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MANAGEMENT OF ACUTE CASES THROUGH INDIVIDUALIZED HOMOEOPATHIC MEDICINES: A PROSPECTIVE OBSERVATIONAL STUDY

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ABSTRACT

Acute diseases are characterized by a sudden onset, rapid progression, and short duration, and commonly result from infectious agents or environmental factors such as cold air, rain, climatic changes, dust, and allergens. Homoeopathy manages acute diseases through an individualized approach by selecting the similimum based on the acute totality of symptoms rather than the disease diagnosis alone. This Prospective observational study was undertaken to understand the effectiveness of homoeopathic medicines in the management of acute cases, with special emphasis on the role of "ailment from" in remedy selection and the repetition pattern of individualized medicines. The study was conducted at Sarada Krishna Homoeopathic Medical College and Hospital and included 30 patients with acute illnesses of rapid onset selected by simple random sampling. Detailed homoeopathic case taking was performed, and the acute totality of symptoms was constructed. Individualized homoeopathic medicines were prescribed after repertorisation using Zomoeo Pro software. The potency, dose, and repetition were selected according to the susceptibility of the patient and the nature

of the illness. All patients were followed up for one week, and demographic characteristics, exciting causes, diagnosis, medicine, potency, dose, repetition pattern, and mode of administration were analyzed using descriptive statistics. Drenching in rain (36.67%) and cold air exposure (33.33%) were the most common exciting causes, followed by change of climate (20%). Acute rhinitis (43.33%) was the most frequent diagnosis, followed by acute bronchitis (36.67%) and pyrexia (20%). Arsenicum album was the most commonly prescribed remedy (23.33%), followed by Rhus toxicodendron (20%), Bryonia alba (13.33%), and Sepia officinalis (10%). The 200C potency was prescribed most frequently (53.33%), while a single dose (73.33%) and stat dose repetition (60%) were the predominant prescribing patterns. Dry administration was preferred in 76.67% of cases. The majority of patients belonged to the 11–20 years age group (36.67%), were students (53.33%), males (53.33%), and residents of rural areas (90%). The findings demonstrate the practical application of individualized homoeopathic prescribing in acute clinical practice and highlight the importance of exciting causes in remedy selection. The study also provides an overview of prescribing patterns regarding medicine, potency, dose, repetition, and mode of administration in the homoeopathic management of acute diseases.

KEYWORDS: Acute diseases, Homoeopathy, Acute totality, Individualization, Ailment from, Repertorisation, Prescribing pattern.

INTRODUCTION

Acute diseases are defined by World Health Organization as a medical condition characterized by a sudden onset, rapid progression, and short duration. The term "acute" is often used when a disease's course lasts three months or less, especially when it refers to acute discomfort.^[1] The symptoms of acute diseases differ according to the nature of the disease.^[2] Epidemiologically, acute diseases may present as isolated individual cases, sporadic cases, disease clusters, endemic diseases, epidemics, outbreaks, pandemics, or syndemics, depending on their pattern of occurrence and spread within a population. Understanding these epidemiological patterns is essential for disease surveillance, early detection, and appropriate public health interventions. In clinical practice, acute respiratory illnesses such as acute rhinitis, acute bronchitis, and pyrexia are among the most frequently encountered conditions. are commonly caused by infectious agents such as viruses, bacteria, fungi, and parasites, as well as by environmental factors including cold air, rain, climatic changes, dust, and allergens.^[3] Their onset and severity are influenced by the interaction

between these causative factors and the individual's immune status and susceptibility. In Homoeopathy, these conditions are managed through an individualized approach, selecting the simillimum based on the acute totality of symptoms rather than the disease diagnosis alone.

AIM AND OBJECTIVES

Aim: To understand the effectiveness of Homoeopathic medicines in the management of Acute cases.

Objectives

- To study the role of “Ailment from” in the selection of individualized Homoeopathic medicines in the management of Acute cases.
- To analyze the repetition pattern of individualized Homoeopathic medicines in the management of Acute cases.

MATERIALS AND METHODS

STUDY DESIGN: A Prospective Observational Study.

STUDY SETTING: The study was done in Sarada Krishna Homoeopathic Medical College and Hospital.

