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# IMPORTANCE OF CLINICAL OBSERVATION IN ICU PATIENTS FOR HOMOEOPATHIC PRESCRIPTION: A CLINICAL PERSPECTIVE

Homeopathy

**Dr Kedar Ashok Mahadik** MD (Hom) HOD, Dept. of Physiology and Biochemistry Sai Homoeopathy Medical College, Sasure, Vairag. Dist. Solapur

**Dr Keshav Narayan Bodhale*** MD ( Hom) Associate Professor - Practice of medicine with Essentials of pharmacology Sai Homoeopathy Medical College, Sasure, Vairag. Dist. Solapur*Corresponding Author

**Dr Swapnali Prabhakar Gangawane** M.D. (Hom.) Associate Professor, Dept. of Homoeopathic Repertory and Case TakingSai Homoeopathy Medical College, Sasure, Vairag. Dist. Solapur

## ABSTRACT

In homoeopathy, accurate observation forms the backbone of individualized prescribing. This becomes critically important in Intensive Care Unit (ICU) settings, where patients are often unable to communicate subjective symptoms. This article highlights the role of systematic clinical observation in ICU patients, discusses challenges, and illustrates its application through a clinical case. The integration of objective signs with homoeopathic principles enables effective acute prescribing even in critical care environments.

## KEYWORDS

### INTRODUCTION

Homoeopathy emphasizes individualization based on the totality of symptoms. According to Hahnemann, "The physician's high and only mission is to restore the sick to health" (Organon, Aphorism 3), which requires knowledge of what is to be cured and what is curative in medicines.

**In ICU settings, traditional case-taking becomes impractical due to:**

- Altered consciousness
- Mechanical ventilation
- Sedation

Thus, observation becomes the primary tool for constructing the totality.

### Concept of Observation in Homoeopathy

Hahnemann stressed careful observation in:
Aphorism 83: Importance of noting deviations from health
Aphorism 6: Physician must perceive what is to be cured

**Observation includes:**

- Objective signs
- Behavioral patterns
- Modalities and peculiarities
- Domains of Observation in ICU

**a) General Physical State**
Thermal reaction (hot/cold)
Position (restlessness vs immobility)
Level of consciousness
Response to stimuli

**b) Mental State (Objective Interpretation)**
Even unconscious patients exhibit:
Delirium (muttering, picking at bedclothes)
Fear or agitation on arousal
Indifference or stupor

**c) Particular Symptoms**
Respiratory pattern (Cheyne-Stokes, stertorous)
Nature of secretions
Neuromuscular signs (twitching, rigidity)

**d) Modalities**
Aggravation from motion, touch, noise
Amelioration from warmth, position changes

**Basic observation in ICU admitted patient Vitals -**
Blood pressure - hypertension, hypotension
Pulse - Tachycardia, bradycardia

**Oxygen saturation**
Talk, gesture, delirium, anxiety, fear, involuntary movement of any body parts, tremors , level of consciousness, part on perspiration, violency, restlessness, oedema, abdominal distention, stridor, urine colour, odour from body

On the basis on above observation we can prescribe remedy

**Challenges in ICU in homoeopathic practice**

- Drug interference masking symptom picture
- Rapidly changing clinical states
- Limited subjective data
- Dependence on attendants and nursing

### DISCUSSION

The dominance of acute totality in ICU prescribing
Importance of characteristic symptoms over pathological diagnosis
Utility of keynote prescribing when totality is limited
Observation bridges the gap between:
Patient's inability to express
Physician's need for individualization

**Common Remedies in ICU Settings**
**Clinical Indication and Remedies -**
Sudden anxiety, fear of death - Aconite
Collapse, cold breath, desire for air - Carbo veg
Stupor, insensibility - Opium
Irritability, oversensitivity - Nux vomica
Delirium with loquacity or picking - Hyoscyamus, Stramonium

**Case no.1**
64 year male patient in ICU, admitted for acute exacerbation of chronic asthma.

Observation - dyspnea, profusely perspiring with demanding for fanning from closed distance. BP was 70/40 mmHg..

On the basis of above observation, Carbo veg was prescribed with amazing results within 4 hour. Dyspnea reduced, perspiration reduced, BP increased 110/80

**Case no 2**
31 year male patient admitted in ICU for post operative case ( Operated case of Laparotomy)
C/o fever since 4-5 hours,

Observation -delirium, abusing to staff, cursing, flushing of face,

On basis of above observation, Bell 1M was given with disappearance of fever, with disappearance of delirium, flushed face

## CONCLUSION

In ICU practice, where patient communication is compromised, observation becomes the most reliable and indispensable tool for homoeopathic prescribing. A skilled physician can derive a meaningful totality from subtle clinical signs, enabling accurate remedy selection even in critical conditions.

## REFERENCES -

1. Hahnemann S. Organon of Medicine.
2. J.T Kent - Lectures on Homoeopathic Philosophy.
3. Stuart Close - The Genius of Homoeopathy.
4. H.A. Roberts – Principles and Art of Cure by Homoeopathy.
5. Davidson's principal and practice of Medicine
6. Principle and practice of homoeopathy by Dhawale
7. Oxford handbook of clinical speciality
8. Hutchison's clinical method
9. New mannual of homoeopathic materia medica with repertory by William Boericke
10. Clinical materia medica by E.A. Farrington
11. A clinical repertory to the dictionary of materia medica by J.H. Clark
12. Homoeopathic medical repertory by Robin Murphy