



TITLE : ROLE OF HOMOEOPATHY IN ACUTE DISEASE

❖ **ABOUT AUTHOR :**

Dr. Jayamin Patel MD.(Hom)

Assistant professor, Department of
Repertory,
Smt. A. J. Savla Homoeopathic Medical
College & R. I., Mehsana - 384001,
Gujarat.

Email : shreespandan@gmail.com



❖ **ABSTRACT:** An acute renal colic case is treated with acute medicine after forming an acute totality. Homoeopathy is very quick to restore an acute disease. As per aphorism no 99 in investigation of acute disease is much easiest for the physician. This case will help in how to form an acute totality and what should be investigate in acute case.

❖ **CASE:**

Name:Dr. (Miss) PHM **Age/Sex:** 26/ F **Occupation:** Trainee Physician

Address: N, Ahmedabad

DOC: 25/03/2016

❖ **INTRODUCTION:** On 25th March 2016, it was around 11:00 am and I was busy with lecture in college and Dr. PHM called me and asked about her complaint. Whole inquiry done on telephone. Ask another trainee physician to perform examination.



CHIEF COMPLAINT:

LOCATION	SENSATIONS & PATHOLOGY	MODALITIES	ACCOMPANIMENTS
Urinary System Rt. Post. Lumbar Region → Loin to Groin; till urethra Sudden Onset Since: today 9:30 am Urethra	Colic ³ → Weeping “AalotavuPade” Urine: Yellow ² , Scanty ³ Frequent urination without passing urine or in scanty amount Urging ² Stitching ²	< Jarring <2 During Urination > 3 Walking Must walk here and there to get relief (Continuous motion) not < / > touch/ pressure	App/ Thirst: N Perspiration ++

O/E: Temp: N Pulse/ BP: WNL

P/A: Rt. Lumbar Region: Tenderness ++ on Bimanual Palpation. Rt. Renal Angle: +ve.

ACTION: A

25/03/2016 (4:00 pm)

Renal Colic >+2 (30- 40 %), Urine: Quantity- Improved. Urging >2, Stitching in Urethra: Same

Ix: USG- Abdomen/ KUB: Both kidneys are normal in size and echo pattern. CM differentiation is well preserved.

Rt. Kidney shows 5.5 mm sized stone in mid calyx. About 6 mm sized stone seen at Rt. VU junction with mild dilated Rt. Proximal ureter and mild Rt. Hydronephrosis.

Lt. Kidney, Urinary bladder is normal.

ACTION: B



25/03/2016 (9:30 pm) Phone call

Before few minute she went for urination and 6 mm stone expelled. (She was excited- “Surprisingly, my stone expelled on same day of treatment”).

Renal Colic >3, Dull pain in Rt. Kidney region +, Stitching and lacerating pain in urethra. No haematuria.

ACTION: C

28/03/2016

Renal Colic: 0, Rt. Kidney: Dull Pain >3, Urine- Quantity: N, Urine- Frequency 4-5/d (N).

Stitching in urethra >3

ACTION: D

02/06/2016

Mild Renal colic, sudden onset / paroxysmal since 2 days.

Urine: 3-4/d, Quantity: decreased, Thirst: Usually less drinking (1 lit hardly/ day)

Ix: USG- Abdomen/ KUB: Rt. Kidney- 5.5 mm sized stone in mid calyx. No Hydronephrosis.

Rest of Abdomen is normal.

ACTION: E

26/07/2016

Renal Colic³ since 2 days. (Same Presentation)

Diarrhoea² with Renal Colic. Stool: 4-5/d thin, watery.

Burning² / stitching² in urethra. Urging². Urine: Yellow, Scanty/ Frequent.

Ix: USG- Abdomen/ KUB: Rt. Kidney- 5 mm sized stone in mid calyx. No Hydronephrosis.

Rest of Abdomen is normal.

ACTION: F



29/07/2016

Stone expelled yesterday.

