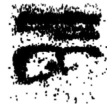


Palliation through Homoeopathy

Our patient is a 36 yr, Maharashtrian, male patient, educated till XIIth and working as Scientific Officer in BARC, married since 1991 and came for treatment in Jan 99 for Hepatitis B (Australia antigen +ve) at Dr M L Dhawale Memorial Trust's Homoeopathic Hospital, Palghar. He was brought by our local ICR-ite Dr Desle who was treating him.

ASSOCIATED COMPLAINT:

1. Fever low grade -100° F < Change of weather
   < Change of food
   Chill < 6.30 – 8 pm.
2. Constipation since 5-6 yr
3. Diarrhoea < Spicy, Pungent food , Coconut
4. At the age of 9 yr myopia (hereditary): 3à 5

CONCOMITANTS:

Dark circles and puffiness lower eyelids
Perspiration Less

PATIENT AS A PERSON:

Appearance: Lean, thin, tall with puffiness of face with bloated abdomen

Dr Dilip Dixit LCEH
Dr Anil
Dr M L Dhawale Memorial Trust's
Rural Homoeopathic Hospital
Palghar
India

Past history: in childhood

1. Diphtheria
2. Open Heart surgery – June 77 for Fallot's tetralogy
3. Measles
4. Father Hypertension, osteoarthritis

Clinical Examination:

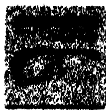
Pulse: 68/min. BP: 110/60. Wt: 57 kg. RS: Clear

CVS: Mitral regurgitation, Murmur
P/Abdomen: Soft, Bloated, Non-tender.
Liver: 3 finger palpable, Spleen 4 finger palpable
Tympanic Sound at Rt lumbar region, dullness at Lt lumbar region
Tongue: Posterior coating, Slight, Cracked.
No pallor.

Mentals: Optimistic, Hard working, reserved, irritable with suppressed anger later leading to depression, emotional, MWD ++, work satisfaction good

Life space:

Patient and his sister were born and brought up in Morgaon Supe, Dist Pune. Father worked in state government office and mother was a housewife. Patient studied till 12th std Science, then took Diploma in Electronics from Satara in 88. Then he worked in Computer section in Sakal press at Pune. In '88 he came to BARC at Boisar as a Scientific Officer (Electronics



Maintenance). He got married in '91 and since then his whole family- mother, father and wife live at BARC colony, Boisar.

The environment at home is peaceful with good interpersonal relationship between all family members; everyone sharing responsibility as per their capacity. Father is retired and looks after granddaughter (patient's daughter). Wife works at TAPS; gets irritated often - due to job and housework, which affects patient. Patient too is irritable but never expresses his anger and compromises himself each time. At work also he gets tense or irritated with his colleagues due to workload. Patient is reserved and non-mixing and thus has few friends. But he is very ambitious and wants to provide all comforts to his family. As father's ambition was to have their own house. He did this by taking loan, so pt has tension about loan plus responsibility of parents and marriage of sister. This he accomplished. Now the responsibility left is of educating and marriage of daughter.

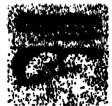
INVESTIGATIONS:

USG: Feb 16 '01: Liver cirrhosis with splenomegaly with portal hypertension. Moderate Ascites and moderate Rt pleural effusion.

		Palghar		**Jaslok**
Investigations	15/3/99	25-1	13-2	16th Feb 2001
Bilirubin Total 0.2-1.2		3.0 mg/dl	3.8mg/dl	4.9 mg/dl
Bilirubin Direct 0.1-0.8		1.5mg/dl	0.9mg/dl	1.0 mg/dl
Bilirubin Indirect		1.5mg/dl	2.9mg/dl	3.9 mg/dl
ALT (SGPT) 5-40		31.0	42.0	59.00
AST (SGOT) 5-40		82.0	98.0	75.00
Alk-Phosphatase 30-150		168	152	275.00U/L.
Total Protein 6-8		6.0 g/dl	6.7g/dl	7.7 g/dl
Albumin 3.5-5.2		3.0g/dl	3.2g/dl	2.2 g/dl
BUN				5.3 mg/dl
S Creatinine 0.5-1.5				0.6 mg/dl
Australia antigen (HbSAg)	Serum Reactive			

FOLLOW UP: 10/1 *Tub-b* 1M-1P

17/1/01	W=57 kg.	Patient feels better than last week Fever 1/week -100° F. Stools 4 to 5 / day.	*Tub* 1M 1P *Nat-phos* 200 1P
24/1/01	Wt 55 kg. Liver 2F Spleen 3F	Pain Rt Hypochondrium. Chilliness Urine yellowish Adv. Liver profile	Ct all
31/1/01	Wt 54.5 kg	Fever +. GC better; Weakness >³. Thirst -ed, fever < evening loose motions 29-1-01- 10 to 12 times.	*Puls* 200 3pills 4 hrly x 7 days
7/2/01		Fever >. GC > weakness >³ Urine colour firstly dark yellow. Fullness of abdomen, chillness of back O/E: P/A: liver 1 F; Spleen 3 F; dullness +, ascites +, Pedal oedema Gr. III.	*Tub* 1M 1P *Puls* 200 3pills 4hrly.



