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## ORIGINAL ARTICLE

### EVALUATE THE ROLE OF SUSCEPTIBILITY IN ACUTE GASTROENTERITIS IN PAEDIATRIC AGE GROUP AND ITS IMPLICATIONS ON HOMOEOPATHIC POSOLOGY

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#### Abstract

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**Key Word-** Acute gastroenteritis, Susceptibility, Homoeopathy, Reaction etc  
**Stimuli,**

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**Background:** Acute gastroenteritis is one of the commonest conditions for which a lot of patients are visiting a physician.

Assessment of susceptibility in cases of acute gastroenteritis will help in individualizing one child from other suffering from the same disease. Susceptibility represents the internal immunity to react to external stimuli.

**Methods:** Acute gastroenteritis during study clinical presentation of each patient in terms of location, sensation, modalities and concomitants with its intensity of the symptoms, pace of the disease and their peculiar association. Assessment of the susceptibility.

Selection of potency and repetition. **Result:** Most of the cases showed moderate (60 %) to high (38%) susceptibility. Hence it can be concluded that infants and children have usually moderate to high susceptibility. In 77% of the cases a moderate potency was used. In few 20% treatment was started

with moderate potency but ultimately it had to be stepped up.

Hence it can be concluded that in pediatric age group one can start directly with a moderate potency if one is very sure of the totality.

## INTRODUCTION

Acute gastroenteritis is one of the commonest conditions for which a lot of patients are visiting a physician. It is a major public health problem in India esp. in children and old age person. In health institutions, up to 35% of total admissions are due to diarrheal diseases and up to 18% of deaths in indoor patients are diarrhea related.

It arouses a concern as its prevalence in areas with poor sanitation, overcrowding, poverty, malnutrition, limited food supply, lack of potable water, poor hygiene and ignorance is known. India being a developing country with its major population in rural areas, the above-mentioned situations act as a maintaining cause or as major risk factors. The mode of transmission of pathogens being the faecal-oral route, it spreads very easily via fingers or fomites or dirt, which may be ingested by children.

Although the clinical condition has common symptoms, the clinical presentations show a spectrum of varieties. Right from the pace of the disease, the intensity, the severity, the duration

everything differs from person to person. Each patient presents with its own individual physical characteristics, various different mental modalities and concomitants. I have observed that even two patients having mild gastroenteritis and mild dehydration differ in their clinical presentations. One gets dull with mild diarrhea and no fever while the other one is active even with fever. Even patients from the same family exposed to the same kind of cause (like ingestion of stale food) and same environment present with different type of symptoms. Also there are many differences in the posology with each different case. Patient with mild diarrhea and dehydration respond to different potencies and repetitions. Some recover rapidly with only single dose while a few respond to multiple doses and may even require stepping up of potency.

These variations and individuality encourages studying the role of susceptibility in influencing the presentations. Thus it becomes important to understand the susceptibility and influence of the miasms in every case. Miasm is most an important character in

regulating the susceptibility and thereby regulating the course of the disease. Here by importance of both susceptibility and miasm interrelationship is helpful in homoeopathic management.

There is no two individual have similar susceptibility. Susceptibility defers in different individual and different in same individual in different time. Assessment of susceptibility had most important role in cases of acute gastroenteritis for individualizing one patient one from other suffering from the same disease. Susceptibility runs in its own course of force to the disease on the same plane to correct miasmatic disturbance. Susceptibility is mainly affected during sickness.

Susceptibility runs in own course. That's why a homoeopath had his own objectives would be to organize these altered exaggerated or diminished states of susceptibility through symptoms and sign through study of the patient as a person and unraveling the miasmatic influences. Prescribing a similimum remedy in the proper potency and with proper repetition can alone reach the desired state of susceptibility and helping the healing process and maintain natural immunity in the patient.

Hence, homoeopathic treatment will be more helpful to overcome the infections by raising the immunity level of

the patient. If we could manage such diseases homeopathically, we offer not only a better immunity but a better life too.

Hence the homoeopathic management will deal with assessing the susceptibility, selection of correct Similimum in the correct potency, dose and repetition combined with the ancillary measures so that the highest ideal of cure is achieved.

