



## Neonatal Jaundice

A premature 8 $\frac{1}{2}$  m female child, born out of a consanguineous marriage, second of her parents, was born at our hospital in the wee hours of 2nd June 2001, to a 35 yr old mother. Birth weight was 1.8 kg. Her mother was 'B'Rh Negative and father 'O'Rh Positive. The mother had PIH since the 2<sup>nd</sup> trimester. 2 days after birth the child started presenting with

1. Yellow discoloration of skin- gradually progressing
2. Listlessness
3. Weak cry

4. Refusal to suck milk
5. Stools – soft, watery, golden yellow, 7-8 times/d

### PAST OBSTETRIC HISTORY:

1. H/o PIH +. Delivered a FTN Male at a rural Hospital. No reported complications. Was not administered Rh Anti D immunoglobulin.
2. Two abortions -spontaneous after the first delivery in a span of 4 years - Bad Obst History.
3. During the present pregnancy, following investigations were done -
  - a) Hb - 11 gm% (Dec, 2000); 10.2gm% (Mar 2001), 10 gm% (May 2001)
  - b) Blood grouping - 'B'Rh Negative. Husband 'O'Rh Positive.
  - c) Bld Sugar (R)-88 mg/dl-Jan 2001, 105 mg/dl(June 2001)



**Dr Mrs SAGIRA CHIMTHANAWALA**  
Dept of Gynecology & Obstetrics  
Shaad Hospital Complex and Research Centre,  
Near Itwari Railway Station, Nagpur -2,  
Ph: 766286  
E-mail: sagirach@rediffmail.com



- d) VDRL NR  
 e) TORCH - all components Neg.  
 4. Since the patient was undergoing ANC Checkup at the rural hospital, and presented to us only for delivery, no homoeopathic medications were administered. But on admission she reported -

O/E Baby Listless,

Normothermic

Resp: dyspnoeic

HR 128 / min, reg

Icterus +, Pallor +

No cyanosis/ caput

Ant Font – Normal. No separation of sutures

Head Circumference – 34 cms.

Macroglossia+, Low set ears, Hypertelorism+

Simian crease Lt palm +

Anal excoriations +

RS chest clear CVS HS pure

P/A soft, Liver–Just palp, Spleen/Kidneys-NP

Neonatal Reflexes – rooting present, sucking absent

She was kept in the incubator with IV Fluids. On the 6<sup>th</sup> day of birth she started having Convulsions –generalized tonic, 3-4 episodes at 4-6-hrs interval.

Following were the investigations

-Hb = 12gm%, PCV = 30%, Blood group = 'O' Rh +ve.

-S. Total Bilirubin = 16 mg/dl, Direct = 0.8 mg/dl, Indirect 15.2 mg/dl

-Blood Sugar (R) = 64 mg/dL

-S TSH = 3 mU/L, T4 = 8 microg/dL, T3 = 119 ng/dL

-S Calcium = 9.8 mg/dL, S. Magnesium = 1 mg/dL, S

Na = 138 mEq/L

-S.K+ = 3.9 mEq/L

-Arterial Blood Gases: pH = 7.36, PO<sub>2</sub> saturation = 92%, CO<sub>2</sub> tension 46 mmHg

#### DISCUSSION:

1. *Nux-vom* was given in millesimal potency as a first prescription for Jaundice, drowsiness, refusal to suck milk with convulsions (Kernicterus) and to

