

Acute Pneumonic Tuberculosis

Dr. Sahni's Homoeopathy Clinic & Research Center Pvt. Ltd.

Introduction

In some cases Acute pneumonic tuberculosis may have an acute onset with extensive pneumonic changes in the lungs. It may be several days before M tuberculosis appears in the sputum, but the diagnosis is one that ought to be considered whenever a pneumonia does not respond promptly to routine treatment. It is most often seen in the upper lung zones and is limited in extent most frequently to the posterior segment of the upper lobe or the apex of the lower lobe.

Clinical Features

The clinical features vary greatly from case to case. The onset of acute pneumonic tuberculosis is usually insidious with the gradual development of clinical features of tuberculosis toxemia or of cough or sputum. The local respiratory symptoms which may occur during the course of the illness are:

1. Fever, starts suddenly with a rapid rise in temperature and pain in chest. The temperature however does not respond to common antibiotics and it begins to swing much more at the end of the first week and the course of the disease becomes prolonged for many weeks.
2. This is followed by physical signs of breaking down in the lung, purulent expectoration, night sweats, haemoptysis and the finding of tubercle bacilli in the sputum.

Case

A person, aged 30, approached ONGC Hospital with the complaints of Acute Fever with Chills & Coughs. The attending Chest Specialist advised for X-Ray Chest, Blood for CBC & ESR, and Urine Examination for Routine & Microscopic. The patient was put on antibiotics along with antipyretic tablets & Cough syrup. His CBC, Urine analysis were found to be normal with X-Ray report showing Early Koch Infection or Patchy Pneumonia; with comments, Kindly correlate clinically.

After 2 weeks of regular use of antibiotic and other medicines, the condition failed to improve and then the patient visited Homoeopathy Clinic for consultation/treatment.

After going through the case history and clinical reports, the patient was advised to go for Blood Examination of IgG & IgM for Antibody to Tuberculosis. The IgG report was found to be normal. However, IgM test result was positive.

Treatment

After taking into consideration of all clinical reports and symptoms, the patient was put on the following prescription:

1. **Ars Iod** 30, 3 pills TDS
2. **WAR 1M**, 3 pills TDS for 3 moths. In between **Phosphorus 30** was given for stains of blood in sputum.

The treatment was started on 14.01.03 and continued up to 20.05.2003. Treatment was stopped after clinical reports became normal.

Indications of the Medicines

- **Ars Iod:** Pulmonary tuberculosis, with cavities in lungs, hectic fever, etc. Chronic catarrhal pneumonia, with muco-purulent expectoration, dyspnoea, night sweat, etc. Acute catarrhal pneumonia, with caseous degeneration and fibrosis. Fibroid degeneration of the lung, with inflammation and haemorrhage; commencing cavity.
 - **WAR 1M:** ***This is a Vibrionic preparation which has powers to eliminate any infection & inflammation. This medicine has the properties of Penicillin, Belladonna, Gunpowder, Cortisone, Streptococcus, Staphylococcus, Pyrogenum & Kali Phos.
- *** This is not a combination/mixture of medicines. This is One remedy.
- **Phosphorus:** Inflammation of the respiratory tract and pleuro-pneumonia. General predisposition to hemorrhage. Symptoms of inflammation of the larynx, with cough and bloody expectoration, always aggravation lying on the back or left side. Pneumonia, with fever, but without much pain, usually without thirst, with general prostration and apathy, but with aggravation from lying on the left side. General tendency to bloody expectoration, bright red, mixed with mucus.

Conclusion

Acute Pneumonic Tuberculosis can be successfully treated with Homoeopathic Remedies along with Vibrionic Preparations which aids in strengths Immune system and eradicating infection.

The clinical reports are attached herewith to substantiate the case presented.



ऑयल एण्ड नेचुरल गैस कारपोरेशन लि.

मुंबई क्षेत्रीय व्यापार केन्द्र

OIL & NATURAL GAS CORPORATION LTD.