STUDY POPULATION

Thirty acute cases with rapid onset were selected randomly for the study. Patients of different age groups, genders, and from various localities were included to reflect a broad demographic factor.

INCLUSION CRITERIA

- Patients presenting with acute illnesses of rapid onset attending the Outpatient Department of Sarada Krishna Homoeopathic Medical College and Hospital.
- Patients of both sexes and all age groups.

EXCLUSION CRITERIA

- Patients with chronic diseases or acute exacerbations of chronic illnesses.
- Patients requiring immediate emergency care, hospitalization, or surgical intervention.
- Patients receiving concurrent treatment that may interfere with the assessment of homoeopathic management.

METHODOLOGY

A total of 30 cases of acute diseases were selected using simple random sampling. Each case was evaluated through detailed homoeopathic case taking, and the acute totality of symptoms was constructed. Individualized homoeopathic medicines were prescribed based on the acute totality of symptoms. All cases were followed up for one week, and the clinical response was recorded and evaluated.

REMEDY SELECTION

Homoeopathic medicines were prescribed based on the totality of symptoms and repertorisation done using zomoeo pro homoeopathic software.

- The potency and repetition of the remedy were selected according to the susceptibility of the patient and nature of the illness

OBSERVATION AND RESULTS:

1. DISTRIBUTION OF CASES ACCORDING TO AILMENTS FROM

Table 1: Distribution of cases according to ailments from.

S.no.	Ailment from	No. of patient	Percentage
1	Drenching in rain	11	36.67
2	Cold air exposure	10	33.33
3	Change of climate	6	20
4	Cold drinks	1	3.33
5	Cold food	1	3.33
6	Dust exposure	1	3.33

DISTRIBUTION OF CASES ACCORDING TO AILMENTS FROM

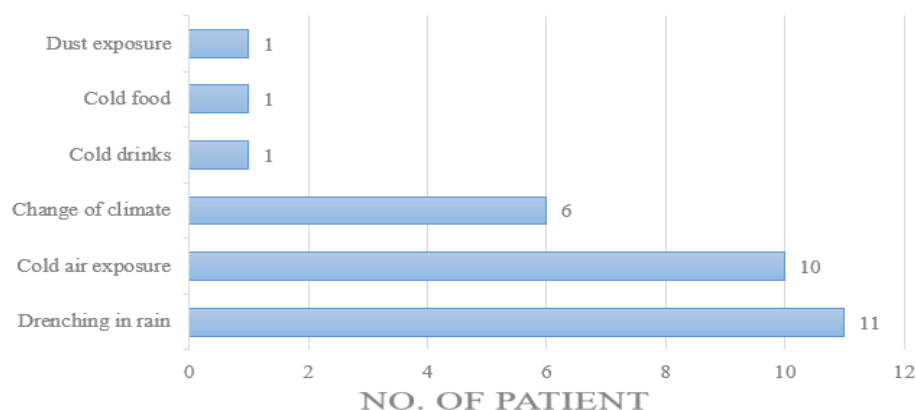


Figure 1: Distribution of cases according to ailments from.

2. DISTRIBUTION OF CASES ACCORDING TO DIAGNOSIS

Table 2: Distribution of cases according to diagnosis.

S.no.	Diagnosis	No. of patient	Percentage
1	Acute rhinitis	13	43.33
2	Pyrexia	6	20
3	acute bronchitis	11	36.67

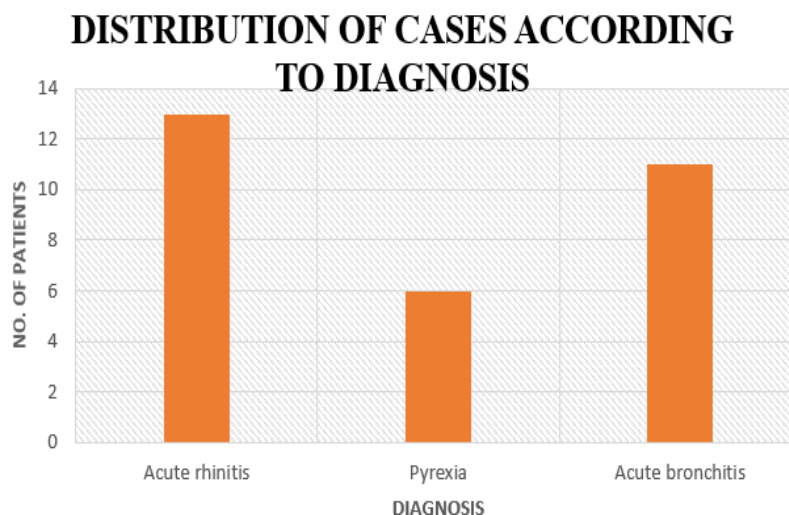


Figure 2: Distribution of cases according to diagnosis.

