

**ICR SYMPOSIUM – VADODARA, SEPTEMBER 2019
HOMOEOPATHIC MANAGEMENT OF COLONIC DISORDERS**

**CASE: 3
DR. NILESH KARIA**

OBJECTIVES:

1. Understanding the role of “Dr ↔ Pt” relationship in receiving a case of deeper pathology
2. Demonstrating the importance of interviewing relatives to appreciate characteristic disposition and establishing Cause ↔ Effect relationship [PSYCHOSOMATIC CORRELATION] and arriving to patient’s SIMILIMUM.
3. Demonstrating application of Concept of S-F-F-T in understanding the qualitative aspects of susceptibility and establishing the clinic – pathologico – miasmatic correlations in cases of Colonic disorder.
4. Understanding the various shades of anxious and irritable personality in order perceive the Conflict and how it reflects on psyche and soma.
5. Learning the judicious use of different forces while treating chronic disease.
6. Demonstrating Importance of defining TPD-TPR in a case and handling ancillary measures from time to time with the response of the homeopathic force.
7. Demonstrating the change in action by learning through RREF and how our evolved understanding of susceptibility helps in handling the relapse of dis-ease → with ease.
8. Demonstrating the power of SIMILIMUM in changing the expression of disposition of a patient in similar situation and cut short the relapse of the chronic disease.

DIRECTIVES:

EXHIBIT: 1 – CASE RECORD

1. Go through the document and arrive at your comprehensive clinical state with the help of S-F-F-T.
2. Give your understanding of why patient is suffering and patient as a person.
3. Prepare EET.
4. Give your correspondence with differentiation of closely coming remedy.
5. Give your qualitative and quantitative understanding of susceptibility.
6. Give your planning for treatment with TPD and TPR.

EXHIBIT: 2 TO 5 - FOLLOW UPS

1. Give your action after analyzing remedy response using RREF.

EXHIBIT: 3 - 5 - FOLLOW UPS WITH DIFFERENT PHASE (Attend each exhibit’s directive specifically)

1. Would you like to accept the case?
2. What is your clinical assessment? Diagnosis?
3. What advice you would like to give?
4. Give your action after analyzing remedy response using RREF.

EXHIBIT: 6 – ACTUALITY. After actuality, do analysis of the action taken by self & physician

SUBMIT YOUR WORKING TO DR. NILESH KARIA, hetvik@gmail.com

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19, May 2004	I/F/D – is reduced but still Freq of stool - 1-2 times daily morning mucus and blood mixed with stool Weakness ++ Earthy pale complexion	This time not better with medicine Presently Salazopyrine 2 BD daily <3 spicy food <2 Morning hours < after eating food2	App less Anxious 2 as the disease is not responding to treatment
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PHYSICAL GENERALS:

Appearance – pale earthy complexion, premature gray hair, anxious look, dark circle around eyes giving him look like prematurely old

Perspiration – moderate <2 exertion, working in close place, stain yellow2, odor - offensive2

App – poor since illness – otherwise good

< Hunger2 → feels like eating something immediately

Cravings – sweet 2, curd2 butter milk2 (sour things 2) → but don't eat since the complain has started

Aversion – milk 2

Stool – c/c (h/o – constipation occasional → no any medicines taken for that)

Thermal state

Bath – always wants lukewarm water Cover – more during winter with woolens also but less during summer

Fan → very less during winter, fast during summer

C2H2 → cannot tolerate extremes of weather but don't like cold weather → **Chilly**

DIET AND DAILY ROUTINE:

Since the illness started, pt is extremely conscious about the diet and daily routine. He adheres to the instructions given by doctors. Pt takes only homemade bland food, no spicy or oily food. No red chilies powder even. Pt carries his own boiled water at factory.

P/H/O: Gastric discomfort - off and on when he was in hostel during first year of engineering study

F/H/O: Father – Hypertension, Cancer Grandfather – Cancer

EXAMINATION FINDINGS:

Wt – 48 kgs BP: 120/80 Tongue coated yellowish Conjunctiva: Pallor

P/A: Tenderness in LIF ++ on palpation, no mass,

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LIFE SPACE:

Early days:

Pt is coming from middle class Patel family. His father is a lay medical practitioner who is practicing in a small village (pt's father was assistant to a surgeon for many years). Pt's mother was a nurse in PHC. Her job was a transferable job. Thus, patient's childhood passed in different villages. Pt has one elder sister, now married and settled.

