



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)  
IJHS 2023; 7(1): 435-438  
Received: 08-12-2022  
Accepted: 01-01-2023

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## A case of acute appendicitis cured on the basis of keynote symptom of our materia medica

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**DOI:** <https://doi.org/10.33545/26164485.2023.v7.i1g.789>

### Abstract

Acute Appendicitis is sever painful surgical condition. In this patient feels sever pain along with Vomiting/Nausea and Fever.

A patient of 25 years present with acute appendicitis. After the proper case taking a most appropriate medicine Ignatia Amara 30 was selected. A proper follow-up record was maintained during the whole treatment process. After 3 weeks the patient was completely relieved.

This case study emphasises the value of Keynote homoeopathic prescriptions by suggesting homoeopathic treatment as a workable adjunct or alternative therapy.

**Keywords:** Acute appendicitis, ignatia amara, keynote

### Introduction

Acute Appendicitis is a frequent surgical emergency. It impacts people of all ages. If the appendix has not been removed, appendicitis should always be taken into consideration in the differential diagnosis <sup>[1]</sup>.

Acute appendicitis often develops when the appendix's lumen is blocked by a faecolith. If the appendix is left in place at this point, gangrene develops with perforation, which might result in a localised abscess or generalised peritonitis <sup>[1]</sup>.

The majority of patients complain of abdominal discomfort, which often begins irrationally in the centre of the abdomen before becoming localised to the right iliac fossa within the first few hours. It is possible to experience nausea, vomiting, anorexia, and infrequent diarrhoea <sup>[1]</sup>.

When the abdomen is examined, the right iliac fossa frequently exhibits discomfort and guarding from the localised peri-tonitis. The right iliac fossa may contain a painful lump <sup>[1]</sup>. Other laboratory tests may be useless, despite elevated white cell counts, ESR, and CRP being useful. An appendix tumour or other localised lesion can also be identified during an ultrasound scan in addition to the presence of an inflammatory appendix <sup>[1]</sup>.

Here is a case of Acute Appendicitis that has been treated successfully with Individualised Homoeopathic Treatment without any surgical intervention.

Case Proper: A 25-years old female came with pain in abdomen & fever on 07/05/2022 and she was also having vomiting on 07/05/2022. There was no reliving factor for pain in abdomen.

On examination she was having pain in abdomen and tenderness at McBurney's point.

History of Present Complaint: Initially, the patient was feeling Nausea and then pain in abdomen on 07/05/2022. After, she had lunch and vomited everything which she ate. On next morning on 08/05/2022, she woke up with pain in abdomen and fever.

### On Examination

Inspection- there were no abnormalities noted.

Palpation- During palpation patient felt too much pain in abdomen, specially at right lower abdomen so she didn't allow to palpate. On asking she told the location that here (i.e.- McBurney's Point) is too much pain.

Diagnostic Assessment: This case was diagnosed as an Acute Appendicitis and Mild Enlarged Splenomegaly on the basis of the USG of whole Abdomen. This diagnosis comes under the specific ICD 10, K35 <sup>[4]</sup> and R16 code <sup>[5]</sup>.

**Timeline**

8<sup>th</sup> May 2022- Pain & Fever (Iris Tenax 30- No relief)  
 9<sup>th</sup> May 2022- Pain & Fever (Ignatia Amara30- 50% better)  
 10<sup>th</sup> May 2022- All the Symptoms were Subsides at Night  
 11<sup>th</sup> May 2022- No Signs and Symptoms.

8.5mm with gut signature noted in RIF with surrounding mesenteric fat stranding and increased vascularity with adjacent minimal free fluid & multiple lymph nodes (12x6 mm) and probe tenderness s/o most likely Acute Appendicitis.

