the standardized case record.
- Preliminary Information: Mainly highlighting Reg. No, Name, Age, Sex, Status, Education, Occupation and Address.
- Introduction in brief about patient where the past experiences has been mentioned in short.
- Chief complaint recorded in Location, Sensation, Modality, and Concomitant – format.
- Past history and family history.
- Physical general and particular examination.
- Investigations if available.

II. Case Processing: -

- ◆ Symptom analysis and evaluation: Symptoms have been analyzed according to standard guidelines. Order of evaluation of symptoms is as follows.
 - ◆ General > Particular
 - ◆ Mental > Physical General
 - ◆ Modality > Sensation > Location
 - ◆ Characteristic symptom > Common Symptom
 - ◆ Causative modality > Aggravation > Amelioration
 - ◆ Physical General Modality > Physical General Sensation
 - ◆ Precipitating cause has been given most importance.
 - ◆ Clinical diagnosis has been made as per the guideline given in the textbook of clinical medicine.

Totality of symptoms: -

Here the acute totality has been made after analyzing and evaluating the symptoms from the available symptomatology.

Planning and programming: -

Susceptibility – Categories: (1) Low (2) Low to Moderate (3) Moderate to High (4) High
Sensitivity – Categories: (1) Low (2) Low to Moderate (3) Moderate to High (4) High

Fundamental Miasm: Past history and Family history has been considered.

Dominant Miasm: According to the miasmatic expressions.

Correspondence: Importance has been given to the levels of similarity of the selected remedy.

General Vitality: Determined by the state of vital signs and the functioning of vital organs.

Functional Changes: Quality and Quantity of functional changes has been considered.

Structural Changes: Categorized under reversible or irreversible.

Final Assessment of Susceptibility: Categories under (1) Low (2) Moderate (3) High.

Remedy Response Evaluation Form: -

Follow-up Analysis: The data has been qualified and quantified under subjective distress, Generals, Disease activity and new symptoms.

Interpretation: The data has been interpreted under Clinical Thinking, Susceptibility.

Action: Therapeutic actions have been entered here.

Projections and Retrospection: Expectation after releasing the drug has been mentioned.

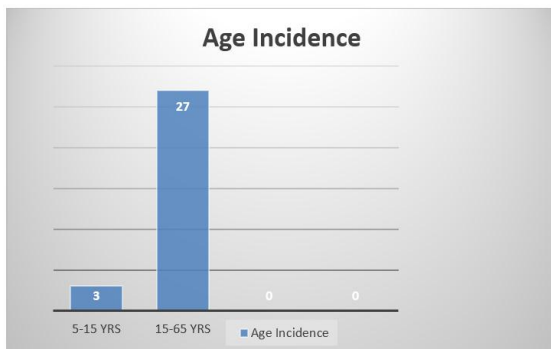
Remark: Reason for deviation from the previous action and expectation has been mentioned. Mention the remedy reaction as per Dr. Kent's observations.

OBSERVATION AND ANALYSIS

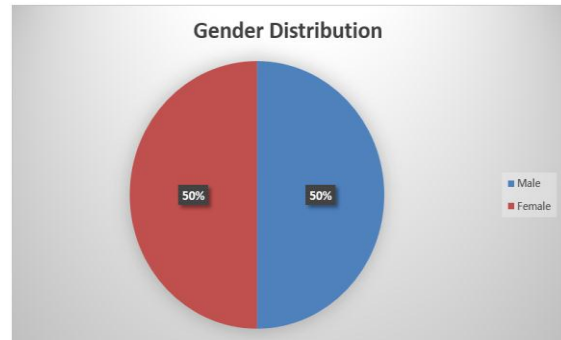
Statistic study was conducted with respect to age, sex, potency used, susceptibility and lastly no of cases that have showed improvement.

This data is presented in the form of table, bar, chart below.

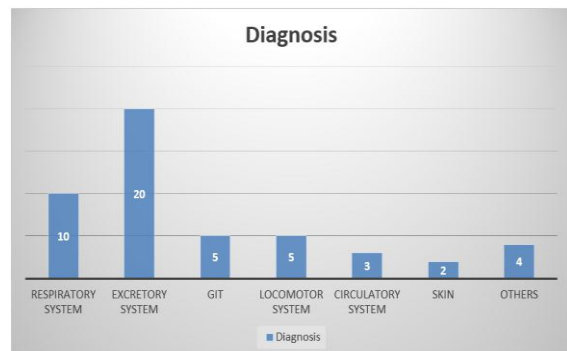
1. Distribution of cases according to Age:



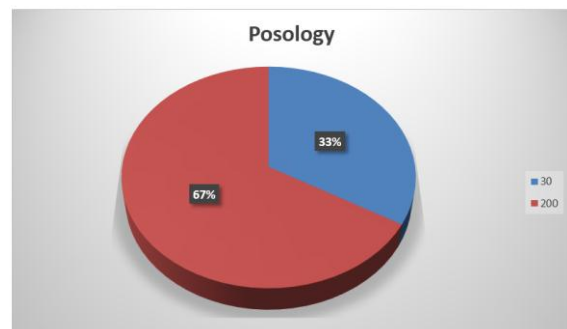
2. Distribution of cases according to Gender:



