

Case of Interstitial Lung Disease

Dr MAHESH CHEVVA MD (Hom)

CLASSICAL HOMOEOPATH

Dr CHEVVA HOMOEOPATH CARE CLINIC

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Mrs R V, is 68 yrs, Graduate (B Fd) housewife and stays at Himayatnagar, Hyderabad
Husband Teacher and Landlord, expired

Children 2 sons - 2nd Son committed suicide, 3 Daughters - Married

CHIEF COMPLAINT

LOCATION	SENSATION	MODALITIES	ACCOMPANIMENTS
Lungs Since 4yrs, daily	Cough with expectoration- thick whitish. Difficulty in breathing ² Obstruction sensation ² Mouth breathing	A/r son's death < Cold things ² < Morning ² > Inhaler ³ > Tab Omnacortil 10mg BD > Tab Solonex 300mg > Tab Rekoool 20mg	

ASSOCIATED COMPLAINTS

LOCATION	SENSATION	MODALITIES	ACCOMPANIMENTS
Extremities Rt Knee Since 20 yrs on and off	Pain ² No swelling	< Movement ² < Climbing stairs ² > Pain killer tablets > Warmth	
GIT Retrosternal on and off Since 11 yrs Increased since 4-5yrs	Burning ² Eruclatations Vomiting Occ nausea ²	> Tab Lanzap < Smell of cooking food < Allopath treatment	
Skin Back Rt side of body Since 2006 Dec	Brownish patch Itching ³ Occ bleeding after scratching	< Any time in day or night > Warm bath	
Endocrine Since 3 yrs	Palpitations ² Perspiration ³ all over	> Open air ² > Drinking warm water 4-5 sips > Tab Eltroxin	
CVS Since 3 yrs	HTN Diagnosed during cataract operation	> Allopath treatment Tab Aten 50 mg Tab Amlong 2.5mg	

PAST HISTORY Hysterectomy done in 2004, operated for cataract in 2003

PATIENT AS A PERSON

Pt came with the support of her son.
BUILT: Average built, 5ft tall
SKIN: Dry, wrinkled
WOUND HEALING: Normal
PERSPIRATION: Profuse all over, no odor, no stains
APPETITE: Good
CRAVING: Sweets²
AVERSION: Nothing specific
STOOL: Constipation, hard stools, F: 1/day
URINE: Normal
THERMALS: C3H2
SLEEP: Good
DREAMS: Past incidences², Seeing dead people alive²

HOBBIES: Reading novels, Ramayana etc

LIFE SPACE INVESTIGATION

Pt came along with her son at the 1st visit. Her son brought her to me due to side effects of allopathic medicines. Previously they consulted the General Physician who practices next to my clinic. He diagnosed her with Interstitial Lung Disease after CT scan and started with Tab Omnacortil 10 mg along with Inhalers.

Pt comes from a well educated middle class family. She usually stays at Ghatkesar which is 15 kms from my clinic. Her son stays near my clinic. She visits her son's place once in a month. Her husband was a landlord with around 500 acres of land. They used to run a Gurukul school. Before his death he donated that land to Gurukul School and kept a small piece of land for themselves, in which they used to stay in their own house. Now that land is occupied by Govt to develop into an IT park due to it's high demand. At present the market value of land is some crores of rupees. As the husband donated that land, no one could enjoy the fruits of it. Pt's 1st son left his Medical representative job and now does some petty jobs. His earnings are limited. Pt's husband was very irritable, some times he used to beat pt in anger but pt never reacted. She always remained calm and said that in those days, no chance was given to express their feelings. Now after husband's death she

stays alone at Ghatkesar where she enjoys the weather in open air and greenery. She feels more comfortable as her RS complaints are better over there. Every month she gets a small amount of rent on which she manages her expenses. The only reason why she comes to son's place is that she loves her grand children and family members. During her stay whenever son comes home late, she becomes anxious. She doesn't eat or sleep till son comes home. Once he comes, she sits with him and has her dinner. When asked about her relationship with husband she cried for some time and expressed her feeling. She said she was very much attached to him even though he was an irritable man. He used to love her even though he was an angry man. When asked why she stays alone over there? The only reason she said is his husband's memories. If for some reason, her visit gets late to son's house then she tells her son to bring her grand children to Ghatkesar. She said she loves the company of small children. Pt again cried when asked about 2nd son. After a while she said he committed suicide due to her DIL, who used to trouble him a lot. She cannot forget him. She repents for her son for whom she couldn't do anything. Pt said till date she never had problems with anyone and maintained good relationship with everyone.

INVESTIGATION REPORTS

13/10/06 T3-1.14ng/ml. T4-6.2ug/dl. TSH-7.19uIu/ml (N: 0.35-5.50)
 24/12/07 T3-76.8ng/ml (N: 0.60-1.80). T4-8.4ug/dl. TSH-1.04uIu/ml
 20/12/07 Chest PA view: X-ray: Minimal reticular opacities seen in bilateral lower lobes. Early Interstitial lung disease. 2D echo Doppler study: Impaired LV diastolic compliance.
 24/12/07 CT Image morphology in favour of Interstitial Lung disease. Ground glass opacities & diffuse interlobular septal thickening seen in both lungs. Small cystic changes/honey combing seen in both subpleural zones.



