

Clinical Cases

Focusing on the Mental Aspects of a Case

March 8, 2012 · 2 Comments · by Anita Salunkhe

The author describes how emotions and mental symptoms of a patient play a key role in homeopathic prescribing.

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Introduction:

Does prescribing for an acute case mean ignoring the constitutional remedy?

When confronted with an acute or emergency case, young

homeopaths may fly into a panic. The question confronting the

budding practitioner, if the patient is delirious, in a state of shock

or in nerve-wracking pain is, how do I plumb the depths of the patient's mind to find the right remedy?

Since homeopathy views every patient as a dynamic, living entity as opposed to the sum of individual parts, an acute state seems to make the presenting picture even more complex. What the homeopath is looking at is human nature in all its complex glory. And indeed it can be daunting.

Fear not, for the practitioner can draw comfort from the following passage from Kent's Lectures:

"A physician advanced in years looks back upon many failures. The faithful homoeopathist recalls a man, a woman, a child, and realises that these, among his past failures, would now be simple cases. Prescribing the homoeopathic remedy is such a process of growth and progress that it may be said that "the best of the wine is saved for the last of the feast". In the beginning of one's practice, many acute diseases run their course. In advanced years, they are nearly all aborted."

But the question remains: How do you treat an acute or an emergency case? What do you look for? According to Aphorism No 3, the physician needs to understand what needs to be treated in the case. Thus, the key to treating and prescribing under these challenging circumstances is to observe the presenting

symptoms and the way the  Hpathy is used by the patient. You

must always ask: What is the basic feeling, emotion or thought

process underlying the array of presenting symptoms? Is it fear, depression, anxiety? And, equally important, how is it being expressed? How is the patient's mind presenting these acute symptoms? In other words, an acute remedy covers the smaller presenting totality.



Let me illustrate this with a case.

A 40-year-old female patient was brought to my clinic by her daughter. The patient was disoriented and unable to speak coherently. She was in need of immediate treatment or her condition would deteriorate.

Medical History

The previous night, the pain in her left lumbar region was so severe that she couldn't sleep. She took the pain killer Buscopan. The pain refused to subside and she was still unable to sleep. The next day, a USG revealed a small mid-ureteric stone with mild hydronephrosis on the left side. The patient was administered antibiotics. In the afternoon, she developed fever and chills. The physician diagnosed urinary tract infection and administered a painkiller via injection. The patient began to vomit profusely and grew weak, afraid and unable to sit or stand.

She was restless and still in severe pain. She began to mutter and babble and her speech was slurred. She began saying, “Where is my mother? Take me to her. I will die. Don’t admit me to hospital.” She kept babbling continuously with no connection between her thoughts.

Analysis

Being an acute case, we needed to tackle it precisely and immediately, with the right remedy and dose. We had to understand the patient’s thought process: What had pushed her into such a state? What was the emotional disturbance that had made her sick? After going beyond the medical symptoms, it was apparent that the patient was very afraid and sick with terror. This had pushed her into a delirious state.

Observation

- Speech slurred
- Sudden onset
- Talk wandering
- Looking fixed at point
- Ailments: Fright from

Rubrics

Acute state

Delirium sudden



Delirium look fixed on one point, staring with wrinkled face

Delirium muttering

Delirium recognises no one

Remedy

Stramonium 10M 1 dose given on July 30, 2010

Aphorism 221 is relevant at this stage and explains why the remedy prescribed in an acute state may not be the constitutional remedy.

It states: "If, however, insanity or mania (caused by fright, vexation, the abuse of spirituous liquors, etc) have suddenly broken out as an acute disease in the patient's ordinary calm state, although it almost always arises from internal psora, like a flame bursting forth from it. Yet when it occurs in this acute manner, it should not be immediately treated with anti-psorics but in the first place with remedies indicated for it out of the other class of proved medicaments (eg, aconite, belladonna, stramonium, hyoscyamus, mercury, etc) in highly potentised, minute homoeopathic doses, in order to subdue it so far that the psora shall for the time revert to its former latent state, wherein the patient appears as if quite well."

Follow-Up: July 31, 2010

The patient had slept soundly through the night and the pain had subsided. When she came to the clinic, she was properly



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oriented, mentally alert and relaxed. Her speech had improved considerably and her generals showed improvement.

