

## **THE IMPORTANCE OF THE PRESCRIPTION IN ACUTE CASES REFERRING TO PATIENT'S CONSTITUTION.**

**Dr. Gualea Maria Rita, Dr. Fagone Giuseppe**

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### **Summary**

During our teamwork experience sometimes we faced up to difficult clinical cases, where the patient after having taken many remedies at various dilutions, didn't have a significant improvement of the totality of symptoms or still had relapses of his problem.

Treating some acute cases it was possible to have repertorial and homoeopathic informations useful to do a prescription that turned out fit not only for the acute case, but also for the totality of patient's troubles.

Two exemplifying clinical cases, treated in our Center, that make us reflect on the great utility of analyzing an acute case carefully, are illustrated.

In both cases, analysing the symptoms collected during the first homeopathic consultations, we realized that some constitutional symptoms were covered by the remedies prescribed during acute situations.

Therefore, we can think that the right remedies for these patients, which were not so clear, could be those came out during acute cases.

So it is evidence the great importance of the analysis of acute cases or of a reactivation of a chronic diathesis, which can lead to a prescription of the remedy that the patient needs and that lead to a complete recovery.

### **Abstract**

During our teamwork experience sometimes we faced up to difficult clinical cases, where the patient after having taken many remedies at various dilutions, didn't have a significant improvement of the totality of symptoms or still had relapses of his problem.

Obviously, we are not satisfied with cases like these and we often discuss trying to understand which is the right way to find the suitable therapy.

Working in a Center we have the advantage to carry out a medical duty twenty-four hours a day allowing us to value all acute cases of our patients. This work is advantageous not only for the patient, who finds a constant assistance but also for the physician, because it is the way to solve some of these difficult cases.

In fact treating some acute cases it was possible to have repertorial and homoeopathic information useful to do a prescription that turned out fit not only for the acute case, but also for the totality of patient's troubles.

Here I will mention two exemplifying clinical cases, treated in our Center, that make us reflect on the great utility of analysing an acute case carefully, because the acute state are often the way to resolve chronic case. We don't forget the Hanhemann's lesson, his analysis in the relationship between acute state and chronic miasm, through our daily experience and the study of classical authors.

Matteo is a 5 years old child. He arrived for recurrent bronchitis and two episodes of pneumonia the mother told us the child began to suffer from bronchitis attending nursery school.

In December 1998 he suffered from a right **pleura-pneumoniae**, in October 1999 from otitis and in December 1999 from a left **pleura-pneumoniae**.

He has done Prick test and perspiration test, which result negative.

After the two episodes of **pleura-pneumoniae** he suffered of a bronchitis every month. Every time he gets a cold, this evolves in bronchial inflammation.

When he was 7 months old, he had an eczema on his neck.

He's advanced for his age, starting to say his first words before he was 1 year old.

He is irritable and dictatorial.

The mother told us that when he was a baby during the night he was restless in bed.

No particular desire for food.

He is taking cortisone aerosol since one month 3-5 times a day.

The prescription was *Tubercolinum* at various dilutions without getting a resolution of cough, obstruction of the nose and catarrh.

After 7 months the new prescription was *Lycopodium*.

Also this remedy was given at various dilutions without any improvement of the symptomatology and without a reduction of the frequency of bronchial inflammations.

About one year after the first consultation (9/3/2001) the child had dry cough and fever (37,4°C).

The physician on duty, who spoke with the mother by phone, asked to see the child for a consultation.

The child, when arrived in the Center, was exhausted, he has breathing difficulty, he couldn't stand and when he was lying he began to cough continuously. Only when sitting on mother's arms he almost stopped coughing.

At physical examination: rattles, whistles in both lungs were revealed. Objectively an intercostal triage. The suspect appears of a bilateral bronchopneumonia.

For this reason we recommend an urgent chest Rx.

During the consultation the repertorial symptoms considered were:

- 1) Cough dry, sitting amel.
- 2) Cough dry lying while
- 3) Cough exhausting
- 4) Cough distressing
- 5) Inflammation lung left
- 6) Inflammation lung right
- 7) Perspiration absent fever during
- 8) Ear redness

Every symptom was covered by *Sanguinaria*, which was prescribed at the dilution of M K 3 drops every half an hour.

The chest Rx report was: limited parenchymal thickening, compatible with phlogistic focus centre of infection, remarked in the left basis of retrocardiac region. It is associated with an increment of pulmonary drawing at basis and in ilo-perihilar region.

Next morning (10/3/2001) was referred to the physician that after having taken the remedy, the cough significantly decreased, the child didn't cough all night long, he wasn't feverish and more lively than the evening before.