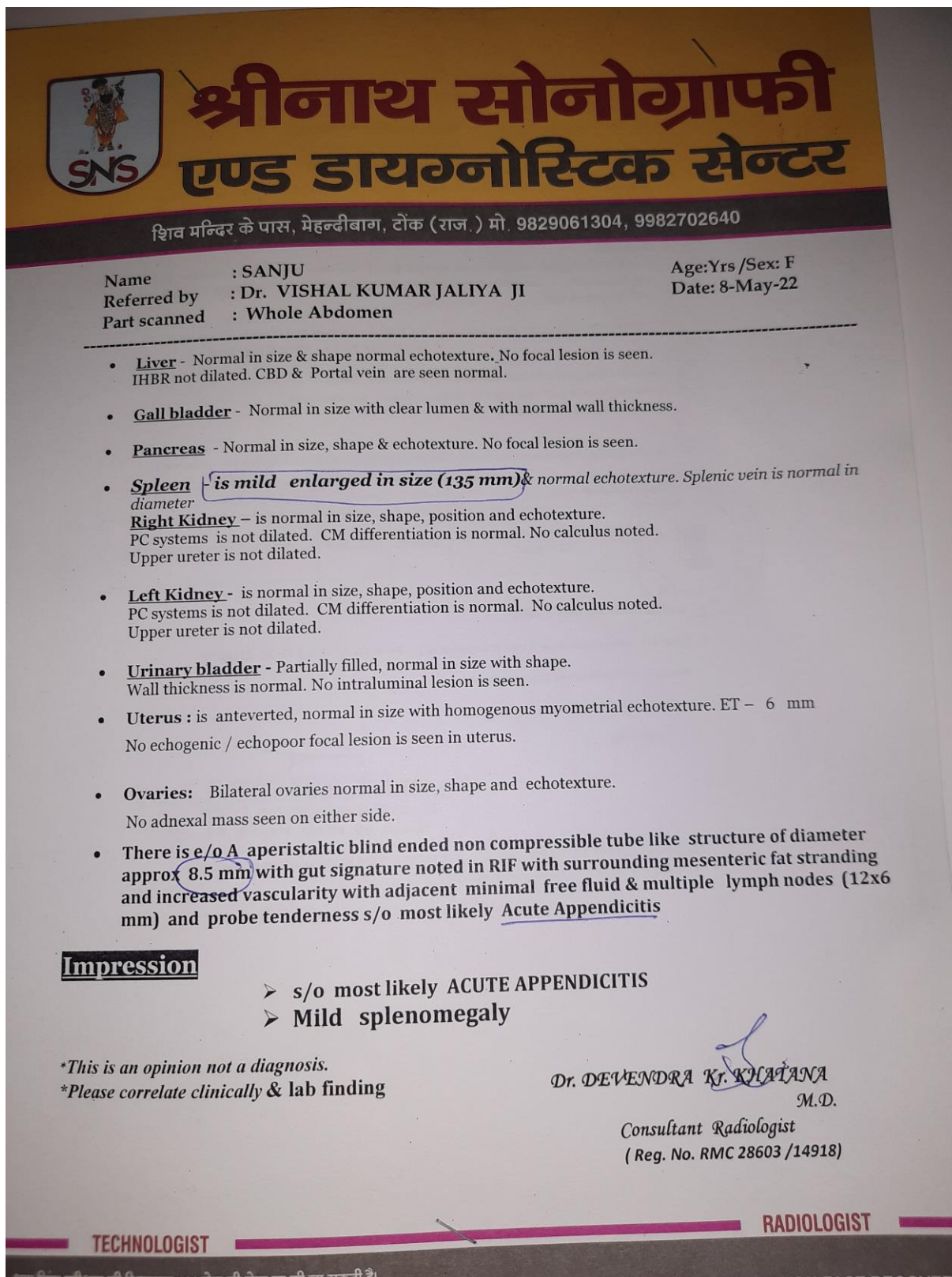
- Mild enlargement in size (135mm) of Spleen.


**Outcome**

Before Treatment: USG on 08/05/2022- Fig.-1

- There is e/o An aperistaltic blind ended non compressible tube like structure of diameter approx.

After Treatment: USG on 31/05/2022- Fig.-2  
 Normal Ultrasonography of Whole Abdomen.





