

A Case of Falciparum Malaria

CASE HISTORY

Miss B, age 15 yrs, was referred to me from a nearby village by a local RMP. before that, patient was seen by a physician; he did all investigations and advised hospitalization. No antimalarials were started. Since 1 week, she was suffering from alternate days fever. She had high fever for 4-5 hours; there was no specific chill or heat stage. She was complaining of severe weakness, headache, vomiting with stitching pain in abdomen.

Vomiting 4-5 times in a day, < eating after, travelling by bus.

Headache- dull aching type

Weakness³. Patient slept throughout the examination.

PHYSICAL GENERALS

THERMALS- Hot³

APPETITE- Reduced during illness, vomits everything.

DESIRES- Chilly things. AVERSIONS- Nil

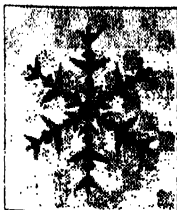
PERSPIRATION- Head, scanty, non-staining, non-offensive

SLEEP- Normal. DREAMS- Rare

STOOL- Once in 3-4 days since last week.

THIRST- Less

MENSTRUAL HISTORY: FMP= 1st menstrual period 2 years back, followed by regular normal menses, delible, no accompanying dysmenorrhea.



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PAST HISTORY: Since 4-5 mths complains of frequent weakness, though no H/o of major illness.

FAMILY HISTORY: No H/o major illness / fever in family.

PATIENT AS A PERSON

Comes from poor agricultural family, fourth of seven sisters. Uneducated, works at home and in fields. Everybody loves her at home, where they have joint family set-up. Irritable³, < contradiction. During interview, patient was reluctant to give answers.

GENERAL EXAMINATION

Thin tall patient, looked weak³.

BP- 110/70. PULSE- 80/min. Pallor +.

Afebrile at present. Tongue-Salivation ++.

PER ABDOMEN: Spleen palpable, no tenderness. Rest NAD.

LABORATORY INVESTIGATIONS: 27 Sept 05

Hb- 10.3 gm %, Total WBC Count 3,500 cells/cu mm.

Diff Count- N-66, L- 26, E- 06, B-0. ESR- 60.

MP BY QBC- Positive (ring forms and gametocytes of Pl. Falciparum)

PERIPHERAL SMEAR STUDY- RBC- Normocytic with mild hypochromasia.

WBC- Leucopenia with normal distribution and morphology.

PLATELETS- Reduced on smear (platelet count-91,000)

IMPRESSION- Normocytic, Hypochromic blood picture with leucopenia and thrombocytopenia.

Urea- 38 mg/dl, Total Bilirubin- 0.5mg/dl, Widal Test- Negative. 'O'-NIL, 'H'- NIL, 'AH'- NIL, 'BH'- NIL

URINE EXAMINATION: Pus Cells- 8-10/HPF, EPI Cells- Plenty, RBCS- Occasional, Rest- NAD.

USG Abd: Splenomegaly.

TREATMENT: As patient had come to me in afebrile state, I decided to give her antipsoric constitutional medicine as suggested by Dr Hahnemann.

TOTALITY OF SYMPTOMS

Hot patient	Thirstless during heat
Fever without chill	Perspiration on head
Fever on alternate days	Irritability < contradiction
Vomiting during fever	
Carsickness	Thin patient though eating well

REPERTORISATION done through CARA Software:

Fever without chill

Intermittent chronic ague periodical alternate fever

Vomiting during fever

Vomiting traveling while

Perspiration scalp

Thirst less during heat

Contradiction is intolerant of

Repertorisation was done through CARA software.

REMEDIES which came after repertorization were

Ars-a 6-10, Cham.6-11, Ant-crud 5-7, Bell 5-8, China 5-9, Ferr 5-9, Lach 5-6, Nat-mur 5-6, Stram 5-7, Anac 4-8

On 27 Sept'05, *Natrum-mur* 200 one dose was given and *Sac-lac* for 3 days.

Points favoring *Natrum-mur*: Most symptoms covered, along with irritability < contradiction, thin patient though eating well, *Natrum-mur* most suited for her physical and mental make up.

FOLLOW UP

On 30th Sept, patient was afebrile, weakness much reduced. Did not get fever after receiving 1 dose of *Natrum*. only complained of stitching pain in abdomen, vomiting was absent, appetite improved. *Sac-lac* for three more days, as patient relieved of fever and her major symptoms.

4th October: Stitching pain in abdomen still present. No fever. No complaints.

O/E: Splenomegaly reduced. Rest NAD. *Sac-lac* for 7 more days as Patient better.

12th Oct: Stitching pain in abd, pain in ears since yesterday. O/E NAD. Thirst was reduced, Thermals- Hot. Investigations were repeated which showed peripheral smear was negative for malarial parasites and platelet count was increased from 91000 to 2.66 lakhs /mm³. *Pulsatilla* 200 TDS x 1 day.

19th Oct: Patient was better. No complaints. Stopped Rx and asked to report SOS.

28th November: Enquired today about patient's condition with the relatives. Patient is free of complaints.

