



“From Causation to Cure” – Role of Clarke’s Clinical Repertory in Acute Disease – A Case Report

AUTHOR DETAILS :

Dr. Rajdeep Mehta MD (Hom)

HOD, Associate Professor, Department of Community Medicine

Smt. A. J. Savla Homoeopathic Medical College & Research
Institute, Mehsana.

Email Id : mehtarajdeep2@gmail.com



Dr. Avani Joshi (PG Scholar)

Part-1, Batch 2024-25, Department of Homoeopathic Repertory And
Case Taking

Smt. A. J. Savla Homoeopathic Medical College & Research
Institute, Mehsana.

Email id : joshiavani496@gmail.com



ABSTRACT :

Acute diseases demand prompt intervention and can be effectively managed with homoeopathy when remedies are selected according to the acute totality. Clarke’s Clinical Repertory to the Dictionary of Materia Medica, compiled by John Henry Clarke, is a clinically oriented repertory useful in acute prescribing, particularly when the complete totality is not fully expressed. A 20-year-old male presented with Quinsy (Peritonsillar Abscess) characterized by severe burning throat pain, bilateral tonsillar swelling with deposits, high-grade fever, restlessness, and despair of recovery following mental exertion. Repertorial analysis guided the prescription of Psorinum 1M, followed by Rubrum 30, resulting in marked improvement within two days and complete recovery within ten days. This case highlights the clinical utility of Clarke’s Clinical Repertory in managing acute inflammatory conditions effectively and promptly.

KEY WORDS : Acute disease; Quinsy; Homoeopathy; Clarke’s Clinical Repertory; Acute totality;



Psorinum.

INTRODUCTION :

Acute diseases are characterized by a sudden and rapid morbid disruption of the vital force. They usually run their course quickly, always within a moderate span of time, and end either in recovery or death. They are caused by an exciting factor or an acute miasm.^[1]

The main aim of homeopathy is to re-establish harmony in the body by treating the underlying cause. Even though it can manage acute conditions well, patients often opt for allopathic medicine due to the belief that homeopathy is slow acting and only meant for chronic diseases. This limitation exists in patient perception, not in homeopathy itself, which is capable of delivering effective results in acute cases.^[2]

In the treatment of acute conditions, the physician aims to support and enhance the body's own protective mechanisms. To accomplish this, the physician prescribes a remedy according to the patient's present and distinctive set of symptoms, referred to as the "acute totality".^[3]

Clarke's Clinical Repertory is a true representation of his extensive clinical experience and practical wisdom, closely aligned with his own Materia Medica. It reflects his method of prescribing and his deep understanding of remedy application in everyday practice. This study strengthens the confidence of homoeopathic practitioners by demonstrating the repertory's reliability and usefulness across a wide variety of clinical cases.^[4] This Repertory functions as a comprehensive general clinical repertory that assists practitioners in identifying the most similar remedy. It is systematically arranged into five distinct sections: Clinical Repertory; Repertory of Causation; Repertory of Temperaments, Dispositions, Constitutions, and States; Repertory of Clinical Relationships; and Repertory of Natural Relationships.^[5,6] This repertory is especially valuable in the management of acute diseases, where the complete totality of symptoms may not yet be clearly expressed.

CASE REPORT:

Name : Mr. ABC

Sex : Male

Age : 20 Years

Religion : Hindu

Occupation : Student

Marital Status : Unmarried



Address : Mehsana

Date : 17/11/2025

Chief Complaint:-

C/o severe burning pain on throat with B/L swollen tonsils with whitish and yellowish deposits on tonsils associated with high grade fever since 2 days.

A/F – Mental Exertion

C/o aggravated by swallowing anything and Ameliorated by warm water gargling.

O.D.P. :-

Before 2 days patient was well, then after due to mental exertion patient had suddenly started c/o severe burning pain on throat with B/L swollen tonsils with whitish and yellowish deposits on tonsils associated with high grade fever. Pain is aggravated by swallowing anything and ameliorated by warm water gargling. Complaint was gradually increasing.

Physical Generals :-

Appetite : Decreased due to pain

Thirst : 7-8 glass/Day

Desire : Sweet

Perspiration : Moderate

Urine : 4 to 5 times/Day

Stool : One motion/Day

Sleep : Sound

Thermal : Chilly

Physician's Observations :-

Appearance:- Lean, thin, weatish complexion

The patient appears very restless.

Bad smell from mouth

Mental Generals :-

Despair of his perfect recovery



Nervous

Restlessness

Past History :-

Dengue before 2 years

H/O Recurrent Tonsillitis

Family History :-

Mother – RA

Paternal Grand Father – HTN

General Examination :-

Temperature – 102.6°F

Pulse – 76/min

Respiratory Rate – 16/min

SP0₂ – 99%

Blood Pressure – 110/70 mmHg

Local Examination (Oropharyngeal) :-

Inspection :- Redness and Swelling of B/L tonsils and soft palate; Whitish and yellowish deposits on tonsils; Deviated uvula; Mild neck stiffness noted.