We asked for another consultation and the chest objectivity was better than the day before, also if not completely solved.

We prescribed *Sanguinaria* XM K 3 drops every half an hour.

From the next day (11/3/2001) the symptomatology was progressively improved and after four days we asked for another control chest Rx, which showed evidence of complete resolution.

Since then the child is taking *Sanguinaria* when it is necessary, for acute events, sometime more frequently.

At present, the child doesn't have relapses of bronchial inflammations and of pleura-pneumoniae, he has improved his general state both physically and psychologically.

Lorenzo is a 3 years old child, suffering from persistent cough, which often evolve in bronchial spasm.

He has done allergic tests, which turned out negative.

In April 1999 he suffered from an episode of right pleura-pneumoniae.

In October 2000 he has done sinus paranasalis Rx and a diagnosis was done of maxillary dx sinus empyema, treated with antibiotics.

He perspires from head during sleep.

During first months of his life he suffered from a perianal mycosis, which was trateded by local application of antimycotics.

He was breast feeded until he was 4 months old.

Regular alvus with normal stool.

Fontanelles closed after first year of age.

Dentition at 13 months and he started walking when 19 months old.

At present he has sweets aversion, cheese desire and lemon desire.

He is dictatorial, contrary and jealous. He is afraid of water.

The prescription was *Lycopodium* in various dilutions and then *Sulphur* in various dilutions, but both remedies didn't give a complete resolution of symptomatology and a decrease of relapses.

Four months after the first consultation (25/3/2001) he suffered from ear pain and fever (40,1°C).

We ask to have the child for a consultation.

He had swelling cervical glands and we thought about a staphylococcus infection (5 months before he suffered from empyema).

We asked for haematic and urine analysis.

We ask the parents to pay attention to appearance of nuchal rigidity and vomiting.

During consultation we considered the repertorial symptoms:

- 1) Fever perspiration absent
- 2) Stomach thirstless heat during
- 3) Face discoloration red fever during
- 4) External throat swelling cervical glands
- 5) Sleep sleepiness heat during
- 6) Eye photophobia artificial light
- 7) Ear pain swallowing
- 8) Mouth papillae tongue erect
- 9) Fever uncovering des. for
- 10) Extremities jerking sleep during

All symptoms were covered by *Phosphorus* and the prescription was *Phosphorus* M K 3 drops once and we asked to call after one hour.

After one hour the temperature was 39,2°C.

*Phosphorus* M K was repeated once again.

After 2 hours the temperature was 38,5°C. We decided to give the remedy every 15 minutes.

In the meanwhile we racomanded a chest Rx, which confirm the suspect of pleura-pneumoniae.

The report was: ipodiaphanous inferior pericardiac region without distinguish the cardiac outline for probable parenchymal thickening.

The haematic analysis showed: leukocytes 20730, monocytes 11.1, fibrinogenous 835, PCR 18.3.  
The rectum buffer was negative.

Next day (26/3/2001) the temperature was decrease (37,8°C). The cough became loose and the child was more lively. We continued with *Phosphorus* XM K 3 drops every hour.

After 3 hours the temperature and the cough were gone and he felt better, so we continued with *Phosphorus* XM K 3 drops every 2 hours.

The day after he had few loose coughs, but not complete resolution. The prescription was *Phosphorus* LM K 3 drops every 2 hours.

Two days after (27/3/2001) we ask for a consultation and the chest child was cured, there was only the persistent of swelling cervical glands.

The therapy was stopped after one week for complete resolution.

Since then the child is taking *Phosphorus* when it is necessary.

At present, the child doesn't have relapses of pleura-pneumoniae and he has improved his general state both physically and psychologically.

In both these acute cases, reanalysing the symptoms collected during first homeopathic consultations, we realized that some patients' constitutional symptoms were covered by the remedies taken during the last acute cases. So we can think that the remedies (not so clear during first consultations) needed by the little patients were the once prescribed during acute cases.