MUMBAI REGIONAL BUSINESS CENTRE

ONGC Hospital, Panvel

Tel.: 745 1069 / 70, Ext. 7548

DEPARTMENT OF IMAGING

Name : [Signature]

Age : _____

Sex : _____

Identification No : C1SF-27

Referred by : Dr. Premkumar

OPD / Indoor : ✓

X-Ray No. : 16

Date : 3/1/2003

X Ray Chest (P.A. view) -

- few small mottling shadows seen in Rt. lung upper and mid zones region.
- Cardiac shadow is normal.
- Both costophrenic angles are clear

Impression 1 Early Koch's infection

2 Patchy pneumonia.

Please consult clinically,

6
Signature

(WISH YOU A SPEEDY RECOVERY)



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MUMBAI REGIONAL BUSINESS CENTRE

O. N. G. C. HOSPITAL, PATHOLOGY DEPARTMENT

O. N. G. C. Township, Phase - I, Panvel - 410221. ☎ Tel. No. 745 1069 - 70, 745 3770 - 74 Ext. 7904

Date : 03/01/2003

Lab No : 3

OPD No. : CF.27

Name : ~~XXXXXXXXXX~~

Sex Male

Ref. by : Dr. Prem Kumar.

COMPLETE BLOOD COUNT & ESR

COMPLETE BLOOD COUNT

Test	Result	Units	Normal Range
Haemoglobin	13.10	gm%	13.5 - 17
R.B.C. Count		$\times 10^6/\mu l$	4.2 - 6.5
Haematocrit		%	40 - 54
M.C.V		fl	76 - 96
M.C.H.		pg	27 - 32
M.C.H.C.		gm/dl	32 - 36
Total W.B.C. Count	5,100	/ μl	4000 - 10000
Differential Count			
Neutrophils	49	%	40 - 75
Lymphocytes	50	%	20 - 45
Eosinophils	01	%	1 - 6
Monocytes	00	%	upto 8
Basophils	00	%	upto 1
Morphology of WBCs	Nil		
Morphology of R.B.C.	Normal		
PLATELET COUNT		/cmm	150000 - 450000
Platelets	Adequate on smear.		
ERYTHROCYTE SEDIMENTATION RATE	32	mm at 1 hour	

Dr. RAVINDRA BIRAJDA
M.D. (Pathology)
PATHOLOGIST



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Date : 03/01/2003

Lab No : 3

OPD No. : CF.27

Name : ~~XXXXXXXXXX~~

Sex Male

Ref. by : Dr. Prem Kumar.

EXAMINATION OF URINE

PHYSICAL EXAMINATION

Quantity	15 ml
Deposits	Nil
Colour	Pale Yellow
Reaction	Acidic
Specific Gravity	1.010
Appearance	Clear

CHEMICAL EXAMINATION

Albumin	Nil
Blood Test	Nil
Sugar	Nil
Bile Pigment	Nil
Bile Salts	Nil
Ketone Bodies	Nil

MICROSCOPIC EXAMINATION

Red Blood Cells	Nil
Pus Cells	1-2/Hpf
Epithelial Cells	1-2/Hpf
Casts	Nil
Crystals	Nil
Spermatozoa	Nil
Yeast	Nil
Trichomonas Vaginalis	Nil
Mucus	Nil

Dr. RAVINDRA BIRAJDA
PATHOLOGIST



Nicholas Piramal & Dr. Phadke's Lab

IMMUNOASSAY & PATHOLOGY LABORATORY

UDYAM, Ranade Road, Shivaji Park, Mumbai 400 028.
T. LAB : 2444 9588, 2446 3509; 2444 8862.
FAX : 2446 9250 Res. : 2445 1281, 2444 0793
WORKING HOURS : 8 a.m. To 8 p.m.
CLOSED ON SUNDAY

5, Basera Apts., Main Lokhandwala Road,
Lokhandwala Complex, Andheri (W).
Mumbai 400 053. T. LAB : 2632 9636, 2630 1390
WORKING HOURS : 7.30 a.m. To 8.00 p.m.
CLOSED ON SUNDAY

210, Rambaug, Ground Floor, L.J. Road,
Next to Bank of Baroda, Mahim, Mumbai 400 016.
T. LAB : 2444 6078; 2445 0778
WORKING HOURS : 7.30 a.m. To 9.00 p.m.
CLOSED ON SUNDAY

PARTIAL REPRODUCTION OF THIS TEST REPORT IS NOT PERMITTED

Date : 14/01/2003

Lab No : 95539

Name : ~~XXXXXXXXXX~~

Sex : Male

Location : O.N.G.C. Hospital

ANTIBODY TO TUBERCULOSIS

SAMPLE : SERUM.

