Day Care centre: A Stress-buster for Mother and Doctor!

A 3 ½ yrs old baby girl brought on 11/10/04 for recurrent URTI. Monthly colds: starting with sneezing, going on to continuous coryza on day 2, - fever of 102°F on day 3 lasing 2-3 days. By day 6 thick, greenish discharge with cough and hoarseness of voice lasting for 4-5 days. No clear modalities. Maybe infection from school? With fever she became slightly dull and quiet, with reduced thirst.

When came to us on 11-10-04, she was well and had no attack. So we took advantage of the free interval: recurrent colds spelt the Tubercular Miasm and we flagged her off with *Tub-b* 1M – 1 dose to act as the anti-miasmatic and *Puls* as SOS stock given in case of acute attack. She was called next week. But next time she came straight off with high fever.

Acute Episode

Fever had started from 20/10/04 morning 8.30 am: 99. 1 dose of *Pul* 200 (SOS given on first visit) then as her mother went to work, the day temperature not measured. 8 pm 101 *Pul* 200 2nd dose at 8.30 am fever 101.5. Mo gave Crocin. 10 pm fever 100. 21/10/04 2 am 102, 6 am 104. 8 am 102.5 *Pul* 200 3rd dose. 11 am she brought her to our clinic: T=101.8 °F child crying while passing urine. O/E ? tiny, papular eruption on labia of vagina with white discharge. Pt was quiet, would not open eyes even for examination. Re-evaluating in terms of fresh evidence of ? UTI, we felt *Pul* was still indicated. So gave *Pul* 1M –1 dose. 11.30 am temperature 103.4. Had *Pul* 1M aggravated? Child was lying comfortable on our examination couch all through this. Not moving, no water, no crying. In 1 hr fever ct to rise. The mother now said the drowsiness was much more than normal. We reviewed. And decided that the totality was more in favour of *Gels*, so *Gel* 200 1 dose was given at 11.50am. Within 5 mins she started chatting with mother, asked for an apple. This was definitely a good sign, though fever was 103.4. At 12.20 am fever 103.4. *Gel* 200 repeated. 1 pm Fever 102.8. Pt was sent home and asked to take *Gel* 200 4 hrly and crocin to be given only if fever goes above 104. Was asked to come back in the evening. Did not come due to traffic. We continued talking to her on telephone and fever was coming down. On 22/10/04. Mo said in evening at 8 pm it was 101, 10 pm 100. Patient slept well.

Morning in the clinic, pt afebrile. Throat redness now visible. Urine examination showed Albumin faint trace, Pus cells 1-2/hpf, RBC 3-5/hpf

Was given *Gel* 200 for 2 days followed by constitutional and intercurrent. To decide those, we give you the remaining history.

The Case Details Given Below For Reference For Constitutional Medicine.

Patient As A Person

Lean. Small hypopigmented patches around the mouth.

Perspiration: Moderate, non offensive, non staining

Ears: Itching++. Wax ++cleaning required once in 6 months.

Tongue: Coated posterior.

Appetite: reduced since 1 month. Otherwise has full 4 meals/day

Craving: Curds, Chocolates, Salty[3].

Aversion: non vegetarian, Sweets. Prefers dal, roti, sabji, rice. Avoids Junk food.

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THIRST: 4-5 glasses/day
URINE: Bedwetting everyday < Mumbai. (Does not bed wet in Grand parents place)
SLEEP: 9 hrs. Restless in sleep. Screams in sleep.
DREAMS: Frightful. Feels insecure, says people will leave her and go.
THERMALS: CH4. Likes winter < Winter. Wants fan always. Likes to be in AC. No covering.

MOTHER'S CONDITION DURING PREGNANCY

Morning sickness ++ for 5 months, was on T. Pregnidom for 3 months. Mentally very stressed due to her job. Quit at 4 months of pregnancy and went home to parents' house in Bangalore.. Her sister was about to get married. Sister very dominating and used to fight with parents for small things. Pt would build up stress.

Labour was easy, lasting only for 4 hrs.

DEVELOPMENT: Birth weight: 3.5 kgs, 1st 3 months severe colic, stubborn, cranky, Dentition difficult, speech at 6 months.

LIFE SITUATION AND MENTAL STATE

1997: Parents love marriage. Father Rajput, Mother Konkani.

Working Mother; worked at different places. Till 1998 was in Times of India.