### OBJECTIVES

1. To study various clinical manifestations of the presentations of acute gastroenteritis in patients.
2. To study the evolution of the clinical manifestations in relation to time i.e. in terms of onset, duration, progress and accompaniments to understand the role of susceptibility in influencing the clinical presentation.
3. To determine the implications of the assessment of susceptibility in determining the dose, potency and repetition of the Similimum (homoeopathic posology).

### METHODOLOGY

**Sources of data:-** 100 Cases of patients suffering from acute gastroenteritis in the pediatric age group attending the OPD and IPD of Madhav Homoeopathic Medical college and Hospital, Abu Road and other clinical centers and branches of the institute.

**Method of collection of data:-**

1. Acute gastro enteritis during study clinical presentation of each patient in terms of location, sensation, modalities and concomitants with its intensity of the symptoms, pace of the disease and their peculiar association.
2. Individualization of patient’s characteristic at mental and physical level.
3. Analysis and evaluation of symptoms.
4. Formation of totality.
5. Assessment of the susceptibility.
6. Selection of potency and repetition.

**RESULT**

Most of the cases showed moderate (60 %) to high (38%) susceptibility. Hence it can be concluded that infants and children have usually moderate to high susceptibility.

**Characteristic observation:-**

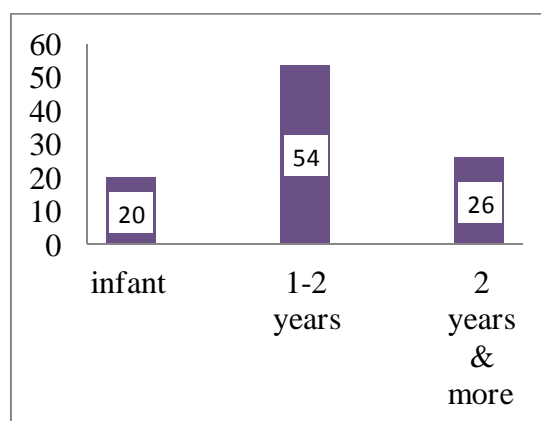
- The children between the age of 1 and 2 years are the most commonly affected by acute gastroenteritis while the least affected are infants and least affected above the 2 years of age, in this study.
- In about 80% of the cases cause could not be found out. In about 20% cases cause was found among that 10% had definite cause and 10% had not fix

surety of cause hence could be incorporated in totality.

- During the study most cases around 84% had sudden onset of disease and 16% had gradual onset of disease.

**Graphical presentation:-**

- The age wise distribution of incidence of acute gastroenteritis in the 100 cases studied



Graph: 1. Age wise distribution of cases

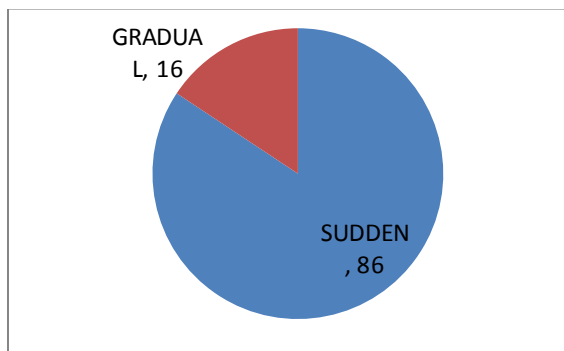
- The various types of causes those were available in the 100 cases that were studied.

Table 1 Type of Cause of Disease

Cause	Definite cause	No surety but h/o ingestion at same time	No cause could be pointed out
No. of cases	10	10	80

➤ The onset of disease in 100 cases that studied.

**Table: Onset of Disease**



**Sample Case:-**

**Preliminary information**

Name – RJC Age – 3Yyears Sex –Female  
Address – SL

**Chief Complain**

LOCATION	SENSATION	MODALITY	CONCOMMITANT
GIT Since 1 day Rectum F = 7 times	Loose stools Watery Offensive + Non Mucus Sputtering	No specific modalities	Irritability Thirst for small quantities of water at short intervals
Stomach Since same day	Yellowish Vomiting Fever + Urine passed adequately		