3. DISTRIBUTION OF CASES ACCORDING TO MEDICINE

Table 3: Distribution of cases according to Medicine.

S.no.	Medicine	No. of patient	Percentage
1	Arsenicum album	7	23.33
2	Rhustoxicodendron	6	20
3	Bryonia alba	4	13.33
4	Sepia officinalis	3	10
5	Gelsemium	1	3.33
6	Calcareo carbonicum	1	3.33
7	Lycopodium clavatum	1	3.33
8	Phosphorus	1	3.33
9	Hepar sulphuricum	1	3.33
10	Tuberculinum	1	3.33
11	Nux vomica	1	3.33
12	Natrum sulphuricum	1	3.33
13	Sulphur	1	3.33
14	Aconitum napellus	1	3.33

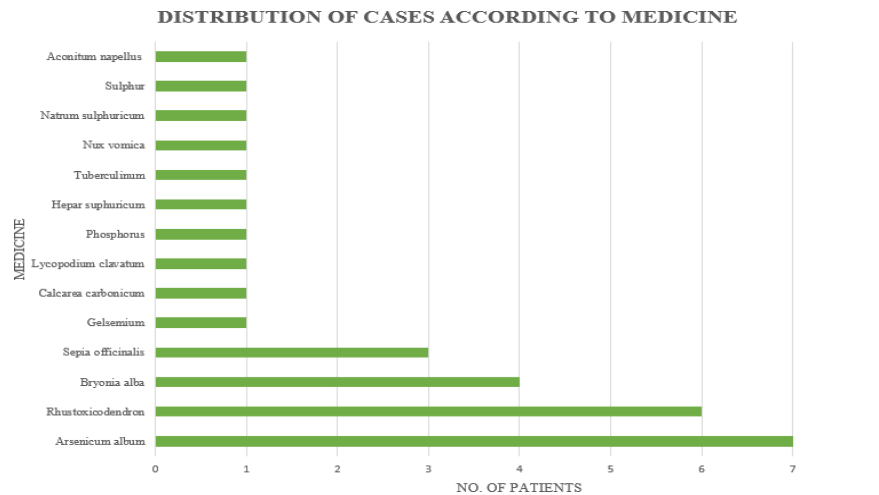


Figure 3: Distribution of cases according to Medicine.

4. DISTRIBUTION OF CASES ACCORDING TO POTENCY

Table 4: Distribution of cases according to Potency.

S.no.	Potency	No. of patient	Percentage
1	200	16	53.33
2	30	5	16.67
3	LM	5	16.67
4	1M	4	13.33

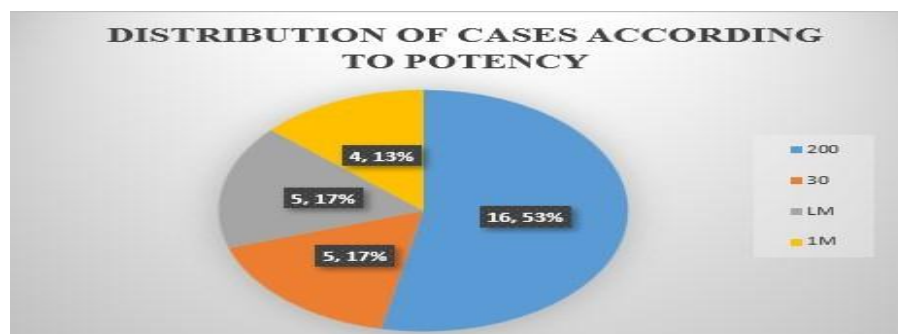


Figure 4: Distribution of cases according to Potency.

