

VADODARA ICR SYMPOSIUM MARCH 2026

DR. JAGRUTI DHABUWALA

OBJECTIVES:

1. *Learning*: Telemedicine Case Taking challenges in an elderly bedridden partially deaf lady in agony amidst the COVID Pandemic.
2. *Demonstration*: Sound application of Aphorism 3 in order to understand what is to be treated in the case & how to apply various knowledge by the physician.
3. *To understand*: Predisposition-Disposition-Deviation—Disease Expression while erecting the totality.
4. *To understand*: Miasmatic/Symptoms Movement in Evaluating Remedy Response.
5. *To understand*: the Concept of Mixed Miasms & Remedy Relationship to choose Right Action.
6. *To Learn Homoeopathic Prognosis*: in terms of
 - Future Course of Disease
 - Level & Extent of Possible Improvement
 - Expectations in Terms of How Long to continue treatment and stop medication (the end point of the treatment)

Case is given in the form of Exhibits. Under each Exhibit directives are given separately.

Patient's Name: Mrs. I: 97yrs old /F/Divorcee/stays at A, Mumbai with D's family. (Close to PP's Residence)

CASE REGISTRATION ON 21/4 /21:

EXIHIBIT - I

On 21/4/21 12:00 noon received call from some unknown lady:

She introduced her as a friend of my neighbor (Parsee) who had given my contact no. It was regarding her friend's M (Parsee) having some illness & wanted to consult me for Homoeopathic treatment. So, the pt's relative might call up for the appointment. The pt is M of famous bakery A, near PP'S residence. After ½ hr I received call from grand D, saying that her Nani is 97yrs old, having non healing ulcer in left 4th toe, very painful, not better with no. of allopathic drugs. Can you help her? I told her to bring the Nani to the clinic as need to see her. She was reluctant to bring the pt to the clinic as did not want to take risk in pandemic & difficult to take her out as was on wheelchair following # Rt femur 2yrs ago. Grand D continued, "Her all toes are having deformities since a long time due to RA. Because of ulcer, Nani is not allowing me to separate toes. All this happened since Jan21. So we try to keep gauze piece in between toes." She kept on requesting to see Nani on video.

Directives:

1. **What do you want to do?**
2. **How would you like to proceed?**

EXHIBIT- II

Grand D was asked to send photos & then call up again.



Directives :

- 1. Do you want to accept the case? Give your grounds.**
- 2. What would you like to talk to grand D?**

EXHIBIT - III

Case Details were taken on Whats App audio at 1pm from grand D who looks after her primarily which were as follows:

PATIENT'S NAME: 97yrs old, Mrs. I /F/ Parsee/Divorcee/stays at A with D's family.

A tall thin fair Irani Parsee lady who is bed ridden since 2yrs following # Rt femur & moves in the house on wheelchair. She is deaf ++since many yrs. So, they cannot converse easily with her personally or on video. K/C/O Well established RA with deformities of toes since young age with severe OA both knee joint since many yrs.

She was active throughout her life & deformities of toes /OA knees not affected her routine life. 2yrs back, she had a fall & got # right femur. She was operated with plate & screw. Later, she was not rehabilitated well due to severe OA knees. Since then, is on wheelchair. Otherwise, she did not have any issue in past.

Since Jan/Feb21 ---Developed nonhealing ulcer on 4th left toe on lateral side, painful with swelling of 2nd, 3rd, 4th toes with bluish discoloration. Tried no. of allopathic drugs-inj. antibiotics, candid cream, tab Metronidazole etc. with no relief. They had visited a surgeon who also said that nothing could be done. Finally, some suggested to start with Homoeopathic treatment & came to me through my neighbor's friend's contact.

