Trinitrotoluene Battles Hypoproliferative Anaemia

Ms F A aged 16yrs, a student of Std X, approached us on 11/11/99 with the complaints of

1. Gradually progressive weakness, dizziness, palpitation and breathlessness.
<on slight exertion (NYHA Gr III) - 2 1/2 months.
2. Low grade, continuous fever, No chills or rigors.
3. Occ cramps in the calves < on walking.

Persistent pain at the popliteal fossa (Back of knees) <night.

She had difficulty in getting sleep and has no taste even for tea (which was initially one of her favourite drinks but now despises it).

All these complaints started 5 m ago with the onset of high-grade remittent fever accompanied with chills and rigors. Took certain Antibiotics/Antimalarials (details not known), 4 days after which, she developed bleeding gums and a generalised erythematous to purple rash. She was hospitalised, (Hb-4gm%, PS-anisopoikilocytosis +++, Thrombocytopaenia, Neutropenia).

Blood transfusion given with IV supplements. 7 such BT till date. Rash subsided within 18-20 days, but rest of her symptoms continued. Still on symptomatic drugs.

Basically a shy, reserved girl who is very sensitive, apprehensive, nervous and weeps easily. Very fastidious in her day-to-day work.

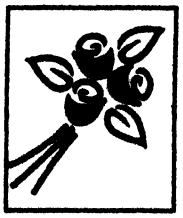
THERMALS - chilly patient
Appetite - decreased. Desires - salt, milk, eggs.
Aversion - coffee, tea.
Thirst - average
Urine -8-10 times /24 hrs, occ burning +
Stool - Well formed, semisolid, 1 to 2 days.
No blood, mucus, worms.
Perspiration - average
Menses - started 14 yrs, reg 3/30 days, bright red, Occ Leucorrhoea +.
Now, since 4 months, reg 1/35-40 days, scanty, pains ++.
Sleep - 6-6 1/2 hrs, alert, sleeps on abdomen, with body completely covered. Restless, knee chest position.
Dreams - of her disease, swimming in high seas/oceans.
Hairfall ++, Dandruff +

PAST HISTORY-Pneumonia at 5 1/2 months age, Pin worms at age of 5 -12 yrs. Filliform warts, Lt finger, cauterised 2 yrs ago.

FAMILY HISTORY-Father- DM on antidiabetics
PGM-Ca breast: died

PT AS A PERSON:
Loves music, dancing, singing, reading. Pt hospitalised for investigations and replacement therapy.
O/E GC - not satisfactory, conscious, restless, warm.
P- regular, 120/m, slow, weak, Resp - laboured, 28/m
BP- 90/60 mm Hg, Oedema feet +, JVP Not Raised, No cyanosis / clubbing, Pallor +++, No lymphadenopathy
Skin pale, purpuric spots on extremities +.
RS - Trachea central, Air entry = Both sides, Vesicular BS, Bilateral scattered ronchi ++,
CVS -apex = Lt 5th ICS, inside the midclavicular line, HS1/2 muffled, Short systolic murmur parasternal - 4,5th ICS (Gr II/VI). No S3 gallop.
P/A -Soft, Nontender, Liver-Just palp, Spleen/ Kidneys - Not palpable, No e/o ascites.
CNS - NAD.

DIAGNOSIS:
Severe Anaemia? Haemolytic? Drug induced?



