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## Subacute appendicitis treated with individual homoeopathic medicine: A case study

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### Abstract

Acute appendicitis is most common acute surgical interventional condition of abdomen which occurs mostly in 2<sup>nd</sup> and 3<sup>rd</sup> decade of life. Routine dilatory habit, life style, socio-economic status, familial susceptibility and other factors may etiological indication of appendicitis. In this condition mucosal inflammation and lymphatic hyperplasia combinedly cause partial inflammation of peritoneum. Sometime perforation and ulceration, lodge fecal material in cavity or extravasation take place in cavity which clearly indicates sever and serious condition occurs. In such condition if immediately not treated than it may progress to septic perforation. In initially indicated symptoms are nausea, vomiting, right iliac fossa (RIF) / right upper quadrate region pain and tenderness which diffuse whole abdomen. Rarely fatal condition can develop. Here presenting a case of Mr. Xx, age 29 yrs. old Male having diagnose case of subacute appendicitis. According to Hahnemann aphorism no. 99 "On the whole, detailed to him"<sup>[1, 3, 4]</sup>.

**Keywords:** Routine dilatory, extravasation, vomiting

### Introduction

Basically appendicitis classify into 4 types.

1. Acute appendicitis
2. Subacute appendicitis
3. Recurrent appendicitis
4. Chronic appendicitis

### Acute appendicitis

#### 1. Acute non-obstructive appendicitis

Inflammation of mucous membrane, redness, edema and hemorrhage. It will progress into ulceration, fibrosis, suppuration, recurrent appendicitis and peritonitis.

#### 2. Acute obstructive appendicitis

Pustule discharge blocked lumen of appendix. This condition may lead to gangrene formation, edema and rapid progressive perforation. There are gradually appendicular or pelvic abscess, peritonitis, septicemia and thrombosis of appendicular artery may occur.

### Subacute Appendicitis

Sometime acute appendicitis subside spontaneously before they reach acute phase. This recurrent condition occurs due to lymphatic hypertrophy or soft faecolith material.

### Recurrent Appendicitis

Appendicitis is not ensured and may turn into grumbler can lead to recurrent attacks. Patient free from symptoms which physical examination, barium enema x-ray study normal finding. This type of appendicitis may include repeated non-obstructive appendicitis.

### Chronic Appendicitis

In case of old healed acute inflammation appendix become thick and scar formed. Surrounding wall become fibrous which is evidence of old mucosal ulceration with scarring.

**Case study**

Mr. Xx, 29 year’s old married Hindu male belonging from middle socio-economic status reported at my clinic, complaints of right side lower abdomen pain with mild feverish condition. On further enquiry, it illuminated that complaints, pain gradually start since morning, now suffer severe pain in lower abdomen with nausea & mild fever. He took allopathic medication orally for pain but no relief. The patient had past history of 3 times typhoid fever respectively 10 year, 7 year, 4year ago, aphthae in month 2 year ago and family history except for the fact that him, father has been suffering from Hypertension/Alive & mother has been suffering from Migraine/Alive. The patient was whitish complexion, businessman by profession and living happily with his spouse and one Child. The mental generals reflected Anxiousness, irritable, anger from least contradiction & fear of death. Oily sweat on face. He was thirsty (continuous thirst) and thermally hot.

**Examination**

ABDOMEN: Tenderness in the right iliac region when

pressing the McBurney's point

**Totality of symptoms**

- Anxiousness
- Irritable
- Anger from least contradiction
- Fear of death
- Thirst: Thirsty
- Perspiration: Oily Sweat
- Thermal: Hot Patient
- Abdomen pain: Right side
- Abdomen pain: Ileocecal region

**Table 1: RUBRIC**

S. No.	Chapter	Rubric
1.	Abdomen	Location: right side
2.	Abdomen	Pain, simple, aching abdomen
3.	Abdomen	Location: ileocecal region
4.	Abdomen	Aggravation: motion
5.	Abdomen	Amelioration: bending backward
6.	Thirst	Thirst: in general

Rubrics	Source	Bell	Bry	Chin	Merc	Nux-v	Rhus-t	Sep	Ant-c	Ais	Bar-c
<b>Weighted</b>		12	14	11	13	12	11	12	7	11	8
<b>Rubrics covered</b>		6	6	5	5	5	5	5	4	4	4
<b>Rubric grades</b>		12	14	11	13	12	11	12	7	11	8
Location: RIGHT, R.:	BW Abdomen	1	3	1	2		3	3	2	3	3
PAIN, SIMPLE, ACHING ABDOMEN:	BW Abdomen	3	1	3	3	3	1	3	2	2	1
Location: ILEO COECAI REGION:	BW Abdomen	3	3		2	2	3	1		3	
AGGRAVATION: MOTION:	BW Abdomen	1	3	3	3	3	1	2	1		1
AMELIORATION: BENDING BACKWARD:	BW Abdomen	1	1	1		1					
Thirst : In General	BW Thirst	3	3	3	3	3	3	3	2	3	3

**Fig 1:** Repertorial sheet [5]

**Table 2:** Analysis of Repertorial result

S.no.	Medicine	Mark obtain
1.	Bryonia alba	13/5
2.	Belladonna	11/5

**Selection of medicine (With reason)**

After analyzing the symptoms of the case mental, physical & particular symptoms were considered for the make totality. Repertorial analysis using Boenninghausen Characteristics Repertory from CARA software was done considering the above symptomatology. The first medicines with covered maximum rubric (based on acute totality) in the descending order are Bryonia Alba, Belladonna. After going through textbook of *materia medica*. Belladonna is chilly medicine so Belladonna is ruled out. Bryonia not only cover all rubrics but also covered the mental generals.