5. DISTRIBUTION OF CASES ACCORDING TO DOSE

Table 5: Distribution of cases according to Dose.

S.no.	Dose	No. of patient	Percentage
1	ONE	22	73.33
2	TWO	5	16.67
3	FOUR	2	6.67
4	SEVEN	1	3.33

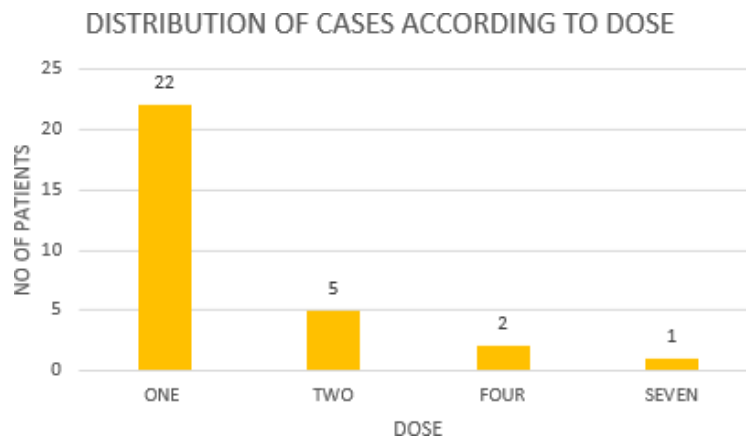


Figure 5: Distribution of cases according to Dose.

6. DISTRIBUTION OF CASES ACCORDING TO REPETITION OF MEDICINES PATTERN

Table 6: Distribution of cases according to Repetition of medicines pattern.

S.no.	Repetition	No. of patient	Percentage
1	Stat dose	18	60
2	2 times a day	8	26.67
3	Daily one dose	3	10
4	Alternate days	1	3.33

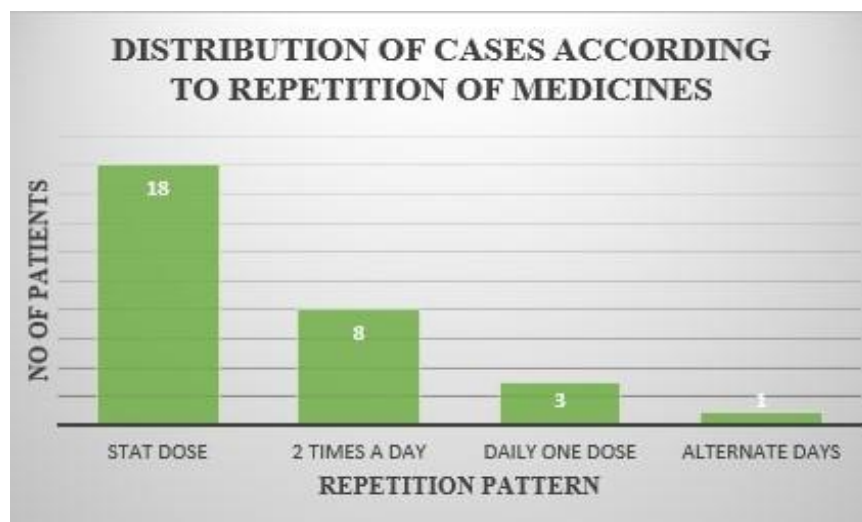


Figure 6: Distribution of cases according to Repetition of medicines pattern

7. DISTRIBUTION OF CASES ACCORDING TO MODE OF ADMINISTRATION

Table 7: Distribution of cases according to Mode of administration.