2000 in Planet Asia as a manager: a very stressful job; no fixed timings, not cultured environment- clients got nasty for small things, Inter colleagues fights; which mother being sensitive could not tolerate. Worried about all this-how much my poor child in womb is suffering. So quit the job when 4 months pregnant and went to Bangalore to mother's place.

5/3/01 Pt was born in Bangalore. FTND. Returned to Mumbai after 3 months.

Pt is now very affectionate. Hugs and kisses. Imaginative – creates stories. But moody. Aggressive for no known reason. Weepy[3]. Stubborn, demanding. Reasonable and understanding. Shares things easily. Loves reading. Calm, plays alone but prefers company. Takes time to make friends. When angry shouts, cries and occasionally hits mother. Feels insecure, thinks people will leave her and go. < Contradiction[3]

TOTALITY

1) Affectionate RM 992
2) Cautious RM 1009
3) Careful RM 1009
4) Insecurity RN 1067
5) < Contradiction RM 1017
6) Company Desire for RM 1012
7) Crying, children in RM 1019
8) Obstinate Children RM 1086
9) Nightmare children in RM
10) Coryza fever with RM 1186
11) Cr chocolates
12) Cr salty
13) Av sweets

REMEDIES: *Lyc, Sil, Phos*

PLAN OF TREATMENT

ACUTE: *Gel, Pul*
CONSTITUTIONAL: *Phos*
INTERCURRENT: *Tub-b*

LEARNING

1) In a situation where the fever goes to 104, we usually tend to panic. We have devised a way to keep patient under obervation. To calm down the parents' anxiety and also the physician's, to re-evaluate when the medicine is not working or when fever is not coming down but the generals start improving. This case is the example that tells us when to wait and see the effect of remedy and when to change?

2) Why *Tub-b* first prescription, not work? Probably (Patient 1st consultation) the acute fever stage had already started evolving in the patient which was unidentified by the mother and also?? Physician. So *Tub-b*, right medicine at wrong time, could not abort it, may be it required acute interference.

CASE 2: AN ACUTE PHASE

A 3 yrs old girl used to come to me since 1 yr for recurrent URTI with fever. Want to describe only an acute attack on 1/7/04 - acute fever.

The fever started from 30/7/04

Time/date	Temp	Medicine	O/E findings/Mind
30/6/04: 2.30am	100°	*Ferr-p* 6x at home	
3.30am	99°		
8am	101°		
9am	102°		
10.30am	102.5°	Calpol	
11am	99°		Persp++/ head hot
5.30pm	102.4°	*Bell* 1M	Not Better
8.30pm	104.4°	Calpol	
9.30pm	99°		
12.30am	102.4°	Calpol	
1/7/04: 6am	101°	*Ant-ars* 200	
6.30am	98°		
10am	102°	*Pul* 200: Hot pt, Cr coffee, wants open air, is dull, weak, Tired, with constipation during fever, uncovers feet	Dry cough, P=94, RR=40, chest rales +. Tongue- dry, coated. Tired, depressed. Hb13.2, WBC 8900, ESR6
11.15am	103°		
3pm	102°	*Pul* 1M	
4pm	101.8°		
4.30pm	101°		Cough>25%. Vomited after cough. Now smiling, talking.
5.10pm	100°		
7pm	102°		
8pm	103°	*Pul* 1M at 8.15pm	Fever again peak of 103°
9pm	101°		
11pm	100.3°		
2/7/04:1.30am	101.2°	*Pul* 1M	No further >
2.15am	100.4°		
7.40am	100.2°		
10am	101.2°	*Phos* 200 Review: (see below)	P=96, RR=48, Chest L midzone rales. cough SQ X-ray chest pneumonia.

WHY? The case needed to be reviewed since, though the fever was less, it was not touching normal. Also the cough was status quo. X ray chest showed a pneumonic patch. Pathology developed, so medicine needed to be reviewed. There was a particular symptom that cough was more lying on left side. RM Pg 218 only 3 mark remedy was *Phos*. So *Phos* 200 was given 4 hrly. Next day fever was absent. Cough >. Headache ++. O/E No Neck Stiffness. So it was agg of *Phos* 200. Pt was kept on *SL* and asked to report next day.

5/7/04 Cough > +, sleep >, expectoration whitish. Headache 0. *Phos* 1M 1 dose was given.

8/7/04 Cough +. Vomited after food. O/E chest rales > +. Wt: 16.8kgs *Phos* 1M 1 dose.

15/7/04 Cough >75%. Wt 17.4. X ray chest showed improvement. Was kept on observation and only *SL*. Patient recovered. ❑