

Homoeopathic Strategies and Maps for Acute Conditions

- Part 1

Dr. Gaurang Gaikwad

FOREWORD

It gives me immense pleasure to introduce the fantastic work of Dr. Gaurang, a young and dynamic individual whom I have known for over ten years. I absolutely admire his zeal to pursue, comprehend and enlighten our fellow homoeopaths. He has authored numerous books, but this publication, “*Homoeopathic Strategies and Maps for Acute Conditions*”, opens the gateway to precious insights in homoeopathy for everyone to manage acute conditions.

In the beginning stages of our medical practice, we all find ourselves at sea, without a compass, albeit with tremendous aspiration to create miracles with the magic dose of the remedy, as seen in seminars and read in books. We all want to relieve the patient’s suffering quickly, and many times we are successful, but we lack consistency and confidence to achieve the same results every time.

This book is the most apt book, for all practitioners. It starts with a case-taking strategy, which according to me is the most important step to begin with – Small, yet important aspects have been dealt with in minute detail, to give the right essence of case taking skills, and its significance in understanding the patient in the shortest possible time. All the subtopics in this chapter from observation, understanding miasmatic background, to potency selection and remedy repetition is of great value, which I urge you to read and make it a part of your repertoire to enhance results in your practice.

The book chapters begin with a chapter on fever, cough, upper respiratory tract infections (URTI), followed by important clinical topics like throat infection, otitis, headache, colics, diarrhoea – all my personal favourites.

The best part of the book is that along with the case-taking approach, Dr. Gaurang, from his immense knowledge and experience has added a huge armamentarium of remedies, especially the smaller ones that are explained vividly with a wide range of clinical symptoms, and their in-depth manifestations.

This book also explains how to use the remedies artistically and clinically; the addition of rubrics by different masters is incredible and above all, easily applicable in day-to-day practice. It is another masterpiece from the work of our beloved and zestful Dr. Gaurang; it is not only a guide to every homoeopath, but this book has in it a captivating flow of explaining remedies which keeps us engrossed. The book also serves as a useful guide to brush up and enrich us with many smaller and rare remedies and their eloquent explanation for clinical application.

My dear Homoeopaths! The only thing that matters to us as doctors in clinical practice is RESULTS! --- The patient should feel better after taking our selected remedy in the most gentle and surer way, encompassing the principles of homoeopathy. For all those who believe this in their heart, this is the book for you!

I wish Dr. Gaurang a lot of success and urge him to broaden more and more horizons to unfurl the treasures of homoeopathy and to all the readers an enriching experience!!!

Dr. Gajanan Dhanipkar

INTRODUCTION

The idea of writing a book on acute illnesses emerged during the Covid-19 pandemic when there was a surge in patients with various acute conditions worldwide. Many of these patients were reliant on alternative medicines as modern medicine did not have adequate answers for the pandemic. Symptoms such as upper respiratory tract infections, coughs, fever, pneumonia, and weakness associated with Covid-19 were commonly seen in daily clinics. It was during this time that I, like other homoeopaths, recognised my limitations in treating acutes. To address this, I studied various literature and cases from masters to compile a materia medica of relevant remedies for different acute conditions.

During these times, I had the opportunity to teach in various countries and see patients referred by other homoeopaths. This experience helped me to better understand the limitations of treating acute illnesses and develop strategies to address these limitations in the book I was writing.

Deriving from a Zen proverb, *“the obstacle is the path”*, I discovered that *overcoming challenges and facing obstacles is the only way to find oneself and realise one’s potential fully. The hardest choices are often the ones that bring greatest glory.*

To aid both novice and experienced homoeopaths, clinically verified indications of common remedies were presented in a flowchart or map format. The goal was to create a user-friendly resource. As I created these maps, the indications of the remedies became clearer to me, and I found that using visual medium helped to better understand the remedy picture.

The original plan for the book was to include more chapters, but for convenience, we have included only 9 conditions in part 1 of the series. The book is filled with cases that my colleagues and I encountered during the pandemic. Due to space limitations, we have selected a few representative cases to give readers an idea of the process. With each case we have included details on the thought process and methodology behind the selection of remedies, potencies, and repetition. For each

chapter, you will find a list of clinically indicated remedies frequently prescribed for that condition. Additionally, we have added some complicated cases where commonly prescribed remedies did not provide much change and discuss how to approach and analyse these cases. **Double asterisks are added to highlight the additions by Dr. Gajanan Dhanipkar and *Single asterisk for the importance of the symptom or the rubric.