DETERMINATION OF IgG ANTIBODY TO MYCOBACTERIUM TUBERCULOSIS.

METHOD USED : ELISA METHOD.

INTERPRETATION : NEGATIVE : LESS THAN 125 UNITS.
EQUIVOCAL : 125 - 200 UNITS.
POSITIVE : ABOVE 200 UNITS.
STRONGLY POSITIVE : ABOVE 300 UNITS.

RESULT : EQUIVOCAL (188.0 UNITS)

DETERMINATION OF IgM ANTIBODY TO MYCOBACTERIUM TUBERCULOSIS.

METHOD USED : ELISA METHOD.

INTERPRETATION : NEGATIVE : LESS THAN 0.8 UNITS.
EQUIVOCAL : 0.8 TO 1 UNITS.
POSITIVE : GREATER THAN 1 UNITS.

RESULT : POSITIVE (1.49 UNITS)

Dr. Avinash Phadke, M.D.D.P.B.
Consulting Pathologist.





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WORKING HOURS : 8 a.m. To 6 p.m.
CLOSED ON SUNDAY

S.Basera Apts., Main Lokhandwala Road,
Lokhandwala Complex, Andheri (W.),
Mumbai 400 053. ☎ : LAB : 2632 9838, 2630 1390
WORKING HOURS : 7.30 a.m. To 8.00 p.m.
CLOSED ON SUNDAY

210, Rambaug, Ground Floor, L.J. Road,
Next to Bank of Baroda, Mahim, Mumbai 400 016.
☎: LAB : 2444 9076, 2445 0776
WORKING HOURS : 7.30 a.m. To 9.00 p.m.
CLOSED ON SUNDAY

PARTIAL REPRODUCTION OF THIS TEST REPORT IS NOT PERMITTED

Date : 20/05/2003

Lab No : 18257

Name : Mr. Anil Kumar Singh

Sex : Male

Location : O.N.G.C.Hospital

ANTIBODY TO TUBERCULOSIS

SAMPLE : SERUM.

DETERMINATION OF IgG ANTIBODY TO MYCOBACTERIUM TUBERCULOSIS.

METHOD USED : ELISA METHOD.

INTERPRETATION : NEGATIVE : LESS THAN 125 UNITS.

EQUIVOCAL : 125 - 200 UNITS.

POSITIVE : ABOVE 200 UNITS.

STRONGLY POSITIVE : ABOVE 300 UNITS.

RESULT : NEGATIVE (116.0 UNITS)

DETERMINATION OF IgM ANTIBODY TO MYCOBACTERIUM TUBERCULOSIS.

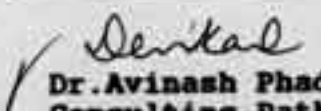
METHOD USED : ELISA METHOD.

INTERPRETATION : NEGATIVE : LESS THAN 0.8 UNITS.

EQUIVOCAL : 0.8 TO 1 UNITS.

POSITIVE : GREATER THAN 1 UNITS.

RESULT : NEGATIVE (0.59 UNITS)


Dr. Avinash Phadke, M.D.D.P.B.
Consulting Pathologist.





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Tel.: 745 #1069 / 70, Ext. 7548

DEPARTMENT OF IMAGING

Name : _____

Age : _____

Sex : _____

Identification No : CF-27

Referred by : Dr. B. S. Sharma

OPD / Indoor : ✓

X-Ray No. : 927

Date : 19/5/2003

REPORT

X-Ray chest (PA view) - Both lungs fields
are clear.

- Cardiac shadow is normal.

- Both costophrenic angles are clear.

Impression Normal.

Signature

(WISH YOU A SPEEDY RECOVERY)