

Homoepathy handles Pneumonitis

INTRODUCTION EDITOR: At Palghar, where medical facilities available otherwise are inadequate. MLD Trust has built a hospital with most modern amenities so the population comes in even for acute cases, which we normally do not see in private practice. To share this experience with the fraternity, we start a section called Emergency Medicine. With this issue we give the first case of this series.

CASE:

A 25-yrs old lady was brought with support of relatives to the hospital on 23.6.03 for the complaints of cough with high grade fever. She was even unable to walk by herself.

EVOLUTION OF COMPLAINTS:

11.6.03: Complaints started 12 days before; after drinking cold water; gave rise to Coryza, watery nasal discharge for 4 days. Gradually discharge thickened to thick yellow with occasional cough.

16-6-03: Day 5: patient got wet & within 2 hrs developed high grade fever with chilliness. No rigors but had to take blanket in the hot summer! Fever was accompanied by severe weakness & headache. Headache < looking down, during fever and act of standing.

18-6-03: Day 7: cough increased with scanty expectoration. By this time patient was experiencing chest pain < coughing < deep breathing. Vertigo with fever. Thirst increased - one glass of water every 10 minutes. Taste bitter, so appetite decreased.

ASSOCIATED COMPLAINTS: Loose motions since 2 to 3 days; frequency 2 to 3 / day. Stools - watery, yellow, offensive and small in quantity.

O/E: GC -Unsatisfactory. Toxic dehydrated look, had to be carried to hospital.

TEMP: 104°F. Pulse: 124/min. R/R: 48/min

TONGUE: Dry thick white coated

RESP SYS: Bronchial Breathing Rt. Upper zone.



DR SACHIN JUNAGADE
DR NAVIN PAWASKAR
 MLD Memorial Hom Hospital
 Palghar
 Tel: 952525-56933
 email: mlidhosp@sancharnet.in

INVESTIGATION: CBC: Hb: 11.2. TLC: 11,800. N: 78 L: 20 E: 1, M: 1

NCNC Micro+. Toxic granules +. Platelets Adequate
 ESR: 98 SGPT: 40.

Widal: O 1:60. H: 1:60. MP - ve

Urine Routine: Alb: ++++

RBC: Occ PC: 18 - 20/hpf. EC: few

Casts: Granular PC casts: 6 to 7/hpf.

X-RAY CHEST: Rt Upper Lobar Pneumonia with Loculated effusion

ACUTE TOTALITY:

A/F: Getting wet. Gradual Pace

Thirst Increased- often for large quantity

Drynes, Vertigo during. Headache < bending forward

> Lying down Extremities pain: heat during. Chest pain

< during Cough

CHRONIC TOTALITY:

Fearful. Weeps on admonition. Slow in work

Submissive; needs company & consolation

PERSPIRATION: Profuse on scalp

Headache < sun

PATHOLOGY: Acute fulminating inflammatory disease with reversible structural changes

Pace: gradual

Characteristic: Characteristic general

DOMINANT MIASM: Tubercular

SUSCEPTIBILITY: Moderate to high

SENSITIVITY: High

FINAL RX. Bryonia 1M 4hrly

ADVICE: Admission for observing remedy reaction

Control of repetition

Correction of toxic state and dehydration, by intravenous fluid.

FOLLOW UP: Afebrile in 24 hrs. Chest: Coarse Crepts+, bronchial breathing+. Within 72 hrs: Symptomatically >3.

Bronchial breathing >3. Crepts absent.

Patient discharged Bryo 1M continued to restore pathology.

Complete radiological clearance on Day 10. Calc-carb 200 1 dose given on 10th day as constitutional follow through remedy.

Patient asymptomatic since then. □