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Scope of homeopathy in acute diseases: Management of an acute severe gastrointestinal collapse: A case study

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Abstract
Background: Acute gastrointestinal collapse, characterised by simultaneous vomiting and diarrhoea immediately after food intake, can rapidly progress to dehydration, hypovolemia, and circulatory failure. While conventional medicine emphasises fluid and electrolyte management, individualised homoeopathic treatment aims to restore systemic equilibrium through symptom similarity and dynamic stimulation of vital response.
Case Summary: A 45-year-old female presented with violent vomiting and diarrhoea triggered immediately after ingestion of any food or drink, accompanied by marked prostration, coldness, dizziness, drowsiness, and pallor. The case was analysed based on the totality of symptoms and repertorial evaluation, leading to sequential administration of Veratrum album 200C, Carbo vegetabilis 200C, and China officinalis 200C. Each remedy was introduced according to the evolving symptomatology and stage of recovery. Clinical parameters and patient-reported outcomes were recorded at predefined intervals. Remarkable clinical improvement was observed within 48 hours, and full recovery was achieved without recurrence.
Conclusion: This case demonstrates the potential scope of homoeopathy in acute emergencies when remedies are selected according to totality and administered with careful stage-wise evaluation. Further controlled research that incorporates objective biomarkers is recommended to strengthen evidence for clinical application.

Keywords: Homoeopathy, acute gastroenteritis, *Veratrum album*, Carbo vegetabilis, China officinalis, collapse, repertorial analysis, dehydration, acute disease

Introduction
Acute gastrointestinal disorders with profuse vomiting and diarrhoea can result in significant morbidity and mortality due to fluid and electrolyte imbalance. Conventional treatment protocols rely on rehydration and supportive care, yet many cases present with persistent weakness and collapse-like states that challenge rapid recovery. Homoeopathic system of medicine is based on the principle of individualisation and the law of similars, views acute disease as a dynamic derangement of the vital force. The aim is to administer a remedy that mirrors the totality of symptoms like physical, mental, and general, thereby triggering a curative reaction. Evidence from clinical trials has shown beneficial outcomes of individualised case-taking and case evaluation in acute diarrhoea conditions. This report documents a detailed case well managed with individualised homoeopathic remedies and outlines the repertorial and totality-based rationale for remedy selection.

Case Presentation
Name - V
Sex - Female
Occupation - Grocery business
Age - 45 years
Date of Presentation - 15.06.2025

Clinical Diagnosis
Acute gastroenteritis with dehydration and collapse features.

Chief Complaints

- Vomiting and diarrhoea occurring immediately after any intake of food or drink.
- Extreme prostration with cold perspiration, especially on the forehead.
- Cold extremities, weak pulse, and dizziness.
- Lethargy and drowsiness, almost semi-conscious state.
- Abdominal cramps and rumbling before stools.
- Great thirst for cold water, but vomited soon after drinking.

Physical Examination

- **Vital Signs on Presentation**
- **Pulse:** Weak and rapid (approx. 96/min).
- **Blood pressure:** Low (approx. 90/60 mmHg).
- **Skin:** Cold and clammy.
- **Eyes:** Sunken with periorbital pallor.
- **Tongue:** Pale and moist.
- **Abdomen:** Soft, non-distended; active bowel sounds.

No focal neurological deficits were present. The patient had no significant comorbidities recorded, and there was no recent travel history or known allergen exposure.

Totality of Symptoms

The presenting totality used for individualised remedy selection was recorded as follows:

1. Vomiting and diarrhoea immediately after food or drink.
2. Cold perspiration, especially on the forehead.
3. Collapse, pallor, cold extremities.
4. Great thirst for cold water but vomits it.
5. Extreme weakness, dizziness, mental dullness.
6. Abdominal cramps with diarrhoea.
7. Desire to be fanned, faintness, exhaustion (later stage).
8. Flatulence, distension, weakness after loss of fluids (recovery phase).

Repertorial Analysis

Repertory Applied: Kent's Repertory (selected rubrics).

Primary Rubrics Considered

- Stomach - Vomiting - immediately after eating or drinking.
- Stool - Diarrhoea - simultaneous with vomiting.
- Generalities - Collapse - coldness - with weakness.
- Mind - Dullness - sluggishness of intellect.
- Thirst - for cold water - drinks, but vomits.
- Generalities - Weakness - after loss of fluids.
- Abdomen - Flatulence - distension.

Remedies Scoring Highest Across the Symptom Totality: Veratrum album; Carbo vegetabilis; China officinalis.

Therapeutic Intervention and Rationale

Principle: Remedies were selected according to the evolving totality of symptoms and administered in a stage-wise manner to correspond to the pathophysiological phase of illness. The clinically we monitored vital signs, oral intake tolerance, and symptom severity at predefined intervals (hourly for the first 6 hours, then every 6–12 hours) and adjusted the therapeutic strategy accordingly.

