

# Mumps Pancreatitis

A 20 yr old boy was carried by two relatives into the casualty at round 7pm on 5/8/04, with extreme weakness and dull look on face. He was not giving any history except the fact that he was feeling extremely weak.

History was then enquired from his relatives. There was H/O high grade fever with rigors since 8-10 days along with vomiting immediately on eating or drinking. Since 5-6 days he also complained of abdominal pain. 2-3 general practitioners had treated without relief and hence he was admitted and given anti-malarials with which fever subsided but vomiting, abdomen pain and extreme exhaustion persisted. Thirst for sips which he used to vomit. Appetite decreased<sup>3</sup>.

**O/E:** Dull, exhausted look, reluctant to talk.

T: 97 F, P: 40/ min, BP: 80/60 mm Hg, RR: 22/mm, RS: Clear, P/A Liver, Spleen 0, Epigastric tenderness +.

Extremities were cold to touch. Immediately ECG was done which showed sinus bradycardia.

Pt was admitted and started with IV fluids. Fever subsided but vomiting persisted with epigastric pain. Hence clinical thinking was of drug induced Gastritis. Investigations were done to rule out electrolyte imbalance.

*Arsenic-album* 200 was prescribed with totality of: Weakness<sup>3</sup>, thirst for sips, vomiting immediately after eating and drinking.

**INVESTIGATIONS:** Hb: 14%gm, TC: 9800 cmm, N: 68, L: 28, Sr Creatinine: 1.19, Sr Electrolyte K+ 3.7, Na + 149.6, Cl - 99.2

**AFTER 2 DOSES:** Case was re-evaluated as there was no relief at the level of generals and particular. Pt had vomited twice with intense retching, followed by profuse perspiration. Pt was still reluctant to speak.

**REVIEWED TOTALITY:** Intense exhaustion, Profuse perspiration, Vomiting forceful immediately after eating and drinking.

*Veratrum-album* was prescribed with no relief in spite of correction of dehydration. Bradycardia and hypotension persisted with epigastric pain and bilious vomiting. Hence the clinical thinking of ruling out pancreatic pathology was thought of. *Veratrum-album* was stopped on 6/8/04. Sr Amylase levels were sent and physician's opinion was sought. USG abdomen revealed normal pancreas. Sr Amylase markedly increased-1438. To confirm the diagnosis of Acute Pancreatitis Sr lipase was sent. In the meantime patient was put on symptomatic treatment: Inj Perinorm and Inj Rantac. Ryles tube was put and patient was kept Nil by mouth. Patient showed minimal response in vomiting but general condition and mental state remained the same. Epigastric pain persisted and patient used to sleep throughout the day in the ward. On 7/08/04 evening lipase report was 444.8 and Sr Calcium 7. Case was discussed with the pathologist who suggested that in view of a normal leucocyte count with increased Sr Amylase, lipase and decreased Ca +, Blood picture was more suggestive of Viral Pancreatitis.

This input helped us in enquiring about specific history of mumps which is a known complication of Pancreatitis. History of right parotid swelling 8 days back and on examination minimal parotid swelling was visible. Thus the conclusion of Mumps Pancreatitis could be reached with the help of pathologist.



**Dr REETHA RMO**  
M.L Dhawale Memorial Rural  
Homoeopathic Hospital



**Dr SHARIQUE PG STUDENT MD REPERTORY**  
M.L Dhawale Memorial Rural  
Homoeopathic Hospital

Patient was not willing to speak. Parents gave history that patient was extremely reserved and would hardly talk with people. Even at home, if relatives come he would go out of the house. Preferred being alone (it was observed in the ward that patient used to be irritable and would get angry and hit mother's hand if she would touch his abdomen).

With this history the constitution was thought *Natrum-mur*.

TOTALITY REVIEWED: Excessive sleepiness illness during. (Mental concomitant to physical illness)

Dullness illness during (Mental condition to physical illness)

Location: Glands (Parotids and Pancreas)

Thirstless (which was observed during the hospital stay)

Phy gen: Conc Weak- Symptom as it is in case of vomiting)

Remedy relationship with *Natrum-mur* as a natural acute.

In view of whole picture *Puls* 200 was prescribed.

Within 30 mins, patient asked for water which he tolerated. He started talking with physician and epigastric tenderness had reduced. He slept peacefully that night without any pain. *Puls* 200 was continued 4 hrly. Patient started feeling hungry but diet was gradually built up from liquids to semi solids to solids. But patient used to eat solids without informing the physician as he was very hungry. His BP had risen to normal, patient was alert and started roaming in the hospital. There was a distinct change in his pattern of communication.

#### EXTRACTS FROM LIFE SPACE

Patient was the eldest son. He was extremely reserved and irritable since childhood. His only friend was his pet dog. He used to go to school riding on him. He was

extremely fearless, he left the school because he had hit the teacher who had beaten him with a scale. Even at home he hardly spoke to anyone. He is now married since 2 yrs and has a yr old child. He does not talk to his wife also.

#### TOTALITY

Reserved<sup>3</sup>

Averse talk

Violent

Fearless

Loves animals

Hot patient

Cr – salt<sup>3</sup>

< milk

Perspiration profuse.

#### FINAL CONSTITUTIONAL REMEDY: *Natrum-mur*

12/08/04: He was discharged with *Puls* 1 M QDS and was called for follow up on 16/08/04.

16/08/04: Patient was feeling much better, active, interacting freely, no dullness, appetite good, thirst normal, no vomiting, pain in abdomen and diarrhea

O/E: P: 48 / m, BP: 90/60 mm hg, No pallor, Glands: NAD, PA: Soft non tender, BS: +, RS: clear, CVS: S1S2 normal.

TREATMENT: *Puls* 1 M QDS for 3 days.

ADVISED: S amylase which was 400.

#### MY LEARNING

- 1) The case would not have been manageable without IPD facility, because minute to minute observation of patient's state was instrumental in evaluating response of the remedy.
- 2) ROLE OF DIAGNOSIS in homoeopathic prescribing with respect to prescription of *Pulsatilla*.
- 3) ACTION OF SIMILIMUM: Our similimum was helpful in bringing such a marked improvement in mental status of a person, which would not have been possible with Perinorm and Rantac, etc.

**“It takes less time to do things right than to explain why you did it wrong.”**

**- Henry Wadsworth Longfellow -**

