

## Management of Age- Related Complaints in a Geriatric Patient with Individualised Homoeopathic Medicine - A Case Report

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### ABSTRACT:

As age advances there occurs physiological changes in almost every system of the body with certain clinical consequences. Such geriatric patients require proper assessment and management for their age- related complaints. In this case report a geriatric patient with peripheral neuropathy, nocturia and eczematous dermatitis was treated with individualized homoeopathic medicine, Sulphur 30C for a period of six months. Photographic evidence for objective symptoms and Modified Naranjo Criteria for subjective symptoms were used for assessment of improvement of the patient after treatment. Though complete cure did not happen due to age related changes, there was a remarkable improvement in the patient's condition. *Homoeopathy* thus may be considered as a better therapeutic option in treatment of geriatric patients.

**Keywords:** Geriatric patient, Dermatitis, *Homoeopathy*, Nocturia, Sulphur, Peripheral neuropathy

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### INTRODUCTION:

With ageing there occur certain physiological changes in an individual which give rise to certain signs and symptoms. [1] The skin loses its elasticity and other changes in the skin include dryness, irregular pigmentation, wrinkling and thinning and greying of hair.[2] The individual then becomes susceptible to dermatitis and other skin diseases.[3] Conventional treatment of topical application is burdensome due to lower self-care ability and oral drugs can produce adverse effects in geriatric patients.[4] Age related physiological changes in the renal system can alter the regular pattern of urine

excretion and cause nocturia.[5] Neuronal loss and changes in nerve fibers due to ageing can cause burning of palms and soles (peripheral neuropathy).[6] Conventional management of such age related symptoms include behavioral, pharmacological or surgical intervention. The scope of individualized *homoeopathy* in treating geriatric patients with age related symptoms is studied through the following case. The purpose of presenting this case report is to add to the evidence that *homoeopathy* can be used successfully in such cases. The modified Naranjo Criteria was used to assess the clinical improvement in the patient along with pre and post treatment photographs.

**CASE HISTORY:**

An elderly male patient, aged 74 years, occupation farmer, came to peripheral OPD of KLE Homoeopathic medical college with complaints of skin lesion on the back and left ankle since 6 months. There was itching, < daytime and < heat. Scratching caused burning and bleeding > by cold water application. The patient also had nocturia and burning of palms and soles < heat and daytime since 5 to 6 months. Thermally the patient was a hot patient with normal thirst and disturbed sleep with frightful dreams. He had habit of chewing tobacco twice daily since last 3-4 years. There was no history of similar or any other major illness in the past and no history of Diabetes or Hypertension. The patient has been applying allopathic ointments for his skin complaints without much relief.

**Clinical findings**

His vital signs were within normal limits with BP- 130/90 mm of Hg and Pulse- 76/min.

Local examination: Back- Large, Erythematous lesion over the lumbar and sacral region and

Left ankle- dry eczematous eruption with cracks and bleeding above the left ankle.

**Nosological diagnosis** of eczematous dermatitis with peripheral neuropathy was made on clinical examination.

**Miasmatic Diagnosis:** Psora- Syphilis depending on the modalities and pathophysiology of the symptoms. Also the Repertory of Miasms by Dr R P Patel was used to work out the miasmatic diagnosis (Table 1).

**Analysis of case**

The following symptoms were considered to form the totality of case.

- Hot patient
- Frightful dreams
- Frequent urination at night
- Burning of palms and soles
- Eczematous eruptions with bleeding on scratching.

The above symptoms were then repertorised (Figure 1) using Kent's Repertory and remedy selected based on reportorial totality.

**THERAPEUTIC INTERVENTION:**

Depending on the physical generals and the reportorial result, Sulphur 30C was selected for first prescription. 1 dose of Sulphur 30C of SBL company was given in the form of 4 globules of size 30. The patient was called for follow-up every month or earlier if any new symptoms appeared. (Table 3).