CHIEF COMPLAINTS:

1) Lt foot 2 nd -4 th toes sudden & paroxysmal Sudden on & off Since 3mths	Pain+ Feels cold draft on leg & covers/ Uncovers on & off	<touch+++ <evening++	Agitated Abuses, curses Gives bad words to others with pain
↓ Since 2mths	Redness + Swelling+		Doesn't allow anybody
4th toe	Ulcer-nonhealing		to come close
Since 3 mths	Painful++intolerable Deep+	➤ elevation	or touch
Since 1 mth	Ulcer - Size increased+ Discharge-serous No bleeding		Keeps on rubbing on foot/calf
Since 2-3wks	Bluish blackness Swelling++ Pain++		Shouts & screams with pain Cries like a baby with pain Sleep disturbed
2) Foot-Knees Since 1 ½ mths sometimes	Icy coldness		
3) Knees both Since many yrs	Pain++ cannot walk after # rt femur+ with OA Knees bilat.	>Keeps on rubbing	

PATIENT AS A PERSON:

Appearance: Delicate, Bony Skeleton Body Tall, Thin Fair. Emaciated Since Last 20yrs

Appetite: Low -says, "Due to old age/not walking/you make me fat "

Craving: MOODY- 'RISAI NE BESI JAY, PYARTHI SAMJAVU PADE' & insists for feeding.

Teeth- Extracted all teeth since youth, 30yrs of age

Stool/Urine/Menstrual H/O: NAD

OH: 1D-with whom she is staying; 2 sons- 1passed away 15yrs ago; 1 son-abroad

Perspiration: scanty

Sleep: now disturbed due to pain/suddenly gets up from sleep, shouts/screams with pain

Dreams-?

Thermal: Fan <Cramps Legs in W+S-on 3 Since 2-3yrs; (H/O on 4-5 in past)

A/C + needs cool pleasant atmosphere

Covering: W+S-quilt up to hip/neck

Bath: warm always SUN: NO<

P/H: # Rt femur internal fixation with plate & screw; No H/O DM/HPT/other illness

F/H: B-died of blood cancer

LIFE SPACE DATA:

(D did not know much about her past. The pt has memory loss. So grand D gave data from her observations)

She was divorced at young age & her B helped her at that time. Also, she had her own saving. So, they did not face any financial diff after divorce. She is HW, hardworking, independent & helping by nature. She brought up almost 35 children which included her own children+ siblings/cousins. She is 'sweet heart' of the family. She takes care of others too. She is Sentimental, helps others, sensitive to pain of others & Godly person. She has seen death of sibling suffering from cancer. She is attached more to the D. She is FASTIDIOUS, maintains CLEANLINESS & is TIME PUNCTUAL. She is Health conscious+++, likes to be a fit lady. So used to do regular cycling & swimming. She used to walk miles & miles & was a boxing trainer & used to do wt lifting/holding. She advises health-conscious tips/good talk to others. She is jovial & polite person. She is not fussy/non-demanding /not socializing by nature. She is Nature loving person. Loves gardening since youth. She keeps no. of pet animals-parrots, dogs, plays with them, takes their complete care & feeds them etc. She is Irritable by nature but does not express. She has a lot of emotional suppression in life. At time of hospitalization for #femur, she developed fear alone+3. She used to say, "Don't leave me alone." She had Impact++ due to surgery as felt they would leave her. She has a lot of pain tolerance., even with #. But since toe C/O, cannot tolerate pain. Her behavior has changed-screams, shouts, weeps, moans with pain.

Does not allow anybody to come close to her or to clean the ulcer. She keeps on rubbing It leg/calf/foot (not toes). Kicks if anyone tries to clean, shouts – “mane bachao, better to die than bear, hurts others & gives bad words, God will judge you.”

At the end, Grand D said, “We are not interested in giving any more allopathic medicines, hospitalization, or any active surgical intervention. They do not mind about any outcome. We cannot see her in pain. You do your best in giving her relief with Homoeopathic drugs. Thank you very much & God bless you.”