14/2/01.	Wt.57 Kg Abdominal girth 76cm Liver 2 F Spleen 3 F	Fever >3; general state >, weakness >2, Urine colour dark yellow Nose bleed on and of < morning, odema foot - same	*Tub* 1M 1p *Nat-ph* 200 1P *Puls* 200 4 hrly
21/2/01.	See USG & Blood. Report		*Nat-ph* 6x BD
28/2/01		Fever with chills+; Edema ¯ vomiting2	Rx. Ctall Stock *Puls* 200 3P
7/3/00	L 1 F, Spleen 3F BP110/60.	fever – A; Temp –A; Gen. State Fresh Wt. Sq Weakness >2, sleep –Good, no vomiting O/E: Pedal edema ++, Ascitis2, since 3 wks	*Nat-ph* 6x QDS-7d
14/3/01	Liver 1F Spleen 3F	Fever 2/w 100.6. Gen. State > Urine colour reddish yellow O/E: B.P: 106/64. abdominal girth 80.5 cm. No tenderness	*Puls* 200 QDS X 2d *Nat-ph* 6x QDS-2w
4/4/01	Wt 56 Liver JP, Spleen3F BP112/60.	Fever >3, Temp – A; Gen. State good. Weakness > Urine colour > sleep good O/E: abdomen soft, distended, non tender, Icterus Mild, swelling under lower eyelid	*Tub* 1M 1P *Nat-ph* 6x QDS x2w
15/4		Normal. Holiday so in gogd mood.	
16/4		Mild fever	
17/4		Translated Report from Marathi- Few acute episodes > SOS Rx 4/4/01 ate spicy <= fever and diarrhoea evening. Taken Rx from Dr Desale on 6/4/01 - Better but took Crocin.*(in spite of rptd attack after spices, and repeated warnings, he ct to take spices- could not resist them !!)* 7/4 to 15/4 normal > Sunday fever > SOS Rx. Monday morning feverish ½ crocin. Tuesday 17/4, 3 pm fever with chill ½ crocin 14/4 to 17/4 No stools- not clear stomach Breathless on walking and climbing. Very Weak	Rx. Ct-all Stock *Hep-s* 200 3P

9/5/01	Wt: 56 kg. Throat congesion + RS: clear Liver 2 F Spleen 2 F	Weakness -3 since 1 wk. Can't even walk/climb for a short distance, Breathlessness +, Dry Couth +++, immediately on lying down < night, has to sit up whole night since 1wk. Pain in renal angle since 8-10 days Thirst increase since 15 days Abdominal girth – above umbilicus 82 cm. Below umbilicus 77 cm. Abdominal fullness on eating for 5-6 hr. Paedal oedema pitting +++ Icterus -ed	*Nat-ph* 200 3P Alternate day
June 01		Report that the patient died, but overall in the 4 months under Hom care, he was comfortable and even able to go to work, except on bad days and have a good quality of life for 4 mths. ie from Jan to April. May he took a turn for the worse and was unable to recover. This is palliation at its best.	

Conclusion: A case of chronic Active Hepatitis with liver Cirrhosis came to us at a late stage. Yet we could make a mark and give him a good amelioration. In the end he died of liver cell failure. □

Neonatal Jaundice

A premature $8^1/_2$ m female child, born out of a consanguineous marriage, second of her parents, was born at our hospital in the wee hours of 2nd June 2001, to a 35 yr old mother. Birth weight was 1.8 kg. Her mother was 'B'Rh Negative and father 'O'Rh Positive. The mother had PIH since the 2nd trimester. 2 days after birth the child started presenting with

1. Yellow discoloration of skin- gradually progressing
2. Listlessness
3. Weak cry
4. Refusal to suck milk
5. Stools – soft, watery, golden yellow, 7-8 times/d

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PAST OBSTETRIC HISTORY:

1. H/o PIH +. Delivered a FTN Male at a rural Hospital. No reported complications. Was not administered Rh Anti D immunoglobulin.
2. Two abortions -spontaneous after the first delivery in a span of 4 years - Bad Obst History.
3. During the present pregnancy, following investigations were done -

a) Hb - 11 gm% (Dec, 2000); 10.2gm% (Mar 2001), 10 gm% (May 2001)
b) Blood grouping -'B'Rh Negative. Husband 'O'Rh Positive.
c) Bld Sugar (R)-88 mg/dl-Jan 2001, 105 mg/dl(June 2001)