Pt said his childhood passed very nicely. Though it was village environment, but he enjoyed a lot over there. He was close to his mother, who pampered him. Mother was very anxious and protective about pt. Pt was little obstinate. Everything, whatever he wants, should go on his way. But he was very afraid of his father's anger. He was aware if he goes out of way then father will beat him. Pt said father is also loving and carrying by nature and he used to fulfill all his demands.

Pt was very angry by nature. Pt used to lose his temper on small matters while playing with friends; lot of hot arguments. Pt used to calm down within a short time. Pt used to get angry on friends if they did wrong things while playing. Pt's IPR with elder sister is very good. Pt said we both were very well cared and loved by parents.

School and college study:

Pt was not so sincere or studious during school time. He always used to rush in last hours for preparations of exams. Pt scored 70% in SSC. Thus, parents sent him at good center to study 11th and 12th Science as they wanted him to become a doctor. But he scored only 50% in 12th. Pt gave reason as, in spite of doing hard work, he failed to score because coaching was not so good and papers were very hard at that time. Pt was sad and disturbed for a short period, as his parents expected him to become a doctor. But soon he accepted the reality and prepared himself to join the engineering.

Later he joined diploma electronics in Maharashtra 1992. Few of his classmates also went there to study engineering in same college. Though there was company of friends but he took time to adjust in that environment because first time he was away from. Many times, he has stomach upset because of food changes and other travail illness. Pt said it was first time he moved out of house so he was missing home. He could not able to concentrate in studies, so he failed in first 2 semesters. He was taken a back from those failures. He then started very hard work and was keener in studies. Then he cleared smoothly rest of semesters without any failure.

Change in stream:

When he passed the diploma engineering, there was no value of that degree in society. Pt said, "When I got interest in studies, society lost interest in giving job to engineers". He was sad during that time. Pt said, he worked hard to get diploma and want to do service. But then relatives and parents convinced him to join B.Com to get degree at least. Pt's parents wanted pt to do business in Rajkot and settle there in future.

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Starting of business:

Pt had started a business in 1995-96. That venture was in partnership with one relative. Pt got interested in that work. Pt was very good in making drawing of the gears, which is needed to be manufactured. Soon, that business was clicked to pt and he has started approaching different companies with his drawing and getting orders.

Within 1-2 years, he has started his own unit of industrial gears manufacturing. 1998 to 2000 were years of success for him. He was crazy behind work. He used to work in factory late till work finished. There was no holiday for him or workers. Sometime he used to work overnight to complete the order even. He used to do labor work even if it was needed during work load. Pt said he is very restless and concern till there is work. But that all things are very transients. Once the work is over, everything is gone. When he goes back to home he forgets about factory and enjoys his family life.

Pt is very punctual and perfectionist in work. If workers make mistake in spite of explanation than he scolds them. Sometime he shouts at them. Once he was so angry on mistake of one worker, that he heated him with an iron rod in anger and then rushed to doctor putting him in car. Later pt dropped that worker at his house with medicines and lots of fruits.

Pt said he is very sensitive by nature, can't see anybody in pain. He is very helping and carrying to his workers, regularly helping them when they are in need. So, he has same workers in factory since beginning. He never kicks off any workers of the factory irrespective of the fault they commit. Because he thinks that workers family is dependent on this income, so he can't do that.

Pt has anxiety of delay in payment in business, but he said that it is part of it. On asking about anything of recent delay, he replied that recently in 2003 a payment of few lakhs rupees was delayed by one company. Pt said that though the party is genuine but because of slow down in business they can't able to pay in time. Pt said that because of that our rolling in business will be blocked.

He denied any tensions at onset of the illness. But his major concern is his non responding illness. He was repeatedly asking about whether my disease is curable or not. Because he is not getting relief in spite of last 6 months medicines and steroids as well, unlike first attack, his complain of bleeding P/R was stopped after 2 months.

He married 5 years back. His wife is house wife and his son is 4 years old attending pre-school. His parents stay in village while he stays in city with his family.

INTERVIEW OF FATHER:

His father said that patient is very irritable by nature mainly when things are wrong. But his anger is very transient, next moment he is very calm and cool. Otherwise he is very happy go lucky person.