Renal Colic >3. Urine: N, Frequency: 4-5/ d, Burning/ Stitching in Urethra >2

ACTION: G

In b/w no episode of Renal colic. Adv. USG but anyhow not possible by her.

27/12/2016

Ix: USG- Abdomen/ KUB: NORMAL

Dr. PHM

TOTALITY

>3 Continued Motion (Eliminating Symptoms)

<2 During Urination

Perspiration² with Renal Colic

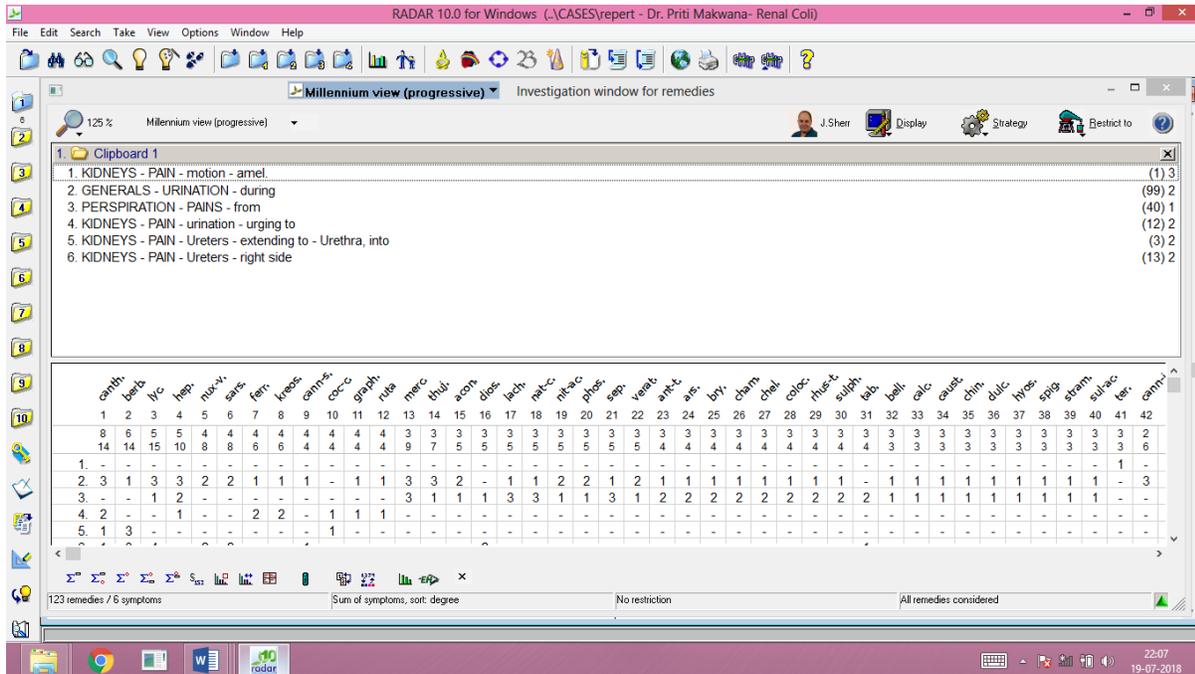
Urging²

Urethra: Stitching²

Ureter Pain; extending to urethra

Rt. Side

Ureteric colic



Medicine: Ter, Berb, Nux-v and Canth

Discussion: Selection of Medicine on bases of

- ✓ Motion Amel.
- ✓ Rt. Side: Kidney / Ureter
- ✓ Urging (Frequent) due to nervous Irritation of urethra accompany with ureteric colic

Ref. MateriaMedica: J H Clark; Dictionary of Practical MateriaMedica

ACTUALITY:

- Action: A Terebinth 200 4 hourly
- Action: B Ctall
- Action: C Terebinth 200 tds/ 3 days
- Action: D Thuja 1M 1P
- Action: E Ctall



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Action: F Terebinth 200 4 hourly

Action: G Terebinth 200 tds/ 3 days

Conclusion : Homoeopathic medicine is very effective in acute disease with very rapid cure.

Reference :

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