

Pigeon Breeder's Disease caused by Neighbour's Pigeons.

ABSTRACT: This is abstracted from the Japanese Journal of chest disease. A 64-year-old female was admitted to hospital for progressive dry cough and exertional dyspnoea. Chest CT revealed honeycombing and ground-glass opacities in both lung fields. PFT revealed a restrictive impairment and reduced diffusing capacity. She was diagnosed as having pigeon breeder's disease based on the elevated serum antibody against pigeon dropping extracts and the proliferative responses of lymphocytes to pigeon sera. Segregation from antigen and subsequent administration of prednisolone resulted in resolution of her disease progress. It is likely that her disease was caused by exposure to pigeons raised by a nextdoor neighbour, as this was her first exposure to pigeons. It is critical to obtain patients' precise medical history concerning their environments to establish diagnosis of hypersensitivity pneumonitis.

Dr RASHMI NAGAR LCEH

Sheetal, Jn of 3rd & 7th Road, Santacruz (West), Mumbai-400055

Tel : 65908392. Email: rashmi002@hotmail.com



A good friend of many years asked for Homoeopathic help for mild breathing discomfort. The history: Age 57 yrs. He complained of discomfort, mild heaviness / tight feeling in the chest, < climbing stairs more pronounced since 15 days. Same complaints on and off since 4 years. He was sure it had to be a heart condition. 4 years ago he had no problem, he was very particular about undergoing regular medical check-up. During the check-up, his X-Ray chest showed a patch. Since he had no discomfort, it was thought to be due to his past smoking or working in a chemical factory. This was followed by HRCT, PFT, Allergic tests and almost all possible investigations. Everything turned out normal. The radiologist of a reputed hospital was convinced that it was the beginning of interstitial lung disease, but the pulmonary physician was confused as he had never seen a case with these bilateral patches. So the patient was advised to report if and when he had any breathlessness and it

was concluded that whatever the condition, it was dormant.

This relieved the patient but a nagging doubt at the back of his mind, gave him tremendous anxiety, especially because he had dyspnoea on climbing stairs 15 days ago. He rushed to the hospital, all tests were repeated and the conclusion was: mild progression of the disease. Lung biopsy was suggested, but patient was reluctant to undergo any more investigations. His HRCT on 5.3.09 showed interstitial thickening, fraction bronchiectasis and mild honeycombing predominant in both upper lobes. PFT showed small air way obstruction and moderately reduced diffusion capacity, diagnosis was ?ILD, ?Sarcoidosis, ?Pneumonitis, ?Fibrosis. THE CONCLUSION: whatever the disease, it was dormant. When dyspnoea recurred, the investigation impression: mild progression of disease.

The patient, being highly educated, did all research on the internet; it scared him so much that he had sleepless nights, anxiety attacks



and he started planning his will.

Meanwhile he wanted to try Homoeopathy. He was given acute, constitutional and miasmatic medicines. The treating physician was still not convinced about the diagnosis, because he had never seen this type of findings in ILD. Hence he told the patient to take a 2nd opinion and start steroids. Patient did not want to start steroids unless the diagnosis was confirmed.

The 2nd senior physician with a very busy practice gave him a very kind, patient hearing, saw all the reports and asked him only one question; do you have pigeons in your house? To this his wife exclaimed, "Oh, have a garden in our building terrace and we have a colony of pigeons breeding there." The senior physician asked him to do only one more antigen test for pigeons and put him on steroids. The test was highly positive and diagnosis was confirmed. They also visited a clairvoyant who was gifted with healing powers and diagnosing. To their surprise, she meditated and said she could see two pigeons; the disease could be due to that. It was not bad but he should take steroids and get rid of the pigeons!

Next day I received a pamphlet with the newspaper which spoke about pest control for pigeons in a non violent way. I told him about the same and they took immediate action. He is still under observation, under steroids and Homoeopathic treatment. He is not anxious now; very hopeful but the agony he went through was so much that even his family and friends started feeling he was a hypochondriac! There were strained in relationships and lot of despondency.

This case was a good learning experience for me and coined many questions like

- 1) Do routine check-ups really help?
- 2) Is the agony that the patient goes through

worth it?

- 3) Could the disease have remained dormant for a long time and he might have just ignored the mild symptoms if he was ignorant of the findings?
- 4) He may have had to undergo cumbersome lung biopsy if the 2nd Opinion was not taken. How difficult it could be for a poor patient?

In Allopathy, whatever the extent of the disease, the treatment would be steroids and in Homoeopathy individualization. Allopaths are condemned for over diagnosing and Homoeopaths for not diagnosing at all. We Homoeopaths tend to relate it to the mind and stress. In this case one has to learn to get rid of the maintaining cause.

There is a small mention of Allergic Alveolitis in Davidson's book of medicine. The internet is rich in information and we are giving abstract of theS case from the net to understand this better.

We are going to come across more of such cases. With the rise of the concrete jungle, the birds and the animals will either be extinct or find place in our homes.

The latest survey on corporate health says that awareness of life style diseases has led to healthy trends and fitness. But there is rise in alcoholism and smoking. Thus the onus is on the medical fraternity to have a balanced approach and see to it that investigations don't lead to undue anxiety.

REFERENCE

JOURNAL TITLE: Japanese Journal of Chest Diseases

JOURNAL CODE: Z0382B.

ISSN: 0385-3667

VOL.60; NO.1; PAGE 78-83(2001)

FIGURE&TABLE&REFERENCE: FIG.4, TBL.1, REF.16

PUB COUNTRY: Japan.

LANGUAGE: Japanese