**Past history** -Nothing significant

**Family history** - Nothing significant

**Examination findings** - T – 99.4 degrees F P – 130/ min RR- 42/min AF – closed

Skin turgour – maintained Wt- 12.6 kgs

Eyes – not sunken Mucous membranes – moist PPWF RS – clear, AEBE

CVS – S1 S2 normal P/A – soft, no distension No signs of dehydration

**Investigations**

Stool routine- PC - 2 to4, EC - present occ., Vegetative matter – present

**Diagnosis**

Acute viral gastroenteritis

**Totality of symptoms (Acute totality)**

1. Thirst small quantities for often
2. Stools sputtering
3. Stools profuse
4. Stools offensive

5. Stools watery

Analysis and evaluation of symptoms

Sr. No.	SYMPTOM	ANALYSIS
1.	Thirst small quantities for often	Characteristic physical general concomitant
2.	Stools sputtering	Characteristic physical particular sensation
3.	Stools profuse	Characteristic physical particular sensation
4.	Stools offensive	Characteristic physical particular sensation
5.	Stools watery	Characteristic physical particular sensation

**Repertotisation**

Remedy Name	Chin	Coloc	Nat-s	Ars	Gamb	Podo	Sulph	Phos	Aloe	Apis	Arg-n	Calc-p	Colch	Ver
<b>Totally</b>	11	7	12	11	10	10	10	9	8	8	8	8	8	8
<b>Symptom Covered</b>	5	5	4	4	4	4	4	4	4	4	4	4	4	4
[C] [Stomach]Thirst: Small quantities, f	2	2		3			2	1		1				1
[C] [Stool]Sputtering:	3	1	3		1	1			2		1	2	1	
[C] [Stool]Profuse:	3	1	3	3	3	3	2	3	2	2	1	2	2	3
[C] [Stool]Odor: Offensive:	1	1	3	3	3	3	3	2	2	2	3	2	2	1
[C] [Stool]Watery:	2	2	3	2	3	3	3	3	2	3	3	2	3	3

**Remedy differentiation**

Chin, natrum sulph, gambogia, phos and Podo come up for differentiation. The remedies like natrum sulph, gambogia have more painful tenesmus along with rumbling in the abdomen. Natrum sulph is usually indicated in chronic diarrhea. Gambogia is usually indicated in profuse projectile type of diarrhea. China is usually seen where there is profound exhaustion due to loss of vital fluids. Here Phos covers the basic pathology and character of the stool

**Chronic totality**

- Fear of loud noises 2
- Obstinate 2
- Restless 2

- Talkative 2
- Irritable 2 shouts in anger
- Shy does not mix easily
- Likes to go out
- Possessive
- Intelligent 2
- Desires spicy
- Aversion sweets
- Hunger agg
- Dentition delayed
- Hot

**Assessment of susceptibility**

Tissue Susceptibility	Moderate
Pace:	Rapid
Pathology	Acute gastric and enteric inflammation with no dehydration
Characteristic Symptom	Characteristic physical general concomitant Characteristic physical particular sensation
Sensitivity	-
Mind	-
Nerves	-
Suppression	Nil
Stage of disease	Structural reversible stage
Immunity/ Reactivity	Adequate
Vitality	Good
Fundamental Miasm	Psora
Dominant Miasm	Psora

**Conclusion – Moderate susceptibility**

Final remedy – Phosphorus

Potency – 200

Repetition – multiple doses

Chronic constitutional remedy –

Lycopodium

Summary of follow up

Phos 200 started 4 hourly.

After 4 doses –irritability better ++, appetite SQ, thirst SQ, no fever, stools frequency >, consistency SQ, quantity SQ, odor SQ, sputtering SQ, no episode of vomiting, urine passed adequately.

Phos 1M 4 hourly started

After 3 doses – better 3.

Baby on phos 1M QDS for 2 days

## **Discussion**

- 3 years female child came up with first episode of acute gastroenteritis with no dehydration. The disease had rapid progress.
- A good number characteristic on physical plane suggests moderate susceptibility.
- Here the child has developed complete picture within a day but there is no dehydration suggesting a psoric activity.
- Child initially responded to medium potency but there was no further improvement in the response with 200potency so then the potency was stepped up. Child then responded well to higher potency of the similimum in multiple doses.

## **CONCLUSION**

1. Come to conclusion regarding what kind of susceptibility a person present according to disease condition.
2. Can come to conclusion regarding potency selection and repetition in acute gastroenteritis.
3. Come to a group of remedies than can be frequently used in acute gastro enteritis.

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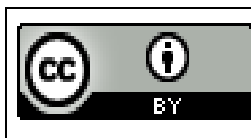
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