The section on fever was the most challenging to write, as much of the existing homoeopathic literature was written many years ago and the indicated remedies can be difficult to understand in today's context. I have attempted to explain some of the rubrics and have also added lesser-known remedies, nosodes, biochemic tissue remedies and Indian remedies as alternatives to consider when typical remedies are not effective. It is important to note that individualisation and finding the appropriate remedy for the patient remains the cornerstone of classical homoeopathy.

The idea of writing this book also developed after my colleagues and students reported successful results in their daily practice from materia medica and keynote indications of the remedies I would share with them. This book contains not only remedy indications and clinical tips, but also practical experiences from my clinical practice as well as others'. While there may be many remedies for each condition, this book focuses on the more commonly used ones.

In any situation, whether it be acute or chronic, the primary goal of a homoeopath is to individualise the case for the patient and find the appropriate remedy. After seeing a few hundred cases, one develops the ability to identify the striking, peculiar, and uncommon signs and symptoms in a case. It is important for the readers of this book to be cautious about how they use the clinical hints mentioned here, and to thoroughly review the materia medica as written by our masters who have dedicated generations of hard work. I believe the worth of this book will be fully realised in the coming years. In the words of Hippocrates – “life is short, art is long opportunity fleeting, experience treacherous, judgement difficult”.

Dr. Gaurang Gaikwad

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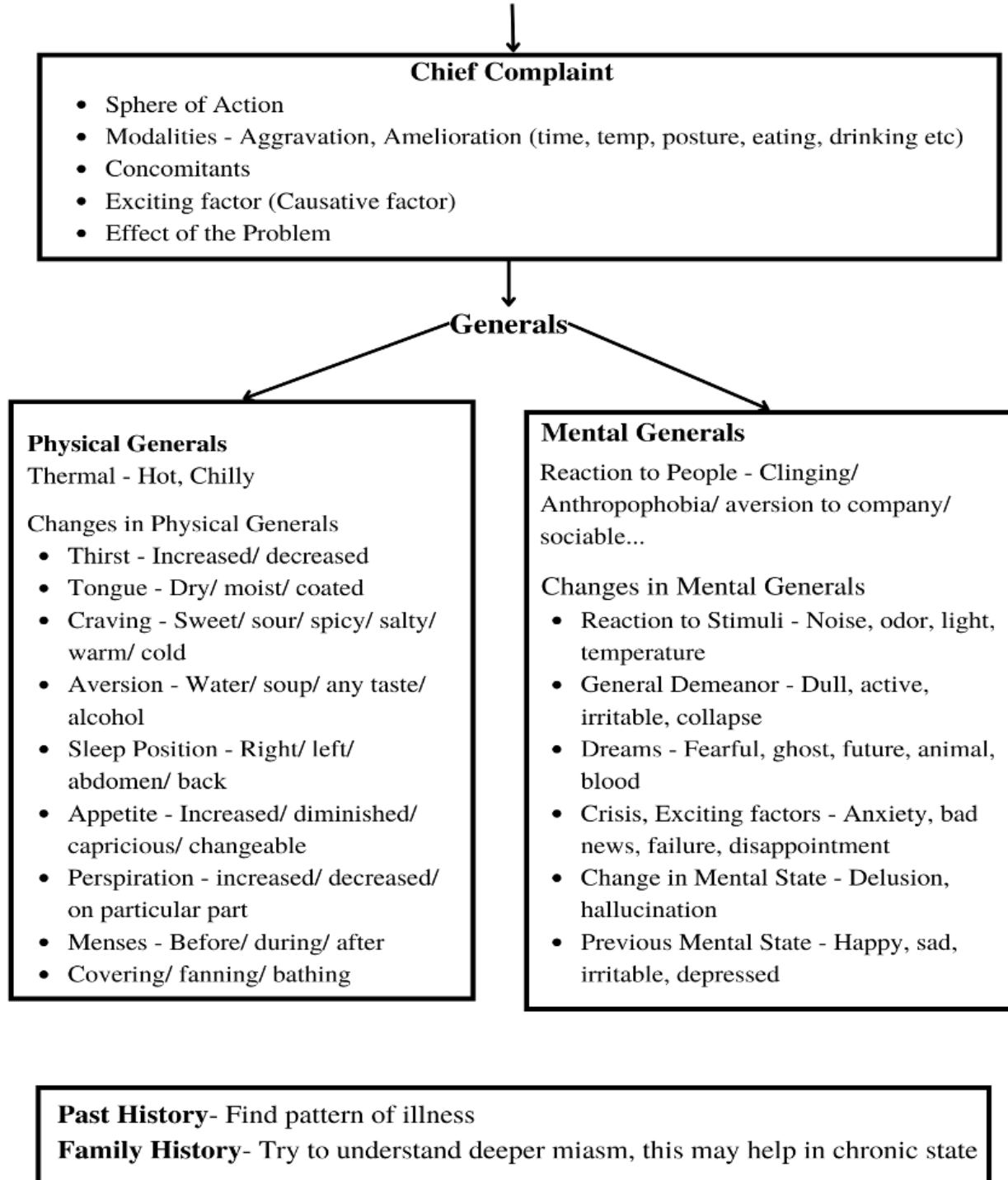
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THOUGHTS ON CASE TAKING