About the child who needed *Sanguinaria* the constitutional symptoms covered by this remedy are:

- 1) Irritability
- 2) Restlessness night
- 3) Obstruction nose
- 4) Inflammation tonsills recurrent
- 5) Coryza chronic
- 6) Respiration wheezing
- 7) Cough constant
- 8) Cough sleep during
- 9) Chest inflammation bronchial tubes
- 10) Side right then left

About the child who needed *Phosphorus* the constitutional symptoms covered by this remedy are:

- 1) Dictatorial
- 2) Jealousy
- 3) Contrary
- 4) Fear of water
- 5) Fear of ghosts
- 6) Slow learning to talk
- 7) Dentition slow
- 8) Sleep position on abdomen
- 9) Warm bathing agg.
- 10) Warm and hot food aversion
- 11) Sour food desire
- 12) Sweet aversion

### 13) Cheese desire

The first spontaneous question, in this two case report, is: “why at the consultation, in the acute state, we haven’t considered mental symptoms, but only physical and general?”. Well, the answer is simple and stay in the epistemological statute of homeopathy, in his health and disease conception. If we consider the human body as an ‘unicum’, we can’t think the symptoms of an organ independent from the totality of the body, and then the evaluation of this *local symptoms* are not partial, but, in the olistic vision of organism, is the mirror of totality, every his part express symptoms coherently with the subjective totality, then head or lungs, stomach or limbs can make symptoms only according with the state of the Vital Principle which rule the organism. The symptoms, also of the single organ, can’t be incoherent and if they are well modalized expresses the disease state of the patient. Second observation: is doubtless that the patients who shows recurrent pathology or similar in their nature, cannot be evaluate as afflicted from single acute pathology, on the contrary by relapsing of their chronic state. This observation, already make from Hahnemann, who talk of latent psora, and also by J.T. Kent who go on with the same concept, for arrive until today through masters as T. P. Paschero or Pierre Schmidt and some living masters, is often forget from homeopaths in their daily practice.

In our Center we had must face up the problem of the management, by a medical team, of the patient and then the necessity to have a common method, shared and transferable. These two cases exemplifying the concept of totality and can helping to process clinical behaviour strategy, starting from event which in their apparent simplicity, put important questions to classical homeopathic physician, not least, how to use the new symptoms and that which arise after the administration of a remedy.

Only using in combination:

- a) careful collection of the symptoms
- b) careful transposition of the observed symptoms, in reportorial language
- c) careful evaluation of the selected remedy through the homeopathic materia medica

we can perceive the essential sufferance of the patient, more evident in the acute state, choosing the much homeopathic medicine to his state, especially referring to the constitutional state of the patient.

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## **AUTHORS:**

### **GUALEA MARIA RITA MD**

1989 Graduated in Medicine in Pavia University.

1994 PHD in Physiology.

1997-98-99-2000 Ha partecipato, ai seminari del Dott. Alfons Geukens, a Milano, dal titolo "Energy through high potencies".

1998 l'Attestato del Corso Triennale di Omeopatia Classica Unicista presso il Centro di Medicina Omeopatica – Milano.

2000 Ha partecipato ai videoseminari del Dott. Roberto Petrucci, a Milano, dal titolo "Pediatría", "Casi in video", "Nuovi rimedi, nuovi provings", "Materia medica comparata repertoriale – casi acuti e cronici".

2000 Ha partecipato alla Festa del Centro di Omeopatia, presentando una relazione dal titolo "Traumi: non solo Arnica".

2000 Ha conseguito l'Attestato del Full Time Training di Omeopatia Classica, per un totale di 4000 ore, presso il Centro di Omeopatia – Milano.

2000 Ha partecipato al 2° Congresso Nazionale di Medicina Omeopatica organizzato dalla FIAMO, presentando una relazione dal titolo "Intervento omeopatico su un gruppo di giovani calciatori".

2001 Ha partecipato ai videoseminari del Dott. Roberto Petrucci, a Milano, dal titolo "Casi in video" e "Aspetti insoliti di policresti e piccoli rimedi".

2001 Specializzazione

2001 Ha partecipato al 2° Congresso Nazionale di Medicina Omeopatica organizzato dalla FIAMO, presentando una relazione dal titolo "Significato della prescrizione nel caso acuto in rapporto alla costituzione del paziente".

She is teaching in Centro di Omeopatia - Milano since 1999.

She works as homeopath in Centro di Omeopatia - Milano since 1997.

### **FAGONE GIUSEPPE MD**

1986: Graduate in Medicine in Catania University.

1989: Post Graduate of Homeopatia de Mexico with doctor P. S. Ortega.

1997-2000: Doctor Alfons Geukens seminars in Milan "Energy through high potencies".

From 1995 to Today: teaching homeopathy for medicine doctor and chemistry at first in the Centro di Medicina Omeopatica Classica and later in the Centro di Omeopatia, both in Milan.

He had participate to same Congress of Homeopathy and International Seminars, also as speakers.

He works as homeopath in Milan since 1999

E-mail: [giuseppe.fagone@medicina-omeopatica.it](mailto:giuseppe.fagone@medicina-omeopatica.it)