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WIFE'S INTERVIEW (AT SECOND VISIT):

Patient's wife came during second visit. She said that patient is very good-nature, loving and caring person. He is very much attached to his family and cares for them. He is very jolly and enjoying kind of person. He is very anxious about all of us, little things happen to any of family members then he rushes to doctor. He enjoys company of all. He doesn't like to stay alone.

Patient's wife said, he is very angry by nature. He can't tolerate wrong thing, if it happens, then "*dhab dhabavi nakhe*" (he will take your left- right), but that is for a while only. He tells everything on face, no carry forward of issue. Pt is extremely anxious when work pressure is there on his head. He forgets everything and just engaged in that and that will continue till it is finished. But once it is over than it seems nothing is there. He is very happy go lucky otherwise, very kind emotional and helping natured.

Any tensions at the time of illness? She replied, in 2001 he had taken loan of 3-4 lakhs for expansion of business. Coincidentally that year was of market crisis. It was difficult to pay the bank installments from the earnings. Though their financial condition was very good, all relatives, in-laws and his parents has taken guarantee of repaying the loan. (Relatives of pt are financially well off). But he was in panic, because of business was running as per his expectation after expansion. He used to wake up in the middle of night, sit in bed and think about how I will repay loan. What happen to my family etc. sometime he becomes extremely angry if we ask or console him or advise him to calm down. He used to shout if one asks where about. During this time, his chief complains started. But pt's father had put pt on some sleeping pills for 1-2 month till his complains of bleeding settled.

Why this relapse occurred? She replied I don't know exactly what happen before this relapse but he was talking about some delay of payment of big order. But we can't ask him in detail otherwise he gets angry.

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EXHIBIT: 2 - FOLLOW UPS: Give your action after analyzing remedy response using RREF.

Follow up criteria	3. Weakness	6. Blood / mucus in stool	9. Weight
1. Anxiety	4. Appetite	7. Allopathic drugs (SAZO EN 500MG) 2 BD	
2. Sleep	5. Stool freq / consistency	8. Investigations	

DATE	1	2	3	4	5	6	7	8	9	O/E	ACTION
19-5-04	Case Definition not completed. Pt was taking Sazo 2 BD.										A
21-5-04	HB – 10.6 (73%), TC- 8100, DC- WNL, ESR -10 URINE – ALB –TRACE, RBC – 1-2, PUS CELL – OCC. STOOL – OCCULT BLOOD ++, E HISTOLYTICA – SEEN										B
2-6-04	Case definition completed				5/6 per day	++	pt has stopped med from day one		48 kg		C
16-6-04	>	G	>	>	2-3	>25%	sazo 1 bd		49		D
30-6-04	>+	G	>+	G	2	>50%. No bleed when packet taken	Same	Hb: 10.88	49.5		E
14-7-04 call	++		++		3 -4	++					F
28-7-05	+	G	+	G	2	>70%	Same		49		G
8-8-04 (R)	Ok	G	Ok	G	2	>85%	Same				H
25-8-04	No	G	Ok	G	1-2	>95%				100/70	I
22-9-04	No	G	Ok	G	1	No / Once bleed from outside food	Sazo ½ bd		49.5	100/70	J
6-10-04	+				1-2	Daily morning once stool mix with blood	Ct				K
18-10-04 (R)	++	Dist	++		2-3 t/d	Frank blood only in morning	Ct				L
23-10-04 (R)	No	Ok	Mild	G	One	No	Adv to stopped				M
24-11-04	No	Ok	No	G	One	No stopped	Stopped	Hb 11.3	51 kgs	NAD 120-80	N

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EXHIBIT: 3 – PHASE II: REVISITED ON 4-8-13:

He called after 9 years for his old complain which has started again. Following history on phone:

Before 1 month → has complain of URTI → LRTI off and on; 1 month taken allopathic treatment and also taking home remedies like Tulsi patta and mint leaves since then. Gradually since last 10-12 days → loose frequent stool mixed with blood and mucus, Freq – 4 - 5 times / day with pain in abdomen < In morning and after eating. Sometime passes only blood. This all complain lead to weakness and debility. His appetite reduced. Pt said please send medicines earliest so I don't have to go to other doctor for my old complain which was cured by your medicines.

