



A Case of Nutritional Anaemia

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Case of Anaemia

A boy of age 22 years visited to my clinic on 3/5/2020. with c/o.

Chief complaints -

- (1) Weaknesssince 1 year.
- (2) Getting attacks of jaundice off & onsince 1 year.
- (3) Deafness right earsince 1 year.

History of present illness (HOPI) - (O,D,P & L,S,M.C)

Patient was apparently all right 1 year back.

(1) Weakness Slowly he started feeling weakness. After doing investigation on 10/3/20, he was diagnosed as Anaemia. His Hb was 5.1 Gm %. He visited to me first time on 3/5/20.

- His weakness feeling was < morning after rising.
- weakness < after doing slight physical work. Desire to lie down after slight work.

(2) Jaundice attacks He also started getting attacks of jaundice since 1 year. Attacks are coming regularly at the interval of two & half to 3 months of interval. Yellowish discoloration of eyes, with yellowish urination. Weakness feeling on slight exertion. Loss of appetite.

(3) Deafness in right ear ..since 1 year. Deafness with pain in right ear. Onset was gradual, without any discharge from ear. He had also taken treatment from ENT specialist before 1 year, without proper improvement in hearing.

No any significant associated complaints.

Physical Generals -

Constitution - Very lean, thin weak constitution.

Thermals - Chilly +++

Appetite - Reduced a lot, takes little quantity of at a time.

Thirst - Reduced. Small quantity large interval.

Desire - Not specific Aversion- ---

Stool - N.A.D. One time a day.

Sleep & Dreams - Sleep disturbed because of illness. No specific dreams.

Past History -

1. Anemia in 2018
2. Dengue fever in Oct 2019

Family History -

Father ...habit of alcoholism. Mother ...H/O Mild Hypertension
Brother - Elder brother working at Gujrahat. (Healty)

Personal History -

Patient is living in joint family with his uncle. And habit of eating hotel food & snacks. He did diploma in mechanical engineering, but recently he is mentally disturbed on account of his illness. No any significant habit like alcohol drinking, smoking or tobacco chewing. Father is having history of alcoholism.

Mentals - (In patient's language)

I am working in pune at TATA motors since last 2 months. I didn't work in last 1 year because of my illness. I was better before 1 year but my blood count especially Hb count suddenly started to fall. I started feeling very weak. I was diagnosed as anemia with Jaundice, I had taken treatment & started feeling better but again develop same kind of symptoms at the interval of 2 months. And such episodes are continuously happening with me at same interval since last one year. I am not able to work properly on account of this illness. Now I started to think that it may end with my death. I have lost peace of life. Doctor this illness is troubling me since many days so that I am unable



to work properly which irritates me a lot. Dr. Please let me know that whether I will cure form this illness or not ?

Now a days I stay alone & not talking with anyone. I take rest for some time even after doing slight physical work. Doctor, now I started feeling depressed. I am also having little deafness at my right ear. So I don't get mix with anyone & trying to remain alone in my house. I also don't feel like to talking to anyone. (Pt. has got qualified with diploma in mechanical engineering).

As I was not getting cure inspite of doing treatment again & again, I had started to go at Sadhubaba for treatment of my Jaundice. Still I have not got satisfactory result.

Investigations - C.B.C. , Urine (R), LFT., Auatria antigen (HBsAg) .

Clinical Examination - General clinical examinations -P- Pallor+++

I - Icterus+++ more at sclera of eye.C - No Clubbing ofnails

C - No central or peripheral Cynosis L - No Lymphadenitis.

E - No edema .

Vital signs -

Temp- 98.5 degreeC, Pulse - 88beats/min.
R.R. -20 Cycles/min. B.P.- 110/76 mmHg.

Systemic Examinations -

1. G.I.T. system - N.A.D. No palpable abdominalorgans.
2. Respiratory system - N.A.D.
3. C.V.S. -N.A.D.
4. C.N.S. - N.A.D.

(1) Complete blood count- (C.B.C.) 18/4/2018.

Hb - 5.1Gm%
TLC - 2100 /cumm.