DIRECTIVES:

1. Analyze the document under:
2. Give your comprehensive understanding of clinical diagnosis with reasons.
3. Give your understanding of premorbid-deviation-morbid personality & miasmatic movement.
4. Choose an appropriate approach by locating individualizing symptoms
5. Erect the totality & come to the similimum.
6. Give your understanding of susceptibility & posology
7. How do you like to manage the case?
8. Give your follow up criteria. What do you expect to change in the follow up?

EXHIBIT—IV FOLLOW UP FROM 21/4/21---- 18/5/21 ON VIDEO

Date	Pain/ Coldness	Swelling	Discharge	Discolouration	Mood Sleep	Action
21/04/21						??
23/04/21	>				>/>	??
25/04/21	SQ					??
27/04/21	>+				slept	??
05/05/21	>+		occ		>/>	??
11/05/21	S		Yellowish	Bone exposed	S	??
	(To See Photo Below)					



11/5/21 BONE EXPOSED

18/5/21 ON VIDEO: SQ

Screams /weeps with pain, covers leg for some time & removes, rubs leg /foot, goes to sleep after sometime. Again, gets up with sudden pain with screams-mane Bachao--- ('Pag thando thai gayuo che, thando pawan lage che, mari jav to saru, dukho sahan thato nathi')

Sometimes > cold appl

Action: ??

EXHIBIT —V

25/5/21 D+Grand D came to the clinic for follow up: Both were interviewed together.

Data collected: (D was crying continuously with M's suffering, at times was sharing her family issues & at times of M. Also not able to say everything in detail as she also has weakness of memory.)

She has painful life, was divorced twice. D belongs to 2nd H. When D was 3-4yrs old, the pt was divorced. So, D does not have any details regarding divorce situation. At that time, she was staying in Hyderabad at ancestor bungalow. Later, she sent her children to the boarding school at Mumbai/Pune. So, D was away from her since young age. Once she came to stay at MA's place at Mumbai. Her B's son cheated her & sold the property without her knowledge. Since then, she stayed at MA's place at Mumbai. After MA passed away, she stayed alone there. It is close to D's place. She used to visit D's place to look after her children when D used to go to bakery shop which is next to her bldg. With the age she found it difficult to do up & down. Finally, D insisted her to stay with them as is staying nearby. Since a few yrs, she is with D's family. D is married to her S's son. D's family is consisted of her H, 1D (32yrs) & 1Son (35yrs). This Grand D is engaged but does not want to marry now as her fiancé has some financial issues. So. Both families have mutually decided to delay the marriage. Her son is married, but facing divorce issue with his wife currently. Initially the pt. used to feel awkward to stay at D's house but later accepted it. All look after her well. D's H is also very supportive. All are very close to her & not want her to undergo all pain of surgery/amputation & want her to die in peace— 'I can't see her in pain', D said.

The pt has some mental illness. Details not available.

'Once she took a knife, ran down to catch rickshaw, D tried to pull her out. At times she hallucinates- '2-3 man are looking at me.' 'Sees servants are robbing money. Somebody has taken away my slipper' since a long she likes 1 beautiful purse (gifted by B) in her hand & keeps inhaling /holding Vicks inhaler. Sometimes keeps on praying, kissing, giving blessings, singing—'Kaipan ganda ghelu karya kare mummy'. **When she is ok**, likes to watch cricket, active, time punctual, likes cleanliness & everything in order. There used to be disputes between she & her S (D's MIL), staying in the same bldg. S passed away in Dec20. At that time the pt fainted with some mental shock. After 4-5days of fainting episode, they noticed that the pt. started complaining of pain+ redness +swelling in toes.

During pain: irritated, abuses, curses- 'you will get such a problem.'

P/H: operated on right ear when was young & is deaf since then. Sleeps on left side, gets pain in left shoulder due to it. Left side B.P./pulse not able to record. Patient is SQ in today's follow up.

Relatives not ready for simple blood tests like CBC, blood sugar, USG Doppler LL due to pandemic

Directive:

1. **Give your EET.** Whether your understanding changes for person diagnosis/totally after undergoing above document?
2. Give your remedy response analysis & action.