

Case of CVA due to paraventricular infarction

- Dr. Srikanta Choudhury

Mr. K. C. Pal, 67 years, Serampore, District - Hooghly , West Bengal , I visited him on 2nd July, 2003 . The patient was lying on a plastic sheet. Sleeping. Unconsciously folding and straightening his left legs. A pipe was inserted in his nasal cavity for giving food juice. Catheter had been arranged.

Complaint

Dropsy of the right extremities since last 4th June, 2003 .

Unable to talk.

Staring vacantly.

Unable to recognize nearer relatives, even to son or wife.

Involuntary urination and evacuation.

Past History

He was stuck by a relative with a log in the left side of his head in an unfriendly family dispute regarding land on 4th June, 2003 . After profuse bleeding, he was admitted to a local hospital. That very night he suffered a cerebral attack. On observing the deterioration of patient's condition, they transfer the case to state general hospital, Calcutta Medical College on that night. Left side paralysis was noticed after that CA.

He was discharged from Calcutta Medical College on the day before.

Findings

CT Scan was done on 5th June, 2003.

'Posterior fossa shows prominent cerebellar folia on both sides. Fourth ventricle is in the midline. Basal subarachnoid cisterns, sylvian fissures and the cortical sulci are widened. Third and both lateral ventricles are mildly dilated with septum in the midline.'

'Decreased attenuating lesion seen in left paraventricular area with mass effect.'

'CT features are suggestive of mild brain shrinkage with infarction of recent onset along left paraventricular area.'



On Physical Examination

B. P. - 170 / 90,

Pulse - 96.

Treatment had done in hospital

In hospital a lot of medicine was applied which is not necessary to elaborately mention here. However, they were prescribed drugs for high blood pressure, sleeping pills, and neurotic doses etc, which were still being continued.

I had not advised the patient party to stop that medicine immediately. Along with those drugs. But the homoeopathic medicines would be taken with atleast an interval of two hours from the allopathic drugs.

Homoeopathic treatment

After considering the causative factor, i.e. head injury, firstly prescribed him *Bellis perennis*.

02.07.2003

Bellis Perennis - LM/1 to LM/4.

One No. 10 medicated globules mixed in 120ml distilled water. Added 10 drops of rectified spirit for preservation. Mark each phial into 8 doses. 10 succussions must be necessary prior to taking every dose. One dose should be mixed in 3/4th glass of purified water. From that solution, take only two teaspoon.

Three doses daily in the empty stomach.

15.07.2003

Improving. Patient still unable to consume solid foods, even biscuits dipped in tea or water. Patient could recognize his nearer relatives now.

Bellis Perennis - LM/5 to LM/10.

Two doses daily. Preparation the dose as before. Apply also as same procedure.

07.08.2003

Further improvement observed. Feeding pipe was withdrawn. He can swallow pasty food or liquefied meal. Stool in normal. Now he can make alarm before evacuating. Catheter still in use.

Arnica Montana - LM/3 to LM/6.

One dose daily. Mode of preparation and administering is same.

10. 09.2003

Now he is trying to hold glass of anything by effected arm, if those things are put in his hand. Hardly can fold his leg also. Can recognize every thing.

Arnica Montana - LM/7 to LM/10.

One dose daily as before.

15.10.2003

He tries to seat without support. Advised to consult with a physiotherapist.

Hypericum Perforatum - LM/3 to LM/6.

One dose daily as before.

17.11.2003



He tries to talk to the nearer relatives, but fail. Can follow newspaper, televisions and his nurse can understand his express of feelings. Advised to withdraw the allopathic drugs gradually except the medicine for HBP.

Natrum Sulphuricum - LM/ 3 to LM/6

One dose daily morning in the empty stomach. Preparation and administration is same.

21.12.2003

No other complains. When anybody visits him, he used to weep, even physician. When I say good-bye and forward my hand for shaking, he also held my hand and I saw that drop by drop tears come out from his eyes.

Natrum Sulphuricum - LM/7, LM/8.

One dose every alternate day.

That was my last visit. His treatment was stopped due to shift of their residence due to transfer of his only earning sons job.

Conclusion

Observing the high acute situation, I decide to prescribe pathological medicines. The treatment was based on solely the causative factor. Whoever constitutional medicine is recommended for ideal of cure of the patient.

In situating like this type of cases, only LM Potency can be administer without any fear. It does not induce any violent medicinal aggravations. We can apply LM potency frequently, when necessary, which makes the prognosis quicker. These are the superiority of LM potency