S.NO.	MODE OF ADMINISTRATION	NO. OF PATIENT	PERCENT AGE
1	DRY	23	76.67
2	AQUA	7	23.33

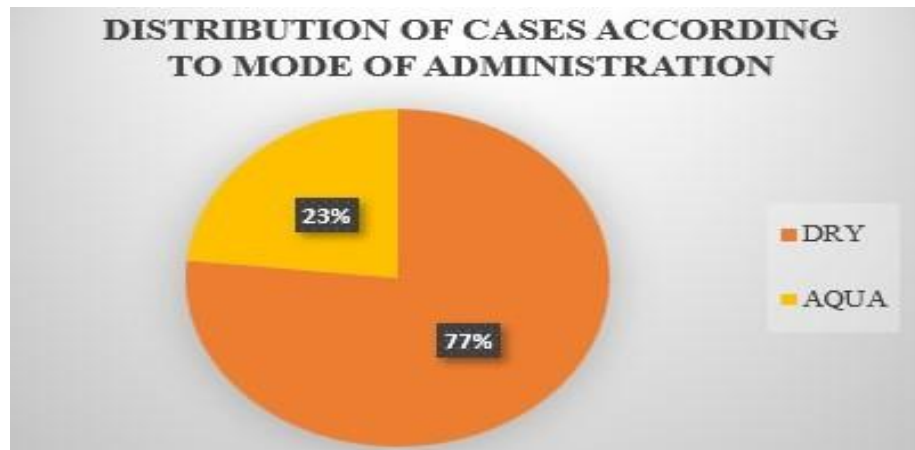


Figure 7: Distribution of cases according to Mode of administration.

8. DISTRIBUTION OF CASES ACCORDING TO AGE

Table 8: Distribution of cases according to Age.

S.no.	Age groups	No. of patient	Percentage
1	1-10	3	3.33
2	11-20	11	36.67
3	21-30	5	16.67
4	31-40	5	16.67
5	41-50	2	6.67
6	51-60	2	6.67
7	61-70	0	0
8	71-80	2	6.67

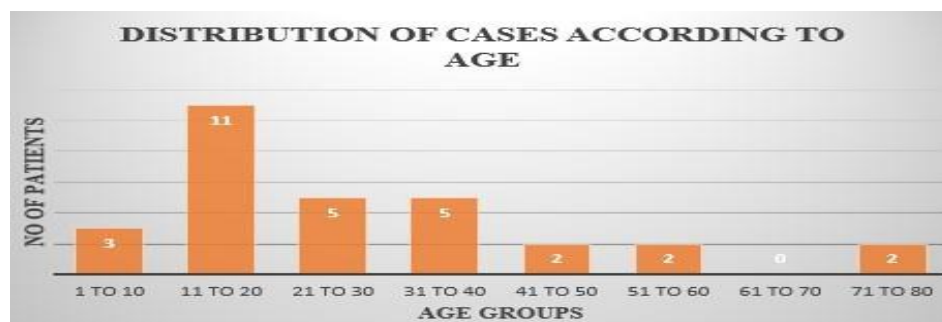


Figure 8: Distribution of cases according to Age.

9. DISTRIBUTION OF CASES ACCORDING TO GENDER

Table 9: *Distribution of cases according to Gender.*

S.no.	Sex	No. of patient	Percentage
1	FEMALE	14	46.67
2	MALE	16	53.33

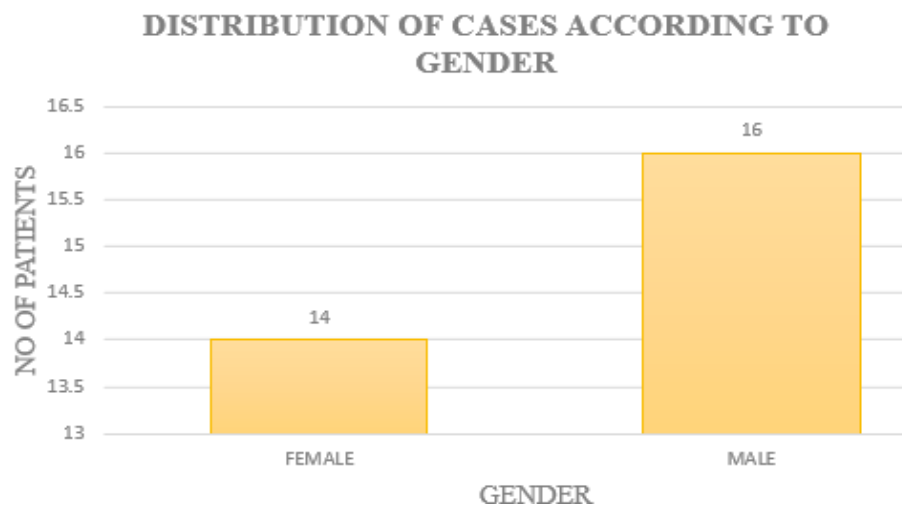


Figure 9: *Distribution of cases according to Gender.*

10. DISTRIBUTION OF CASES ACCORDING TO OCCUPATION

Table 10: *Distribution of cases according to.*

S.no.	Occupation	No. of patient	Percentage
1	Student	16	53.33
2	Housewife	6	20
3	Daily wages	4	13.33
4	Business	2	6.67
5	Tailor	1	3.33
6	Auto driver	1	3.33