The case-taking map provided below is a visual representation of the various components when taking cases in acutes. By using this map as a guide, practitioners can ensure that they are thoroughly gathering all necessary information about the patient's symptoms to make an accurate diagnosis and reach the remedy simillimum. In addition to the map, we will discuss various aspects of case taking.

MAP OF ACUTE CASE TAKING



*Mental generals in acutes:

In acute case taking, it is important to understand the patient's deeper mind state, but it can be challenging. Observing the patient's reactions in an acute situation is more important than their

experiences, as the latter may be fleeting or unclear. Reactions to stimuli, such as sensitivity to noises (*Theridion, Asarum*), smells (*Colchicum*), light (*Carbolic acid*), or other stimuli provide valuable insights into the patient's deeper patterns. For example, remedies like *Arsenic, Bismuth, Borax, Kali-carb, Phos, etc.* tend to be clingy and want people around them, or *Asafoetida* that exaggerates their problems during an acute state. On the other hand, remedies like *Nux-v, Chin-ars, Phos-ac* prefer to be alone and are indifferent during an acute state. Hence, observing a patient's reactions to people during an acute state can help in prescribing an effective remedy.

For me, case taking is a very fluid process that cannot be easily structured. There are different ways of taking cases, and often the process begins even before the patient comes to see the practitioner. One of the ways to start is by paying attention to how the patient contacts for appointments, whether by phone or email, as this gives a glimpse into their basic nature and personality type. So, to begin with, focus on how they take appointments!

Some patients tend to postpone appointments even after scheduling them. This behaviour indicates the patient's tendency towards procrastination or indecision, which can be an important aspect to consider when analysing a case [*Mind; Postponing everything to next day*]. In other cases, patients ask someone else to take an appointment for them or get in touch with someone I know to get an appointment with me. All these methods indicate their dependent or persistent or resourceful nature. There are some patients who only want to talk to the doctor even refusing to interact with the doctor's team in the clinic regarding their complaints. This might be indicative of someone who is secretive or wants to be exclusive [*Mind; Secretive*]. By being attentive to these nuances and basic patterns, practitioners can gain a comprehensive understanding of the case.

Patient's behaviour and mannerisms can provide important information about them. For example, a patient who is confused or has fidgety hands or feet may indicate a specific symptom, while a patient who requests to have the air conditioning temperature adjusted may be providing information about their thermal preferences. This information can be considered as setting up the background!

Observing a patient's body language during case taking provides important information about their emotional state or unresolved issues. For example, a patient who avoids eye contact or looks down frequently may be indicating unresolved trauma or inner conflict [*Eyes; Downcast*], [*Mind; Company aversion to; avoids sight of people*]. Or a patient who is confident and makes good eye contact will need a different set of remedies. Some patients when asked to describe their symptoms look at their partners and expect them to narrate the complaints. This shows their pattern of dependency. All these situations are soft hints pointing towards a particular remedy or a set of remedies.