Differential count-

Neutrophil - 63%
Lumphocytes -32%
Monocytes - 02%
Eosinophil - 03%
Basophil - 00%

RBC Indices -

Total.R.B.C - 1.37mil/cmm.
Haematocrit - 14.5 %
MCV - 106 FL
(femtoliters) (unit of cubic micrometers) (80 - 100 FL)
MCH - 37.2pg.
(picograms) (27 - 31 pg)
MCHC - 35.1gm/dl

TESTS	RESULTS	UNIT	REFERENCE RANGE
Haemoglobin	5.1	g/dl	12.5 - 15
Total WBC Count	2100	/cumm	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophil	63	%	40 - 70
Lymphocytes	32	%	20 - 40
Monocytes	02	%	00 - 10
Eosinophil	03	%	00 - 06
Basophil	00	%	00 - 01
RBC Indices			
R.B.C. count	1.37	ml/cmm	4.5 - 5.5
Haematocrit (HCT)	14.5	%	37 - 47
MCV	106.0	fL	80 - 100
MCH	37.2	pg	27 - 31
MCHC	35.1	gm/dl	32 - 36
RDW-CV	55.6		



REG NO.	: IPD / 66	AGE	: 20 Years
NAME	: Mr. CHAITANYA RAMESH WANI	SEX	: Male
REF BY	: Dr CHETAN KARDILE MS	DATE	: 18/04/2018

SERUM BILIRUBIN			
TESTS	RESULTS	UNIT	REFERENCE RANGE
Total Bilirubin	: 3.75	mg%	0 - 1.0
Direct Bilirubin	: 0.82	mg%	0 - 0.3
Indirect Bilirubin	: 2.93	mg%	0 - 0.8

SGPT			
TESTS	RESULTS	UNIT	REFERENCE RANGE
SGPT	: 76.15	U/L	0 - 40

SGOT			
TESTS	RESULTS	UNIT	REFERENCE RANGE
SGOT	: 119.30	U/L	5 - 40

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URINE ANALYSIS REPORT			
TESTS	RESULTS	UNIT	REFERENCE RANGE
<u>Physical Examination</u>			
Colour	: DARK YELLOW		
Quantity	: 20 ml		
Appearance	: Clear		
Specific gravity	: 1012		
Reaction (pH)	: Acidic		4.8-7.6
<u>Chemical Examination</u>			
Proteins	: Present +		
Sugar	: Absent		
Ketone Bodies	: Absent		
Bile Salts	: Present+		
Bile Pigments	: Present+		
<u>Microscopic Examination</u>			
Epithelial Cells	: 1-2	/hpf	
Pus Cells	: 1-2	/hpf	
RBC	: Absent	/hpf	
Casts	: Absent		
Crystals	: Absent		
Amorphous deposits	: Absent		
Bacteria	: Present++		



(2) Liver function test-Fone on 18/4/18

- S. Bilirubin - 3.75mg/dl (0 - 1.2 mg/dl)
- S. Bilirubin Direct - 0.82mg/dl (0 to .3 mg/dl)
- S. Bilirubin Indirect - 2.93 mg/dl (0.2 to 0.8 mg/dl)
- S.G.P.T. - 76.15 U/L (0 - 40 U/L)
- S.G.O.T. - 119.30 U/L (5 - 40 U/L)

Conjugated + Unconjugatedbilirubinemia.

(3) HBsAg-Negative

(4) Urine (R)- Proteins +, Bile salts +, Bilepigments+

(5) S.Vit B12, S.folicacid. - Not done.

(6) Antibody test forperniciousA. - Notdone.

Diagnosis - After considering above reports patient was diagnosed as Nutritional Anaemia (Megaloblastic A. or PerniciousA) +Jaundice.