Figure 10: *Distribution of cases according to Potency*

11. DISTRIBUTION OF CASES ACCORDING TO RESIDENT.

Table 11: *Distribution of cases according to Resident.*

S.no.	Resident	No. of patient	Percentage
1	URBAN	3	10
2	RURAL	27	90

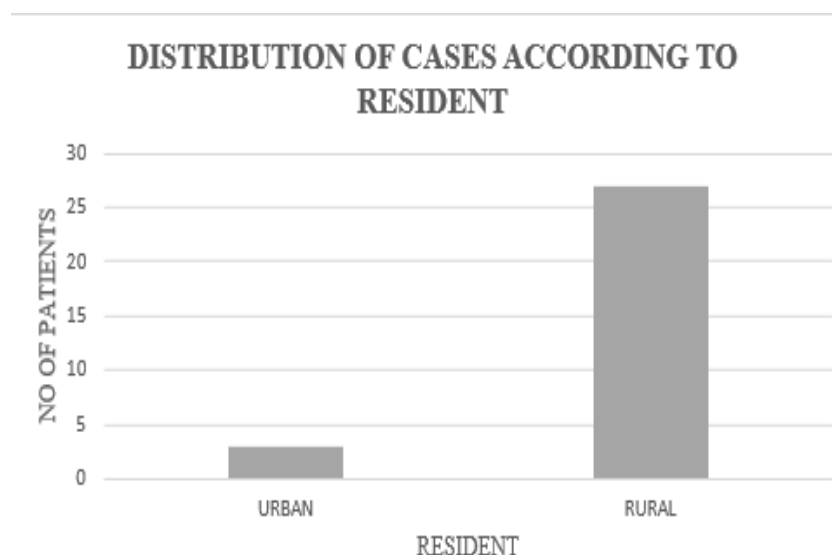


Figure 4: Distribution of cases according to Residence.

The present study included a total of 30 patients with acute diseases managed using homoeopathic medicines selected according to the totality of symptoms.

Distribution of cases according to ailment from: The most common exciting cause was drenching in rain (11 patients, 36.67%), followed by cold air exposure (10 patients, 33.33%) and change of climate (6 patients, 20%). Cold drinks, cold food, and dust exposure each accounted for 1 patient (3.33%).

Medicine

2. Distribution of cases according to diagnosis: Among the study participants, acute rhinitis was the most frequently diagnosed condition (13 patients, 43.33%), followed by acute bronchitis (11 patients, 36.67%) and pyrexia (6 patients, 20%).

3. Distribution of cases according to medicine: Arsenicum album was the most frequently prescribed remedy (7 patients, 23.33%), followed by Rhus toxicodendron (6 patients, 20%) and Bryonia alba (4 patients, 13.33%). Sepia officinalis was prescribed in 3 administration: The majority of medicines were administered in the dry form (23 patients, 76.67%), whereas aqua administration was used in 7 patients (23.33%).

cases (10%). The remaining remedies, namely8. **Distribution of cases according to age:** The highest

Gelsemium, Calcarea carbonica, Lycopodium clavatum, Phosphorus, Hepar sulphuris calcareum, Tuberculinum, Nux vomica, Natrum sulphuricum, Sulphur, and Aconitum napellus, were each prescribed in one case (3.33%).

4. Distribution of cases according to potency: The 200C potency was the most commonly prescribed potency number of patients belonged to the 11–20 years age group (11 patients, 36.67%). Patients aged 21–30 years and 31–40 years each constituted 5 cases (16.67%), while the 1–10 years age group included 3 patients (10%). The 41–50, 51–60, and 71–80 years age groups each comprised 2 patients (6.67%), and no patient belonged to the 61–70 years age group. (16 patients, 53.33%), followed by 30C and LM9. **Distribution of cases according to gender:** The study potencies (5 patients each, 16.67%), while 1M potency was prescribed in 4 patients (13.33%). included 16 males (53.33%) and 14 females (46.67%), indicating a slight male predominance.