Date	1	2	3	4	5	6	7	8	Treatment	
24/12/07	>>	>	>	>	>	0		Advised to take 1/2 tablet of Elnocrin as T3 levels are high.	BP: 120/84 mm Hg RS: B/L crepts++ Rt knee Crepitus+	Kali-carb 200 3P HS SL 15 days
24/1/08								Pt reported on phone. Feeling better		Kali-carb 200 3P HS SL 15 days
8/2/08	+	>	++	>	>	0		Continue same	BP: 130/80 mm Hg RS: B/L Crepts++ Rt knee Crepitus+	Tub1M 1P HS Kali-carb 200 3P HS SL 15 days
27/2/08	>	>	>	>	>	0		Tab Omnacortil reduced from 2 tab daily to 1-1/2 tab thrice a week	BP: 120/84 mm Hg RS: B/L Crepts++ Rt knee Crepitus+	Tub1M 1P HS Kali-carb 200 3P HS SL 15 days
10/3/08	+	>	>	>>	>	0		Continue same	Wt: 63.5kg BP: 130/84 mm Hg RS: B/L Crepts++ Rt knee Crepitus+	Kali-carb 6P HS SL 15 days
31/3/08								Pt reported on phone. Sleeplessness++	Continue same	Kali-carb 6P HS SL 15 days
17/4/08	>	>	>	>	>	0		Continue same	BP: 130/70 mm Hg RS: B/L crepts++ Rt knee Crepitus+	Kali-carb 1M 1P per wk SL 15 days
17/5/08	>>	>>	>>	0	>	0		Continue same	BP: 130/80 mm Hg RS: B/L crepts+ Rt knee Crepitus+	Kali-carb 1M 1P per wk SL 30 days
15/7/08	Occ	Occ	>	0	>	0		Tab Omnacortil reduced from 1-1/2 tab to 1 tab alt. day	BP: 120/84 mm Hg RS: B/L crepts+	Kali-carb 1M 1P HS/wk SL 30 days
24/9/08	Occ	Occ	Occ	0	>>	0		Continue same	Follow up on phone	Kali-carb 1M 1P HS/wk SL 30 days
5/12/08	Occ	Occ	0	0	>>	0		Continue same	Follow up on phone	Kali-carb 1M 1P HS/wk SL 30 days

Pt now reports SOS whenever in trouble. Her steroids have been reduced to 1 tablet alternate day. The main aim in this case was to reduce the allopathic dosage and minimize her suffering

as far as possible with Homoeopathic medicines. Such cases need long term follow up. Pt is still under treatment and reports SOS.

And I Can Walk!

Dr MEERA BELSARE MD (Hom)
Medical Officer, Dept of Medicine

Dr NAVIN PAWASKAR MD (Hom)
Clinical Director, Consultant Dept of Medicine Rural Homoeopathic Hospital, Palghar

25 yrs, Male, residing in an industrial town. Reported in the OPD with his parents.

CLINICAL HISTORY

BREATHLESSNESS: Since one month, with sudden increase since 2-3 days with giddiness, blackout and occipital headache. Started all of a sudden 1 month back when he was playing cricket.

Taken allopathic treatment with inhalers but not better - hence reporting for Homoeopathic treatment. Breathlessness even at rest, with orthopnoea.

Severe bouts of cough, with post-tussive dyspnoea. Cough < lying down, has to sit up, < night

There are also long bouts of cough with occipital headache, giddiness and blackouts.

He experienced sudden dyspnoea which never settled and has been progressively increasing. There is scanty thick yellow expectoration with stickiness in mouth.

EXAMINATION FINDINGS

Patient tachypnoeic while talking

Pulse: 80/min BP: 110/70 mm of hg.

RR: 56/min Short shallow respiration

No pallor / cyanosis / clubbing

RS: Generalized air entry poor with crepitation.

Bilateral basal crepitation with fine wheeze.

Suprasternal notching+. Flapping of alae nasi+.

Accessory muscles of respiration prominent.

P/A: Liver = 0 Spleen = 0

SPO2: 85%

INVESTIGATIONS

Hb: 14.4. TC: 16,800. N: 22. L: 13. E: 63. M: 2. ESR: 28.

X-Ray CHEST: Bilateral interstitial shadows.

ECG: Within normal limit.

DIAGNOSIS: Hypersensitive allergic interstitial alveolitis

ACUTE TOTALITY

- Occipital headache < cough during
- Giddiness < dyspnoea during / cough during
- Dyspnoea < lying down
- Sit up must cough during

- Cough, long bouts
- EXPECTORATION: Yellow sticky / scanty
- CHRONIC TOTALITY (Extracts From Life Space)**
- Sentimental, never breaks relations
- Attachment to family
- Responsible • Image conscious
- Sincere
- Dreams of: Death of relatives, Death of self
- CH4 • < Hunger
- Craving sweets • Wound healing delayed

SUSCEPTIBILITY ASSESSMENT

- PACE : Moderate to Fast
- PATHOLOGY : Structural changes but reversible
- SENSITIVITY : Moderate to High
- CHARACTERISTIC : Present
- CORRESPONDENCE : Adequate
- DOMINANT MIASM : Tubercular

PRESCRIPTION: *Kali-bi* 200- cautious repetition gradually build up to frequent repetition

FOLLOW UP CRITERIA

1. Sleep / Stickiness in mouth
2. Giddiness / Weakness
3. Imbalance while walking
4. Dyspnoea while talking
5. Dyspnoea on walking / Orthopnoea
6. Cough bouts - I / F
7. Headache during cough
8. Chest pain during cough / Sputum
9. O/E: RR
10. Chest examination
11. SPO2

RESPONSE TO TREATMENT

After 24 hrs: Subjective distress better
SPO2: 91

After 48 hrs: Patient able to walk SPO2: 94

After 4 days: Patient able to climb up and down stairs without Dyspnoea

SPO2: 97

After 10 days: SPO2: 99

Amelioration at subjective and objective levels