Analysis of the case -

1. Recurrent distress.
2. Extreme pain (perceived by patient) & he want to get rid of it.

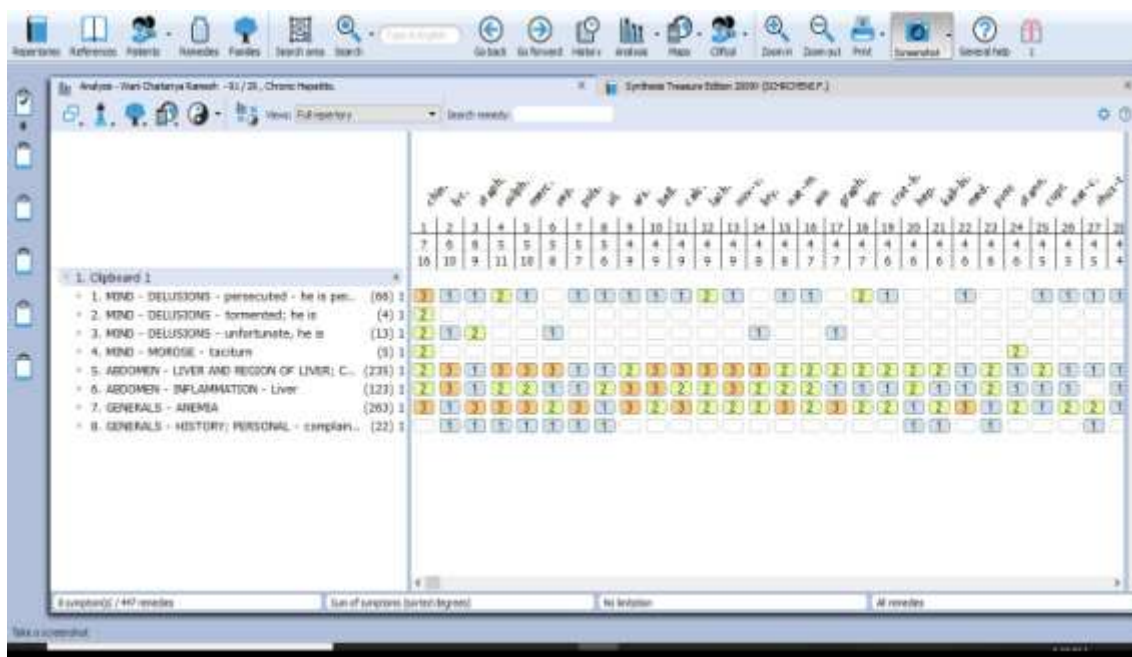
Repertorization

3. Persistent harassment because of repeated episodes of disease.
4. Disease made him so miserable that neither he can eat nor sleep properly.
5. Irritability of mind
6. Dose not want to talk with anyone.
7. Disease may lead to some harmful outcome such as death. which is not allowing him peace orrest.
8. Anaemia
9. Jaundice
10. Weakness.

Selection of Rubrics

1. Mind - Delusion - persecuted - he ispersecuted
2. Mind -Delusion- persued - hewas
3. Mind - Delusion - tormented - heis
4. Mind - Delusion - unfortunate - heis
5. Mind - Morose -taciturn
6. Abdomen - Liver & region of liver complaintsof
7. Abdomen - inflammation ofliver
8. Generals -Anemia

Miasm - Psorosycosis. Manifestive phase = Psora
Dormant phase = Sycosis





Treatment given -

3/05/2020 - First day

- China 304 pills 2 times a day for 3 days. followed by Sac lac for 3 weeks.
- Chelidonium Q ..10 drops in 1/4 cup of water twice a day afterfood.
- BCT 1 - 4 pills 3 times aday.
- (Containing Calcaria Phos 3x + Ferrum Phos 3x + Natrum Mur 6x + Kali Phos 3x.)

Fpollow up -

31/5/2020 - Follow up (1)

General condition little improved . Appetite increase little. Icterus still present++. But mentally started feeling better.

- China 200. ..4 pills two times a day ..for 3 days. followed by Sac.Lac. for 1 month
- Chelidonium Q 10 drops twice a day in 1/4 cup of water.
- B.C.T. 1 ...4 pills 3 times a day.

Advised - C.B.C. & L.F.T.

2/6/2021 - Follow up (2)

- General condition still improved. Now patient develop good appetite. Icterus reduced. Started looking energetic. Confidence also start increasing. Weakness reduced. Mentally started feeling much better.
- Adv. C.B.C. & L.F.T.
- China 200 4 pills twice a day for 3 days. followed by SacLac.
- Chelidonium Q.. 10 drops in 1/4 cup ofwater.
- B.C.T. 1..., 4 pills three times aday.

- 18/7/2020 - Follow up (3) Patient's G.C. is still improved. Fresh reports done on 17/7/2020 asfollows.