5. Distribution of cases according to dose: A single dose was administered to the majority of patients (22 cases, 73.33%). **Distribution of cases according to occupation** Two doses were prescribed in 5 patients (16.67%), four doses in 2 patients (6.67%), and seven doses in 1 patient (3.33%).

6. Distribution of cases according to repetition pattern: Most patients received a stat dose (18 patients, 60%). Students formed the largest occupational group (16 patients, 53.33%), followed by housewives (6 patients, 20%) and daily wage workers (4 patients, 13.33%). Businesspersons accounted for 2 patients (6.67%), while tailors and auto drivers each represented one patient (3.33%).

60%), followed by twice daily repetition (8 patients, 26.67%). **Distribution of cases according to residence:** The 26.67%). Daily one-dose repetition was given in 3 patients (10%), while alternate-day repetition was used in only 1 patient (3.33%) Majority of the patients were from rural areas (27 patients, 90%), whereas only 3 patients (10%) were from urban areas.

DISCUSSION

The present study included 30 patients with acute diseases, the majority of them developed illness following drenching in rain and exposure to cold air, indicating the important role of environmental factors as exciting causes. Acute rhinitis constituted the largest proportion of the study population, followed by acute bronchitis and pyrexia. Arsenicum album was the most frequently prescribed remedy, followed by Rhustoxicodendron and Bryonia alba. In similar study Pulsatilla nigricans, Bryonia alba, Arsenicum album, and Rhustoxicodendron

being the most frequently used.^[4] The frequent prescription of these medicines may be attributed to their close correspondence with the symptomatology commonly encountered in acute respiratory infections and febrile conditions, particularly those arising after exposure to cold, damp weather, or sudden climatic changes. The predominance of the 200C potency in the present study. In similar study, the majority of patients responded to remedies prescribed in the 200th potency, reflecting its effectiveness in acute conditions within the study population.^[4]

Most patients responded to a single stat dose, while only a few required repeated administrations, in aphorism 247 of Organon of Medicine, Dr Hahnemann insisted in acute diseases the remedies should be repeated at very much shorter periods – every twenty – four, twelve, eight, four hours, in very acutest every hour, every five minutes...^[5] Dr. Luc Maes in his article stated that in acute conditions low potencies (30C) should be used and repeat only as needed when symptoms return.^[7] Dry administration was preferred in the majority of cases. In another study, Pulsatilla nigricans 30C was given for acute rhinitis in three doses at six-hour interval per day but the mode of administration was not mentioned.^[6]

The demographic findings showed that adolescents and young adults, particularly students, formed the largest proportion of the study population. This may be due to their increased exposure to climatic variations, crowded educational environments, and seasonal infections. A slight male predominance and the higher representation of patients from rural areas reflect the demographic profile of the population attending the study centre.

Overall, the study demonstrates that individualized homoeopathic prescribing based on the acute totality of symptoms and consideration of the exciting cause ("ailment from") remains the basis for remedy selection in acute diseases. The observed prescribing pattern highlights the practical application of homoeopathic principles in routine clinical management of acute illnesses.

CONCLUSION

The present study demonstrates that individualized homoeopathic prescribing based on the acute totality of symptoms is the fundamental approach in the management of acute diseases. Drenching in rain

CONFLICT OF INTEREST: NIL

ACKNOWLEDGMENT

Cold air exposure were the most common exciting causes, while acute rhinitis was the predominant diagnosis. Arsenicum album was the most frequently prescribed remedy, with the 200C potency and a single stat dose being the most commonly employed therapeutic approach. The majority of patients were students from rural areas, indicating the demographic profile of the study population. The findings offer useful insights into the clinical presentation of acute diseases and the prescribing pattern of homoeopathic medicines in routine practice. Further studies involving larger sample sizes, longer follow-up periods, and analytical study designs are recommended to strengthen the evidence regarding individualized homoeopathic management of acute illnesses.

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