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Date	Symptoms	Remarks	Rx
9.10 AM		Propped up. O^2inhalation @4L/ min, Blood 2 units Input/output, TPR, BP charting; Blood for investigations	*China*30 x 4 hrly
4PM	Pt better, Restlessness/Dyspnoea. P-100/min, BP -100/60, CVS - No S3 gallop, O^2 inhalation SOS. Short systolic murmur parasternal RS-B/l Ronchi + Blood-Hb=5.2gm%, PS- anisopoikilocytosis, teardrop RBC's, Howell-Jolly bodies+, Thrombocytopaenia, Neutropaenia. hypolobulated neutrophils, No parasites. MCV=90fL, Retic count=0%, TC -3200/cumm, DC-P14%, L70%,E4%,M12%,B0%,S.Na 122mEq/L. S.K=3.8 mEq/L. B S (R)=68mg%, S.Bil T=0.6mg/dL, D=0.2mg/dL,I=0.4mg/dL, BUN=28mg%, S.Creat=1.9mg%, S.SGPT 30U/L, S.Albumin=3.8gm/d Urine (R)-NAD, Stool for occult blood = Negative; ECG - Sinus Tachy, QTc -0.40secs. Otherwise WNL		*China* 30 TDS O^2 inhalation SOS
12/11/99 8.AM	Pt settled and slept well. Fever. Cramps in calves > Rest. Palpitation > BP-110/70 mmHg, P-90/min, reg, Bone marrow- for Histopath. Xray Chest PA = NAD; USG abdo:Mild Hepatomegaly. No Splenomegaly.		*China* 30 BD ct.all
13/11/99	C/o Breathlessness & palpitation since early morning; Min sleep, restlessness. P-reg 120/min, P100/ 64mmHg, RS-B/L Ronchi Infrascapular, increased. Bone marrow - S/o Myelofibrosis: dyserythropoetic changes with ringed sideroblasts, defective haemoglobinisation,with Nuclear cytoplasmic asynchrony, micromegakaryocytosis, with hyposegmented and hypogranulated polymorphs.		*TNT* 6 TDS O^2 inhalation SOS

Date	Symptoms	Remarks	Rx
26/11/99	Pt much better. Urine/stool/sleep Normal. Vitals stable. Breathlessness/ Restlessness, palpitations decreased. RS=B/L Ronchi decreased. Short systolic murmur parasternal +		Ct. all
12/12/99	Pt discharged on request- to report after a wk Pt better in all respects. Hb-6.4gm%, Retic count 1%, TC=4,800/cumm, C=P30%, L64%, M6%, E0%.		*TNT* 6 TDS *TNT* 6 TDS ct
16/1/00	Pt better. No breathlessness, palpitation, dizziness, cramps. No fever. Sleep sound, Pt had a sense of well being. P-84/min, reg. BP-120/74mmHg. RS-clear, No hepatomegaly, HS pure. No murmurs. HB=7gm%, PS-normocytic, hypochromic RBC's, Occ tear drop cells. TC 5,600/cumm, Platelets Normal,MCV-88fL.		*Carcinosin* 200 1D *TNT* 6 TDS ct for 1 week
15/2/00	Pt started attending school from past 1 week. Better in all respects. Menses 3/30 days, flow increased, dysmenorrhoea less. Appetite/Sleep Normal.	Progressing well. Preparing for Board Exams in 2001.	Omit *TNT*. Sac-lac x 2 mnths

Discussion:

1. Myelofibrosis comes under the spectrum of Hypoproliferative anaemias, generally caused due exposure to radiation, Chemicals and Drugs or in genetic disorders as Downs syndrome, Neurofibrosis etc. Leukemia's, Lymphomas and Tuberculosis do lead to this disorder.
2. Miasmatic ally, this is a Drug Miasm. An incurable disease. Fibrosis indicates an end stage of Tubercular Miasm.
3. *China* was given for extreme pallor. PCF.
4. Trinitrotoluene (TNT) was thought of as a pathological prescription on the basis of Bone Marrow report. The severe anaemia and its effects as Breathlessness, dizziness, restlessness, insomnia, cramps, tendency to Hemorrhages under the skin, etc responded well.
5. *Carcinosin* - a multipolycrest was given on the basis of Drug disease, Family/Past/Personal History and Mental generalities.
6. Prognosis - with no infections till date, and seeing the progress of the patient, it can be concluded that prognosis is fairly good. ❑

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poor family. A haematologist once pointed out that after Indians took to stainless steel knives, the incidence of anaemia has gone up, not exempting even the well-to-do bhadraloka of posh areas of our cities. Go, then, for the cheapest iron patti knives and this nagging problem will largely be solved at least as far as the iron input is concerned. The iron will give this *haem* part and the chapatti will give the *globin*. Let Vajpayee and his health minister realize that the solution to India's ill-health and India's appalling anaemia lies in breathable air, potable free water, affordable bread and a rusting knife. ❑