Many homoeopaths tend to ignore investigations. However, relevant investigations such as blood tests, imaging studies or other diagnostic tests can be helpful in reaching a diagnosis and finalising the remedy.

Now, we come to the main case process.

Case-taking chiefly comprises of:

1. The Chief or the Presenting complaint
2. The Generalities
3. The Mentals

Our aim should be to gather detailed information during case taking. In the area of chief complaint, location, sensation, modality, and concomitants must be studied:

Ø Location – the affected area. When a patient complains of abdominal pain or flatulence, I ask them the specific location of pain or discomfort. For example, the patient might point out an area such as the left upper or right middle quadrant of the abdomen. It is very important to elicit the system, or the organ affected because homoeopathic remedies have specific sphere of action. This is called, '*probing the peculiar*'.

I had a very difficult case of Covid-19 pneumonia, which did not respond to the indicated remedies. When we studied the case in depth, we found out the right lower lobe of lung was affected. And, the remedy, *Chelidonium* was

indicated. Boger mentions in his materia medica under *Chelidonium*, the sphere of action on the right lower lobe of lungs. This patient was admitted in the hospital, and he recovered quickly with the indicated remedy, and was discharged from the hospital.

Some remedies have an affinity towards a particular organ compared to other remedies. This is called ‘**organ affinity**’. I was treating a difficult case of idiopathic thrombocytopenic purpura, and I saw that the main organ affected was the spleen. It responded beautifully to *Ceanothus*. Boger’s synoptic key mentions that the sphere of action of *Ceanothus* is spleen.

Sphere of action:

Sphere of action/seat of action is a very important area to consider in case-taking (**Dr. C.M. Boger and Dr. Burnett**) that helps in understanding the miasmatic taint. In the different chapters given, we have shown through maps and flow charts the remedy affinity towards an organ.

Ø **Sensation** – When a patient reports a vague symptom, it is important to obtain a detailed understanding of the sensation being experienced. This may include asking for clarification and more specific information, such as, “Can you describe the symptom in more detail?” or when assessing pain, questions such as “What type of pain is it? How would you describe the sensation?” For example, pain can be of several different kinds such as throbbing or neuralgic or piercing or drawing or burning etc. I had a very interesting case of diabetes; wherein the patient had a tremendous sinking feeling at the pit of the stomach [*Stomach; Sinking sensation, pit of stomach*]. This case improved greatly on *Stannum met*, which has this sensation. Sometimes, the patient is unable to provide a clear description and then you can revisit the complaint later in the interview.

Ø **Modality** – One of the biggest contributions by Dr. Boenninghausen to Homoeopathy was modalities. Aggravations and ameliorations in any

case are crucial to narrow down the options for remedy. The repertory that I use very often is BBCR, where modalities are explained very well.

- Example 1: A patient said that she gets cough only at 11AM, so the rubric was, [*Cough; forenoon*]
- Example 2: Another patient said that as soon as she starts brushing her teeth, she coughs. The rubric was, [*Cough; brushing, cleaning teeth*] and the remedy was *Coccus cacti*
- Example 3: We had a beautiful case where post Covid cough was remaining, and there was an interesting symptom where the cough was better at night. The rubric was, [*Cough; lying, back on, amel.*] – *Manganum aceticum* helped him beautifully

Ø Concomitants – Refer to symptoms that accompany the main complaint but are not directly related to it. My teacher, Dr. L. M. Khan, used to say that the further away a symptom is from the chief complaint, the more important it is to note. For example, if a patient reports that their stomachache is relieved by passing gas, this suggests that the pressure on the stomach is relieved, leading to an improvement in pain. However, if a patient also experiences pain in the thighs along with abdominal pain, this may be more difficult to explain and should be noted as a concomitant symptom [*Abdomen; Pain, concomitants, pain and aching in thighs (1): Coloc*]. Some examples of concomitant symptoms from Boenninghausen's Repertory are:

- Respiration; Concomitants, bladder, pain in: caps.
- Cough; Concomitants, ears; obstructed (2): chel., sil.
- Cough; Concomitants, urinate, urging to (1): ipec.
- Cough; Concomitants, testicles, pain in (1): zinc.