Recent Report	Previous Report
C.B.C. - Hb -13.6 Gm%	Hb was 5.1 Gm%
T.R.B.C.Count -4.29millions/cumm	R.B.C.was 1.37 millions/cumm
M.C.V. - 88.1 FL (80 -96FL)	M.C.V was 106FL
M.C.H.C. - 36mg/dl. (32-36mg/dl)	M.C.H.C. was 35.1mg/dl
L.F.T-	
S. Bilirubin Total -1.13mg/dl (0 - 1.0mg/dl)	S.Bil Total - 1.75mg/dl
S. Bilurubin Direct -0.53mg/dl (0 - 0.3 mg/dl)	S. Bil Direct - 0.62mg/dl
S. Bilirubin Indirect -0.6mg/dl (0 - 0.8 mg/dl)	S. Bil. Indirect - 1.13 mg/dl



- China 2004 pills twicw a day for 3 days .
- Followed by Sac Lac for 1 month.
- Chelidonium Q ..10 drops twice a day in 1/4 th cup of water .
- B.C.T. 1 ...4 pills three times a day.

- Sac Lac 4 pills two times a day for 1month..
 - Alfa - Alfa Q + Avana SativaQ 5 drops each in 1/4 cup of water two times a day
 - B.C.T.1 ...4 pills 3 times a day for 1month.
- After 13/9/20 he has given 4 gollowups & I have given symptomatic treatment as he was narrating only few symptoms. On 20/4/21 he again performed C.B.C. & L.F.T along with U.S.G. abdomen. Reports was as follows.

13/09/2020 Follow up (4) -

General condition still improved on physical & mentalbasis. Clinically Icterus markedly reduced. Now he can do his regular job without any trouble. C/O loss of appetite & little weaknessfeeling.

C.B.C.-20/4/21

Hb - 13.0Gm%
 T.R.B.C - 4.71 mill/cmm
 p.c.v. -39% (35 - 54 %)
 M.C.V. - 82.8 FL (76 - 94 FL)
 M.C.H. - 27.6 pg (27 - 32 pg)
 M.C.H.C. - 33.33 mg/dl
 (32 - 36 mg/dl)

L.F.T -

S.bilirubin (T) - 1.2 mg/dl
 (0 - 1 mg/dl)
 S.bilirubin (D) - 0.26 mg /dl
 (0 - 0.3 mg/dl)
 S.bilirubin (I) - 0.94 mg/dl
 (0 - 0.8 mg/dl)
 S.G.P.T. - 34 IU/L (5 - 35mg/dl)
 S.G.O.T. - 33 IU/L (8 - 37mg/dl)
 Alkaline phosphatase - 132 IU/L
 (44 - 147 IU/L)
 or (0.73 to 2.45 KA/L)
 Microkatal per liter.



U.S.GAbdomen - s/o mild hepatic enlargement.

Treatment given was Sac Lac for all visits & Alfa-Alfa Q + Avana Sat Q as per requirements. In between he has given many follow up & was treated with sac lac & sme times with Chelidonium Q as per requirements. Lastfollowup he has given on lastSunday 01/05/22 & is absolutely fine. Started waight gaining. Going to jim regularly & at present not willing to do any investigations.

Explanation of some rubrics selected -

1. Delusion - persecuted - he is persecuted3 marks drugs - CHIN, CYCL, DROS, KALI-BR.
 - 2 mark drugs are - Hyo, Ign, Lach, Sul, Zin.
- Persecute - Meaning of persecute or persecution is persistently harassed by some or other situations or persons or by disease.
- This rubric has two imporrent attributes -
- 1 . Persistnt pain of harassment.
 2. Sence of irritation.
- This person has sence of irritation as well as harassment so this rubric is selected.
2. Delusion - Persued - hewas



2 marks - Chin, Cup, Hyo, Kali-br, Puls Persued meaning is patient has believe that he is persued either by troubles, persons , some situations or disease, which may lead to some harmful outcome such as death hence not allowing peace, This patient has same type of belief that his disease may lead into his death. sl rubric is selected.

3. Delusion - Tormented - he is - 2 marks - Aq-mar, Chin, Lyss, Torment meaning is to cause, usually persistent or recurrent distresss of mind & body. The rubric is used in following conditions.

- Severe affliction(our case)

- Subject totorture

- Distort ortwist

This rubric has three important attributes

1. Extreme pain (Perceived by patient)

2. Ferocity of expressions.

3. State offrustration.

Our patient is having extreme pains with frustration so this rubric is used.