2. *Cuprum-met*, *Cicuta-vir*, and *Secale-cor* were thought of when *Nux-vom* failed to show the desirable effects, for convulsions. But *Cicuta* was chosen to control convulsions which were generalized, with drawing of head backwards. Rigid extremities which could not be bent - a characteristic symptom of *Cicuta*. *Cicuta* controlled the convulsions to a great extent but listlessness and twitching still persisted.
3. The symptom complex changed from bad to worse on the 9<sup>th</sup> postnatal day. Again several remedies came up at the altar viz *Opium*, *Verat-alb*, *Carbo-veg*, *Camphor*. But *Opium* took care of the Muscular twitching, Diarrhoea, listlessness, unresponsive to pain, intermittent respiration, warm yellow skin, sluggish Pupils, bloated abdomen, and extreme prostration with weak cry. Fractional doses of 200 potency were stimulant enough to rouse the vitality of the baby. It acted as a life saver.
4. Initially Exchange transfusion was planned to counter the Kernicterus and the pallor, but since the Serum Bilirubin levels showed regression, this procedure was kept at bay. Phototherapy and IV Fluids were continued till the jaundice regressed completely.
5. *Syphilinum* was given as a deep acting anti-miasmatic remedy to slow the symptomatic progress of Down's syndrome. The parents were advised developmental follow-up for at least 2 years age along with genetic studies for Down's Syndrome.

*Co-ordinationg Editor comments: It is a case of sheer callousness on part of the doctors who investigated this patient during anti-natal care. They had the mind to ask for TORCH but not Anti Rh antibody. If this investigation had been done in time, it could have prevented this problem.*

Date	Time	Symptoms	Treatment
8/6/01	8.40 am  2 pm  7 pm	  E/o Convulsion gen tonic 1 hr ago. Jaundice ++ Refusal to feed.  Cry weak. No convulsion since 6 hrs.	NV 0/3 5 drops 3 hrly IV Fluids ct. Phototherapy ct ct all  ct all
9/6/01	6.10 am  11 am 9 pm	Convulsions with drawing of head backwards Extremities rigidly straightened during attacks could not be bent. 3 episodes at night. Cry still weak. Refusal to feed Icterus / Pallor ++  S Bil = 15 mg/dL, Indirect = 14.3 mg/dL  Stools loose but qty less. 4-6 times/d, skin warm, yellow Cry still weak. Convulsions 1 episode. No e/o dehydration RS/CVS – NAD, P/A – mild distention. Liver +, Spleen NP	Omit NV Cicuta-vir 200 1 dr ½ cup water, ½ tsf x 1hrly Phototherapy/IV Fluids ct ct all ct all
10/6/01	10 am  6pm	Convulsions twice /24hrs, diarrhoea increased to 5-7 stools/ 24 h; Watery, blackish frothy, Cry weak S.Bil = 13.6 mg/dl, D = 0.7 mg/dL, I= 12.9 mg/dL GC same. Listlessness ++, Cry weak, refusal to feed Skin warm, HR 128/min, R/R 32/min	Cicuta-vir 200 x 4 hrly IV Fluids ct Phototherapy ct. Exchange transfusion SOS Rest ct all
11/6/01	7am  11.30 am 9 pm	GC Not fair. Not responding to painful stimuli.  Resp intermittent deep, skin warm to touch & yellow. Pupils sluggishly reacting. Convulsive twitching esp face & limbs. Cry weak. Stools watery blackish, frothy. Normothermic, HR 110/min, Icterus /Pallor +, Rest same No convulsions. Pt >>. Listlessness >, Cry weak. Stools watery 2 times / 12 hrs, golden yellow. S. Bili =8.8 gm/dL, Indirect = 8gm/dL	Omit Cicuta-vir, O <sub>2</sub> inhalation Opium 200 2 drops in ½ cup water, ¼ tsf x ½ hrly IV Fluids/Phototherapy ct Opium 200 x 3 hrly Phototherapy ct IV Fluids ct. Opium 200 ¼ tsf tds
12/6/01	9.10 am  7 pm	Baby active, started to suck breast milk. No convulsions since 24 hrs. Cry good. Skin warm, Pupils NSRL S. Bil 4.4 mg/dL, Indirect = 4 mg/dL Baby well. Icterus less. Good cry. Feeding well	Shifted out of incubator Opium 200 ¼ tsf BD Phototherapy ct Omit Opium / IV fluids Ct Breast feeding
13/6/01		No complaints. Feeding well. Neonatal reflexes – normal S. Bil = 1.4 mg/dL, Indirect = 1 mg/dL	Ct. all
15/6/01		Discharge on request. Adv follow-up. No vaccinations Posted for detail case-taking x 1 week	Syphilinum 1M 1 dose