# श्रीनाथ सोनोग्राफी एण्ड डायग्नोस्टिक सेन्टर

शिव मन्दिर के पास, मेहन्दीबाग, टोंक (राज.) मो. 9829061304, 9982702640

Name	: SANJU	Age: Yrs/Sex: F
Referred by	: DR. VISHAL KUMAR JI	Date: 31-May-22
Part scanned	: Whole Abdomen	

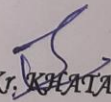
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- **Liver** - Normal in size & shape normal echotexture. No focal lesion is seen. IHBR not dilated. CBD & Portal vein are seen normal.
- **Gall bladder** - Normal in size with clear lumen & with normal wall thickness.
- **Pancreas** - Normal in size, shape & echotexture. No focal lesion is seen.
- **Spleen** - is normal in size & normal echotexture. Splenic vein is normal in diameter.
- **Right Kidney** - is normal in size, shape, position and echotexture. PC systems is not dilated. CM differentiation is normal. No calculus noted. Upper ureter is not dilated.
- **Left Kidney** - is normal in size, shape, position and echotexture. PC systems is not dilated. CM differentiation is normal. No calculus noted. Upper ureter is not dilated.
- **Urinary bladder** - Partially filled, normal in size with shape. Wall thickness is normal. No intraluminal lesion is seen.
- **Uterus** : is anteverted, normal in size with homogenous myometrial echotexture. ET - 5 mm  
No echogenic / echopoor focal lesion is seen in uterus.
- **Ovaries**: Bilateral ovaries normal in size, shape and echotexture. No adnexal mass seen on either side.
- No evidence of retro- peritoneal lymphadenopathy seen.

**Impression**

➤ NORMAL ULTRASONOGRAPHY WHOLE ABDOMEN.

*\*This is an opinion not a diagnosis.  
\*Please correlate CLINICALLY & LAB FINDING*

  
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 (Reg. No. RMC 28603 /14918)

TECHNOLOGIST

RADIOLOGIST

ज परीक्षण की शिकायत 104 टोल फ्री सेवा पर की जा सकती है।  
 This Report is not Valid For Medico Legal Purpose.

WISHING YOU FAST RECOVERY

### Discussion

Firstly, medicine selected on the basis of Therapeutics of the acute appendicitis on 08/05/2022 and on the basis of therapeutical medicine Patient didn't get relief. There after a thorough case taking was done on 09/05/2022 and an Individualized medicine was selected on the basis of patient's present state and The base of prescription is that patient got amelioration by bending double (i.e.- Contradictory for Acute Appendicitis) which an important Keynote symptom of Ignatia Amara [2, 3, 4]. After the

employment of the Ignatia Amara 30, TDS for 2days. Patient was getting relief gradually and patient's all the symptoms subsided on night of 10/05/2022. Patient was kept under the observation for 2 weeks and there was no further occurrence of any Signs & symptoms. The proper documentation was done in the form of photograph of the USG report.

### Conclusion

The magic of homoeopathy is that if the prescription



medication is similar, it works fast and effectively. In this case, Ignatia Amara 30 was prescribed on the basis of Individualization rather than therapeutically, cure will occur. According to this case study, homoeopathic medicine is a good complementary or alternative therapy. However, case is required surgical intervention. After the Employment of the Individualized Homeopathic medicine a surgical case is Cured.

**Conflict of Interest**

Not available

**Financial Support:** Not available

**References**

1. Kumar P, Clark ML. Kumar and Clark's clinical medicine. 7<sup>th</sup> ed. Kumar P, Clark ML, editors. London, England: W B Saunders; c2009.
2. Allen HC. Allen's keynotes & characteristics: With comparisons of some of the leading remedies of the materia medica with bowel nosodes. New Delhi, India: B Jain; c2022.
3. Boericke W. Pocket Manual of Homeopathic Materia Medica. New Delhi, India: B Jain; c2008.
4. ICD-10 version: 2019 [Internet]. Who.int. [cited 2023 Jan 31]. Available from: <https://icd.who.int/browse10/2019/en#/K35.2>
5. ICD-10 Code for Splenomegaly, not elsewhere classified- R16.1- Codify by AAPC [Internet]. Aapc.com. [cited 2023 Jan 31]. Available from: <https://www.aapc.com/codes/icd-10-codes/R16.1>

**How to Cite This Article**

Jaliya VK. A case of acute appendicitis cured on the basis of keynote symptom of our materia medica. International Journal of Homoeopathic Sciences. 2023;7(1):435-438.

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