**Table-1: Miasmatic Diagnosis**

Symptom	Psora	Sycosis	Syphilis
Warm aggravation			★
Dreams frightful	★		
Urine frequent at night	★	★	
Pain burning palms and soles	★		
Eruptions eczema	★		

**Table- 2: Assessment by Modified Naranjo Criteria score**

Sr No	Items	Yes	No	Not Sure/NA
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	0	0
2.	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	0	0
3.	Was there an initial aggravation of symptom?	0	0	0
4.	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms not related to main presenting complaints, improved or changed?	+1	0	0
5.	Did overall wellbeing improve? (suggest using validated scale or mention about changes in physical, emotional and behavioural elements)	+1	0	0
6A.	a. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the Disease?	+1	0	0
6B.	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms -from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual -from the top downwards	+1	0	0
7.	Did old symptoms"(defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0
8.	Are there alternate causes (other than the medicine) that-with a high probability- could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention)	0	+1	0
9.	Was the health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2	0	0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	0	0	0
	Total score= 10			

**Table-3: Follow -up after first prescription:**

Follow-up	Symptoms	Prescription and Dose
First After 34 days	Frightful dreams stopped Itching in the Lesion on the back reduced, ankle lesion no change Burning of hands reduced, burning feet persisted Nocturia persisted	Sulphur 30C, 1 dose

Second after 62 days	Reduction in the lesion on back No change in ankle lesion Burning of hands stopped, burning feet present Nocturia present	Sulphur 30C, 1 dose
Third After 102 days	Back lesion very much reduced Itching in ankle lesion reduced Burning of feet and nocturia persists	Sulphur 30C, 1 dose
Fourth After 144 days	Back lesion completely gone Ankle lesion reduced Intensity of Burning of feet and frequency of urination at night reduced	Sulphur 30C, 1 dose
Fifth After 178 days	No new complaints Urination- twice at night Occasional burning of feet	Sulphur 30C, 1 dose

Repertorisation: Normal

Remedy Name	Sulph	Calc	Lyc	Graph	Asa	Lach	Calc-v	Merc	Nat-m	Calc-s	Per	Phos	Sep	Kali-s
Totality	20	18	17	13	12	12	11	11	11	11	10	10	10	10
[C] (Generalities)Warmth:Agg.:	7	7	7	6	7	7	6	6	6	5	7	6	6	5
[KT] (Sleep)Dreams:Frightful:	3	2	2	2	1	2	1	2	3	2	1	2	1	3
[KT] (Extremities pain)Pain:Burning:Foot:Sole:	2	3	3	3	3	1	3	2	3	2	1	2	1	2
[KT] (Extremities pain)Pain:Burning:Hand:Palms:	3	3	3	2	1	2	2	1	1	2	2	2	2	
[KT] (Bladder)Urination:Frequent:Night:	3	3	3	2	1	2	1	3	2		1	1	3	1
[KT] (Skin)Eruptions:Eczema:	3	3	2	3	3	1	2	2	1	3	3	1	2	2
[KT] (Skin)Eruptions:Bleeding:After scratching:	3	2	2		2	2					1			

Symptoms: 7      Remedies: 310

**Figure 1: Repertorisation**

**Figure 2a- Before treatment**

**Figure 2b- Before treatment**

**Figure 3a- During treatment****Figure 3b- During treatment****Figure 4a- After treatment****Figure 4b- After treatment****RESULT AND DISCUSSION:**

Considering the age and susceptibility of the patient, 30C potency of Sulphur was prescribed. This medicine brought about marked improvement in the skin complaints and the general condition of the patient. The intensity of burning of feet reduced. The frequency of urination at night reduced. The frightful dreams stopped. The modified Naranjo Criteria was used to assess the clinical improvement in the patient (Table 2). Pre (figure 2a & 2b), during (figure 3a & 3b) and post treatment (figure 4a & 4b) photographs of the skin lesions show that the skin complaints have been improved

significantly. The symptoms have disappeared as per the Hering's Direction of cure- from above- downwards and within outwards showing that the choice or remedy was correct.

But considering the age- related physiological changes, the patient cannot be improved completely. Dr Kent's seventh observation states that sometimes there is full time amelioration of the symptoms, yet no special relief of the patient. This is due to existing organic conditions which prevent improvement beyond a certain stage.<sup>[7]</sup> The remedy has acted favorably but the patient is not cured due to age related changes which

are acting as obstacles. The homoeopathic remedy keeps the patient comfortable for a considerable period of time without cure.<sup>[8]</sup> Here the patient is palliated and this is a suitable palliation with Homoeopathic remedy.

**CONCLUSION:**

Individualized *homoeopathy* has a good scope in treating geriatric patients with age related symptoms. As *homoeopathy* has a holistic approach in treating patients, not only the physical symptoms were taken care of, but the mental wellbeing of the patient also improved. Homoeopathic remedy, when selected as *similimum* acts as a best palliative in incurable cases.

**Patient's consent:**

Written informed consent from the patient has been obtained.

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