**Table 3:** Prescription

Date	Prescription
19/11/2020	Rx, Bryonia alba 200 2 water dose Rubrum 30 TDS 4 hourly x 2 days


**Water dose:** According to Master Hahnemann mentioned in theory of chronic disease, if we administer medicine by

diluting in water it has more surface area to touch and received by nerves. Ultimately we got quick action and reaction in organism.

**Table 4:** Follow-up Sheet

Date	Symptoms	Prescription
21/11/2020	Pt. stable, relief in pain, Slight pain & discomfort is present. No tenderness.	Rx Rubrum 30 TDS 4 Hourly x 3 Days
25/11/2020	Pt. stable, relief in pain No new complaints	Rx Rubrum 30 TDS 4 Hourly x 3 Days
28/11/2020	Improvement	Rx Rubrum 30 TDS 4 Hourly x 7 Days
05/12/2020	Improvement	Rx Rubrum 30 TDS 4 Hourly x 7 Days
12/12/2020	Improvement	Rx Rubrum 30 TDS 4 Hourly x 7 Days
19/12/2020	Improvement	Rx Rubrum 30 TDS 4 Hourly x 7 Days
26/12/2020	Improvement	Rx Rubrum 30 TDS 4 Hourly x 7 Days

**Investigation**



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**RADIOLOGY DEPARTMENT**

**PATIENT NAME:** ██████████ **DATE:** 19/11/20  
**GENDER/AGE:** Male / 29 Years  
**REF. BY:** DR. HOSPITAL **X-RAY/USG NO:** RR640663  
**OPDNO:** OSP101329

**ULTRASOUND ABDOMEN & PELVIS ::**  
 =====

- \* LIVER is normal in size & echotexture. No evidence of focal or diffuse lesion is seen. Intrahepatic biliary & portal radicles are normal. Common bile duct appears normal in caliber. PORTAL vein is normal.
- \* GALLBLADDER appears normal. No evidence of calculus or cholecystitis is seen. Gallbladder wall thickness is normal.
- \* SPLEEN is normal in size & echotexture. No evidence of focal or diffuse lesion is seen. Splenic vein is normal.
- \* PANCREAS is normal in size & echotexture. No evidence of focal lesion is seen.
- \* BOTH KIDNEYS are normal in size & echotexture. Corticomedullary differentiation is well preserved and appears normal. No evidence of calculus, hydronephrosis or mass lesion is seen.
- \* No evidence of ASCITES is seen.
- \* U. BLADDER is full & appear normal. No evidence of calculus or mass lesion is seen. Bladder wall thickness is normal.
- \* PROSTATE is normal in size. No evidence of indentation is seen over bladder base.

**>> RIF : No mesenteric thickening or echogenicity seen. Appendix is borderline distended, measuring about 6.2-6.4 mm - P/o Subacute appendicitis.**

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**THANKS FOR REFERENCE**  
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**Disclaimer:** The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinic- pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. For any kind of typing errors please intimate us within 10 Days.

**Before**  
Date: 19/11/2020



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**RADIOLOGY DEPARTMENT**

**PATIENT NAME:** ██████████ **DATE:** 19/12/20  
**GENDER/AGE:** Male / 29 Years  
**REF. BY:** DR. HOSPITAL **X-RAY/USG NO:** RR649158  
**OPDNO:** OSP102344

**USG ABDOMEN ::**  
 =====

- \* LIVER is normal in size & echotexture. No evidence of focal or diffuse lesion is seen. Intrahepatic biliary & portal radicles are normal. Common bile duct appears normal in caliber. PORTAL vein is normal.
- \* GALLBLADDER appears normal. No evidence of calculus or cholecystitis is seen. Gallbladder wall thickness is normal.
- \* SPLEEN is normal in size & echotexture. No evidence of focal or diffuse lesion is seen. splenic vein is normal.
- \* PANCREAS is normal in size & echotexture. No evidence of focal lesion seen.
- \* BOTH KIDNEYS are normal in size & echotexture. Corticomedullary differentiation is well preserved and normal. No evidence of calculus, hydronephrosis or mass lesion is seen.
- \* No evidence of ASCITES is seen.
- \* U. Bladder is Full and appears normal. No evidence of calculus or mass lesion is seen.

**>> RIF : Appendix visualised & appears normal in diameter (4.2 mm) without any inflammatory changes.**

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**After**  
Date: 19/12/2020

### **Conclusion**

Many a times acute condition make us hesitate to prescribe and work on case. But if we know non nosological classification by Master Hahnemann (here pseudo surgical disease) and follow principles we can give rapid, gentle and permanent cure, which is far better than ordinary school of therapeutic<sup>[4]</sup>.

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