Palpation :- Tenderness of the tonsillar fossa; Cervical lymph nodes tender and enlarged.

Lab Investigation :- Advised for CBC, CRP

Provisional Diagnosis :- Quinsy (Peritonsillar Abscess)

Totality Of Symptoms :-

1. Despair of his perfect recovery
2. Nervous
3. Restlessness
4. A/F Mental Exertion



A. J. SAVLA HOMOEOPATHIC NATIONAL JOURNAL

5. Fever
6. Quinsy
7. Concretion in tonsils

Repertorial Totality :-

Remedy	Psor	Acon	Ars	Sulph	Cham	Dig	Gels	Phos
Totality	10	5	4	4	3	3	3	3
Symptoms Covered	6	3	3	3	2	2	2	2
[Clarke] [Causation] Mental:Exertion:	2	0	0	0	0	0	0	2
[Clarke] [Temperaments] Hopelessness, despair of perfect recovery:	2	0	0	0	0	0	0	0
[Clarke] [Temperaments] Nervous:	1	1	1	1	1	1	1	1
[Clarke] [Temperaments] Temperament:Restlessness:	1	0	1	1	0	0	0	0
[Clarke] [Clinical]Quinsy:	2	2	0	0	0	0	0	0
[Clarke] [Clinical] Tonsils:Concretions in:	2	0	0	0	0	0	0	0
[Clarke] [Clinical]Fevers:	0	2	2	2	2	2	2	0

Repertorial Analysis :-

Psorinum – 10/06

Aconite – 05/03

Ars Alb– 04/03

Sulphur – 04/03

Prescription :-

Rx.

Psorinum 1M Single Dose

Rubrum 30 TDS For 2 Days.

Auxiliary Management :-

Advised for warm saline gargling and soft, liquid diet.

Follow Up :-

Date	Changes in symptomatology	Treatment
19/11/2025	Swelling and redness of tonsils decreased, pain reduced, swallowing difficulty reduced, small cheesy balls hawking out of the throat	Rubrum 30 TDS For 3 days.
22/11/2025	Mild swelling and redness, mild pain, occasionally hawking small cheesy balls from the throat.	Rubrum 30 TDS For 5 days.
27/11/2025	No swelling and redness, No pain, No bad smell from mouth. No any other signs and symptoms.	Rubrum 30 TDS For 5 days.



(Before)



(After)

DISCUSSION :

In the present case, mental exertion acted as the exciting cause. The “Repertory of Causation” section in Clarke’s Clinical Repertory to the Dictionary of Materia Medica proved particularly helpful in correlating the etiological factor with the presenting symptoms. The mental generals - despair of recovery, nervousness, and marked restlessness were prominent and guided the individualization process. Considering the totality, Psorinum was selected due to despair of recovery, chilliness, concretion in tonsils, offensive odor from mouth, and recurrent tonsillar complaints. The steady improvement observed during follow-ups demonstrates the effectiveness of individualized homoeopathic prescribing. No complications or need for surgical intervention arose during treatment. The expulsion of small cheesy concretions further indicated curative action rather than suppression.



CONCLUSION :

The present case demonstrates that homoeopathy can effectively manage acute inflammatory conditions such as Quinsy (Peritonsillar Abscess) when the prescription is based on the acute totality of symptoms. Careful evaluation of mental generals, causative factors, and characteristic local symptoms enabled accurate individualization and timely remedy selection, resulting in rapid and complete recovery without complications. The successful application of Clarke's Clinical Repertory to the Dictionary of Materia Medica, compiled by John Henry Clarke, highlights its practical utility in acute prescribing. Its structured arrangement, emphasis on causation, and inclusion of relevant clinical rubrics make it particularly valuable in situations where the complete symptom picture may not be fully developed. This case reinforces the scope of homoeopathy in acute disease management and strengthens practitioner confidence in the effective use of Clarke's Clinical Repertory as a dependable tool in everyday clinical practice.

REFERENCES :

1. Hahnemann CSF. Organon of Medicine (5th and 6th Edition). Introduction and Commentary on the text by Sarkar BK. Calcutta: M. Bhattacharya and Co. (P) Ltd.; 1987.
2. Beniwal J, Kumar S, Kumar V. Concept of acute disease in homoeopathy and different approaches of its management [Internet]. Homeopathy360.
3. Vitholkas G. – The science of homoeopathy, (reprint edition), New Delhi, B. Jain publishers (P) L. td, 1993.
4. Nadgir LS. A descriptive study of rubrics from Repertory of Causation part of A Clinical Repertory to the Dictionary of Materia Medica. Int J All Res Educ Sci Methods (IJARESM). 2024 Jan;12(1):1001–1004.
5. Tiwari Shashi k., Essentials of Repertorization, 5th edition 2012, 29th Impression, B. jain, 2020
6. Clarke JH. A clinical repertory to the dictionary of materia medica: Together with repertories of causation, Temperaments, clinical relationships, natural relationships. B Jain Publishers Pvt. Ltd. 2016.