She was now ready to give me a detailed case history.

Chief Complaints

- Uretric calculus left-side
- Calculus since 5 to 6 months accompanied by lower back pain

Generals

Appetite: Good

Thirst: Less

Sleep: Sound

Stool: Constipated

Thermals: Want less fan

Mentals

The patient hailed from the lower socio-economic strata and was born and raised in a small town. After marriage, she remained in her husband's village, while he worked in Mumbai for a few years.

She later joined her husband in Mumbai. Her husband was not one bit caring towards her, neglected her and even ordered her about. She didn't confide her feelings to anyone and they were bottled up. She had a tendency to dwell on the past. The patient

concealed her feelings, including those about their financial problems, even from her parents and in-laws.

She began to grow weepy and would sometimes cry without any apparent reason. She couldn't tolerate noise and her head would begin to hurt when there was a lot of noise. She had grown indifferent to household work.

Her next crisis came when her sister's son began to work with her husband. The uncle and nephew didn't see eye to eye and this led to a standoff between the two men and their families. Due to this, the patient had stopped talking to her sister, who was the only person in the world she was close to. This impacted her severely and her emotional disturbance eventually made her physically sick.

Key Sensitivity

Her deteriorating relationship with her sister, the breaking of ties with her (Mineral remedy – Third Row of Periodic Table)

Rubrics

- Ailments from discord between parents and friends
- Anger work about
- Anxiety hurry with
- Cares worries full of

- Weeping easily, past events thinking of
- Reserved, doesn't like to show her feelings

Remedy

Natrum Mur 200 1 dose given on July 31, 2010

Aphorism 195 is relevant here and explains why it is important to prescribe the constitutional remedy at this stage. It states:

"In order to effect a radical cure in such cases, which are by no means rare, after the acute state has pretty well subsided, an appropriate treatment must then be directed against the symptoms that still remain and the morbid state of health to which the patient was previously subject."

Follow-Up

Twenty days later, the patient passed the calculus. The major transformation though was in the patient's general demeanour. From a primarily negative individual who kept it all bottled up, the patient was smiling, seemed relaxed and looked like a burden had been lifted.

This case beautifully illustrates Aphorism 221, which speaks of 'subduing' acute symptoms. Note that here, homeopathic remedies are not prescribed symptomatically as the medical practitioner nonchalantly prescribes allopathic drugs. On the

contrary, the homeopath must exercise considerable skill while



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deriving rubrics and remedy from the patient's mental state at the time she presents herself before the homeopath, in the acute state.

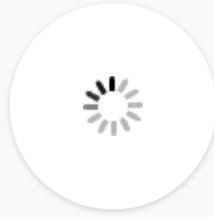
I cannot emphasise enough the importance of the mind, both in causing disease and providing the most vital clues to its reversal. Discovering the core mental disturbance – Key Sensitivity – is truly where mind meets body.



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About the author



Anita Salunkhe

Dr Anita Salunkhe is founder of MindHeal Homeopathy and a classical homeopath with 20 years experience. An intuitive healer, her approach rests on the Mind as the primary route to the assessment and treatment of disease, and includes elements of Predictive Homeopathy and the Kingdom Theory of Dr Rajan Sankaran. She specialises in the treatment of pathological and "incurable"™ cases. Apart from being an intuitive healer, Dr Salunkhe is also a world-class teacher of homeopathy, both in India and at international forums. Her zeal to teach this healing system has taken her as visiting faculty to Germany, Israel, Russia and Brazil, among other countries. She holds the distinction of being recorded in the history of Bulgaria as the first Indian woman homeopath to conduct a seminar in that country.

Dr. Salunkhe gives online consultations.

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Dr, Shiv Dua

March 18, 2012 at 5:15 am

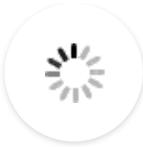
Dr. Anita is an intelligent homoeopath who is devoted to her profession. My best wishes to her for her brilliant interpretations, step-wise and methodically.

Further I wish to congratulate H'pathy for including Indian authors for which I had suggested that

H'pathy is giving more importance to non-Indian professionals.

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Anita Salunke

March 18, 2012 at 6:30 am

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