3. Distribution of cases according to Diagnosis:



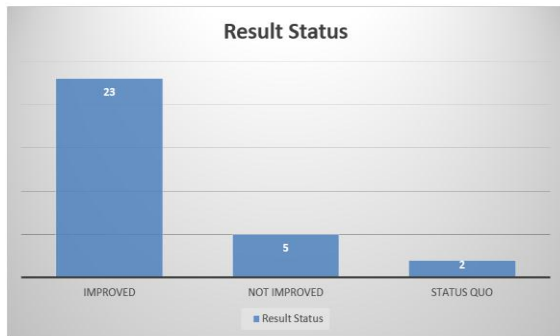
4. Distribution of cases according to Potency Used:



5. Distribution of cases according to susceptibility of the patient:



6. Distribution of cases according to Result Status:



SUMMARY

People suffer from acute diseases at any time due to changes in the environment and from the altered susceptibility. The disease progresses according to individual susceptibility and thus characteristic symptoms are thrown up to the surface. Now it is the job of the physician to understand the problem and do the needful. Generally, physicians give importance to the form and deal with it for the time being with superficially acting remedies. For proper follow up and management of the case beyond the first prescription, we need to study the reaction of the patient to the prescribed remedy and plan our further actions accordingly. To learn and understand about the reaction of the remedy and how to go about planning the further actions, thirty cases of acute illnesses were selected randomly from the various branches of the institute. Acute illnesses covering various sectors, of various intensities and spread across various age groups were taken. Each case was studied from the viewpoint of classification of symptomatology, disease diagnosis, prescription and further follow ups. The follow ups were then analyzed with the help of the Remedy Response Evaluation Form to assess the patient's reactions to the remedy given and the individual susceptibilities. The actions taken were studied to understand the patient's reactions especially in view of Kent's 12 observations. The results from these cases showed the importance of evolutionary history, importance of causative factor, importance of observation and close monitoring of the patient, importance of susceptibility especially in children, understanding of susceptibility to select the potency, understanding the selection of remedy in different phases of disease as per the individual susceptibility and ultimately the understanding of the action of the remedy. The importance of each characteristic symptom was also brought out clearly as the formation of the prescribing totality can go wrong if the wrong symptoms are selected, which in turn will lead to a

wrong prescription. Time is also an important factor to manage acute diseases. Understanding the state of disease, state of an individual and the state of the family is also important because immediate action under pressure is often required while managing acute conditions and because of that mistakes may occur in the prescription, so in such cases, evaluation of remedy becomes even more important. The results of the analysis of thirty cases showed the various remedy reactions according to the 12 observations of Kent. It was observed that there was a predominance of certain observations like the 2nd, 3rd, 4th, 5th, 6th, & 7th. The other observations were not seen in the cases studied.

CONCLUSION

As from the present study assessment of remedy reaction is obviously essential task of the physician in the management of acute diseases. It is a challenging task to manage an acute disease because it needs to have close observation, and monitoring, with repeated follow ups and immediate action. The knowledge of symptomatology and its classification is required in the management of acute disease because it does not help only in the selection of remedy but it also helps in the understanding of remedy response and for second prescription. Assessing the exact causative factors and their specific effect on the susceptibility are important in the management of acute disease. Generals are more important than particulars for the understanding of remedy response. Acute diseases present with sudden onset with violent and rapid progress threatening the life of the patient hence this would demand of the physician to possess sound sense and good observations for managing the acute disease. These situations have the potential to generate anxiety in the physician which can cloud his judgment in assessing the remedy reaction and hence in actions. Study of chronological evolution of symptoms in an acute disease is important in forming the totality and assessing the quantitative and qualitative aspect of susceptibility.

Few of the Kent's observations 2nd, 3rd, 4th, 5th, 6th & 7th have seen in the management of acute disease. As the selection of potency, the decision of repetition is the difficult task and which is as useful as the selection of remedy from the symptom complex. Principal of individualization holds true in selection of potency and repetition dose in the management of acute disease. During an acute we have not enough

force for natural susceptibility to fight against the disease and so it is necessary to take prompt action without wasting time. Remedy helps to prevent the damage of the susceptibility so it is better to register the remedy on time rather than to wait and watch the natural susceptibility until it completely exhausts the action from fighting against the disease. Each constitution responds individually on the degree of its susceptibility hence correct appreciation of this is important so that we can avoid unnecessary repetition of indicated remedy to avoid aggravation. Time is very precious in acute and we need to work within this precious time. Thus, I have found homoeopathy is very efficient and effective in the management of acute diseases. Assessment and superiority and analysis of remedy reaction is the key to the success of homoeopathic management of acute diseases.

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