In between 9 years, He was regularly in our contact. Pt didn't have any problem and was physically ok.

In 2009, his father diagnosed blood cancer; he lived for 4 months after detection. He used to come monthly to show all reports. During father's illness and death, he appeared stable and controlled his emotion.

In 2009 → After the death of his father he developed chest pain and gabharman → consult a physician – done all investigation – like ECG, CBC, LIPID PROFILE, S. CREAT, RBS → all were WNL.

In the month of Feb 2013 – once LRTI → CBC → TC – 12000, took antibiotics for 5 days.

ACTION: O

DIRECTIVES:

1. Would you like to accept the case?
2. What is your clinical assessment? diagnosis?
3. What advice you would like to give?
4. Give your action [from **O** → **P**] after analyzing remedy response using RREF.

DATE	1	2	3	4	5	6	7	8	9	O/E	ACTION
11-8-13	Now feels >2	Ok	+ - ++ < exertion	>++	Once normal stool	No	No	No	61	Pallor weak 120-80	P

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EXHIBIT: 4 – PHASE III: REVISITED ON 25-5-18: [Physician was out of station]

Pt called after 5 years. He was ok in between, but before 10days, complain started with diarrhea, A/F heat of summer and outside food. Pt Took allopathic treatment. But not better; since last 4-5 days - stool mix with blood and mucus started; Freq: 6 -7 time per day.

During 2015-16, he used to come for treatment of his wife. She was suffering from depression. Pt was regularly coming for treatment and was very cooperative and understanding husband during that tuff period of his wife’s illness.

ACTION: Q

DIRECTIVES:

1. What is your clinical assessment? Diagnosis?
2. Understanding about state of Susceptibility
3. What advice you would like to give?
4. Give your action [from **Q** → **W**] after analyzing remedy response using RREF.

DATE	1	2	3	4	5	6	7	8	9	0/E	ACTION
2-6-18 (R)			>+	>+	Bleeding and diarrhea stopped when packets were continued but again blood and mucus in stool f- 2-3 per day → pt has stopped allopathic treatment						R
5-6 -18 call	+	Ok	+	>+	5-6 /d	very less blood and mucus but till continue					S
8-6-18 Rajkot visit	Pt has not come for FU. He was out of station for some work He called up and said he is ok				No problem since 6-6-18	No					T
8-7-18	Ok	Ok	Ok	Ok	Once	No			58 kgs	100-70	U
4-11-18	Pt complain of constipation, hard stool has to strain for stool, stool is dry hard, blood streak stool, pain at anus after passing stool, no blood no mucus										V
9-12-18	Pt came to meet; he doesn't have any complain. He is ok. BP: 120-80, Wt: 61 kgs										W

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EXHIBIT: 5 – PHASE IV: REVISITED ON 26-6-19: [REPORTING]

He was ok for 6 months

Since 8 days – A/F heat wave (travel on bike) and outside food → diarrhea Freq: 5-6 per day; not > with allopathic treatment.

Since last 2 days – blood stain stool loose sticky with mucus once in the morning → rest whole day stool f 3-4 time but no blood only mucus → loose watery → weakness - + + loss of app++

ACTION: X

DIRECTIVES:

1. What is your clinical assessment? Diagnosis?
2. What advice you would like to give?
3. Understanding about state of Susceptibility
4. Give your action [X - Y] after analyzing remedy response using RREF.

DATE	1	2	3	4	5	6	7	8	9	O/E	ACTION
14-7-19	Ok	Ok	Ok	Ok	No c/o since 28-6-19	Ok	No			61.5 120-80	Y
Reviewed last 1 year	<p>There is no complaint after the medicines. Mild weakness remained, feels exhausted at the end of the day since last relapse.</p> <p>On asking about why there is relapse in your complain June 2018 and June 2019?</p> <p>Pt replied that, I don't keep any tensions of the work or family now. But I think both the time relapse is because of "LOO" AND OUTSIDE FOOD. It was a heat wave (JUNE) in the city during that time and I had travelled on bike for 2-3 hours and taken hotel food. Next day relapse in complain and it respond to one-week medicine.</p> <p>And I don't even remember next week onwards that I am having any complain. It seems as brain is formatted as soon as he takes the medicines.</p>										