Phase I - Acute Collapse Stage

- **Remedy:** Veratrum album 200C.
- **Rationale:** Selected for the classical presentation of violent simultaneous vomiting and diarrhoea, collapse features (cold sweat, pallor, cold extremities), and the marked thirst for cold water that is immediately vomited matching Veratrum album symptomatology in materia medica and repertory rubrics.

- **Administration and Dosage**
- **Preparation:** 5 medicated globules dissolved in 20 mL of freshly boiled and cooled distilled water.
- **Dosage schedule:** 1 teaspoon (approx. 5 mL) administered orally every 30 minutes for the first 2 hours (total of 4 doses), followed by 1 teaspoon every hour for the next 4 hours (total additional 4 doses), while continuously monitoring response.

- **Observations**
- **Within 3 hours:** Frequency of vomiting decreased by approximately 70%; watery stools reduced in volume.
- **Within 6 hours:** Vomiting ceased; the patient retained small sips of ORS (oral rehydration solution).
- **Mind:** Slight improvement in responsiveness; drowsiness persisted but less profound.
- **Hemodynamics:** Pulse strengthened marginally; blood pressure improved toward baseline (approx. 100/65 mmHg).

Phase II - Post-Collapse Weakness Stage

- **Remedy:** Carbo vegetabilis 200C.
- **Rationale:** Employed when the acute purging was controlled but the patient demonstrated marked circulatory weakness, cold intolerance, air hunger, and profound prostration consistent with Carbo vegetabilis indications.

- **Administration and Dosage**
- **Preparation:** 5 medicated globules dissolved in 20 mL water.
- **Dosage schedule:** 1 teaspoon orally every 2 hours for three doses while observing temperature, perfusion, and consciousness level.

- **Observations**
- **Within 8 hours of first Carbo veg dose:** Peripheral warmth returned; capillary refill improved; patient became more alert and cooperative.
- **Respiratory pattern normalised;** No dyspnea noted; patient reported decreased lightheadedness.

Phase III - Recovery and Restoration Stage

- **Remedy:** China officinalis 200C.
- **Rationale:** Selected for convalescence management addressing persistent debility, flatulence, distension, and the tendency to weakness after significant fluid loss.

- **Administration and Dosage**
- **Preparation:** 5 medicated globules in 20 mL water.
- **Dosage schedule:** 1 teaspoon once daily for two consecutive days.
- **Observations**
- **Within 24–36 hours:** Appetite returned; the patient

tolerated light semisolid diet; stool consistency normalised.
- **By 48 hours:** Full return

Phase III - Recovery and Restoration Stage (continued)
- **Observations (continued)**
- **By 48 hours:** Full return of baseline energy and normal activities; no recurrence of vomiting or diarrhoea.
- **One-week follow-up:** Stable clinical status; normal nutrition and activity levels reported [1-5].

Supportive Care and Safety Considerations
- Supportive measures included oral rehydration solution titrated to tolerance, bed rest, monitoring of fluid balance, and regular vital sign checks.
- No antiemetic or antidiarrheal conventional drugs were used concurrently to avoid confounding evaluation of homeopathic response.
- Laboratory investigations (basic metabolic panel, CBC) were performed at baseline and 24 hours to rule out electrolyte derangements; results remained within acceptable ranges for the clinical condition and improved with rehydration [6, 7].
- Ethical requirements of informed consent for homeopathic treatment and case reporting were obtained, and confidentiality was preserved [8].

Discussion
- This case illustrates a stepwise homoeopathic management strategy correlating with clinical phases of acute gastrointestinal collapse.
- The initial Veratrum album prescription targeted the cholera-like purging and collapse [1, 4].
- Once the equivalent antidromic phase pronounced circulatory weakness manifested, Carbo vegetabilis addressed deficient peripheral perfusion and air hunger [2, 5].
- China officinalis facilitated convalescent replenishment after fluid loss [3, 9, 10].
- Repertorial matching and materia medica concordance provided a strong rationale for remedy selection.
- The observable timeline-rapid reduction in purging after Veratrum album, circulatory recovery after Carbo vegetabilis, and convalescent restoration with China officinalis-supports a coherent clinical response pattern compatible with homeopathic theory applied in an acute setting [11, 12].

Limitations
- Single-case report without a control arm; spontaneous recovery cannot be excluded.
- Objective endpoints were followed (vital signs, laboratory panels), but larger controlled studies with predefined biomarkers (e.g., serum electrolytes, urine output, validated symptom scores) are necessary to establish reproducible efficacy [13, 14].
- Future randomised pragmatic trials comparing individualised homoeopathy plus standard rehydration versus standard rehydration alone in adults with severe acute gastroenteritis could clarify clinical utility.

Conclusion
- This case report documents the successful, stage-wise use of homoeopathic remedies (Veratrum album 200C → Carbo vegetabilis 200C → China officinalis 200C) in managing an acute severe gastrointestinal collapse in a 45-year-old female.
- The integrated approach grounded in totality and repertorial analysis was associated with rapid clinical improvement and full recovery within 48 hours.
- Rigorous clinical trials and mechanistic research are warranted to expand the evidence base for homoeopathy in acute care settings [1-14].

Conflict of Interest
Not available

Financial Support
Not available

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