

Efficacy of Homoeopathy in Treatment of Sarcoidosis- an evidence based Report

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Abstract

To ascertain efficacy of Homoeopathy in treatment of sarcoidosis, 33 cases during the period since 2007-2011 were selected for study at Homoeo Cure and Research Centre P. Ltd., Kashipur (INDIA). The efficiency of homoeopathic treatment was miraculously seen in all the cases. Almost all were either cured or much relieved.

Though, the total patients of sarcoidosis registered during the said period were 96, the complete case study was done for 33 patients only. The remaining 66 cases are still in observation and proper tracking of case records is being done.

Aims and objectives

- To study scope of Homoeopathy in treatment of 'Sarcoidosis' with its miasmatic analysis.
- To analyze the results of Homoeopathic medicines when prescribed on the basis of Miasms and on totality of symptoms.
- To prepare evidence based report on treatment of Sarcoidosis with Homoeopathy.

Introduction

'Sarcoidosis' is a 'not well understood' complex, multisystem, commonplace inflammatory disease, characterized by the formation of noncaseating granulomas. The granuloma is a battle clashed on a genetically susceptible ground between an unrecognised antigen(s) and a highly organized squad of lymphocytes and macrophages. The lungs are the most commonly involved organs, but no structure of the body is known to be immune to its wrecks. The cause of sarcoidosis is not known till now. Though not common, it often leads to permanent failure or disabilities of the organs ultimately leading to the end of vital functions.

'Sarcoidosis', like other disease, affects the person as a whole irrespective of the cause. The whole economy of the patient is altered producing the signs of 'Sarcoidosis' as well as a characteristic picture of sick individual including mentals and physicals specific to his personality. This disease picture specific to that particular patient is always different from that in another one due to his particular identity proving him to be an 'Individual'. The totality of symptoms depends upon the Miasms under-running the disease process in that individual.

The Psora being the fundamental miasm plays maximum role in altering the physiology rendering the entire imbalance. While in combination with other miasms, it produces the worst stage of the sickness. The syphilis produces destruction of tissues. To combat it, Sycosis and Psora play their vital part. This combination in turn increases the destruction as well as new tissue formation too, producing granulomas and fibromas publishing the complete portrait of Sarcoidosis.

This article examines the current understanding of sarcoidosis in terms of Homoeopathy.

Definition of Sarcoidosis

"Sarcoidosis is a disease characterized by the formation in all of several affected tissues of epithelioid-cell tubercles without caseation though fibrinoid necrosis may be present at the centre of a few, proceeding either to resolution or to conversion into hyaline fibrous tissue".

Epidemiology of Sarcoidosis

- Age at presentation 20–40 years
- More common in females and black people
- Present throughout the world, but more common in temperate climates

Causes of Sarcoidosis

Possible Causes of Sarcoidosis					
Mycobacteria	Bacteria	Fungi	Viruses	Dusts	Metals
Tuberculous	Corynebacterium spp.	Cryptococcus spp.	Cytomegalovirus	Clay/ Talc	Aluminum
Non-tuberculous	Propionibacterium	Endemic fungi	Epstein-Barr virus	Pine	Beryllium
Cell-wall deficient (L-forms)	Tropheryma whipplei		Herpes simplex virus	Pollen	Zirconium
				Mixed	

Signs and Symptoms of 'Sarcoidosis' with Miasmatic Analysis

- Up to one-third are asymptomatic
- Acute presentation (Lofgren's syndrome) with fever, malaise, arthralgia, erythema nodosum and uveitis
- Chronic presentation with fever, weight loss, dry cough or SOB (Shortness of Breath)
- Symptoms are usually mild if thoracic disease only

Rarer presentations include-

- Hypercalcaemia (renal stones, constipation and dehydration)
- Red eyes
- Skin rashes
- Central and peripheral nerve palsies
- Hypothalamic deficiency
- Bilateral salivary gland enlargement
- Cardiomyopathy or arrhythmias

Sign or Symptom	Fundamental Miasm	Secondary/ Associated Miasm
General discomfort, uneasiness, or ill feeling (malaise)	Psora	Psora- Syphilis
Fever	Psora	
Shortness of breath	Psora	Sycosis
Cough	Psora	Sycosis, Syphilis
Skin lesions	Psora	Sycosis
Skin rash	Psora	
Headache	Psora	Sycosis, Syphilis
Visual changes	Psora-Sycosis-Syphilis	
Neurological changes	Sycosis-Syphilis	Psora
Enlarged lymph glands (armpit lump)	Psora	Sycosis
Enlarged liver	Psora	Sycosis
Enlarged spleen	Psora	Sycosis
Dry mouth	Psora	
Fatigue (one of the most common symptoms in children)	Psora	Syphilis
Weight loss (one of the most common symptoms in children)	Psora-Syphilis	
Tearing, decreased	Psora	Sycosis, Syphilis
Seizures	Psora	Psora- Syphilis
Nosebleed - symptom	Psora- Syphilis	
Joint stiffness	Psora	Sycosis
Hair loss	Psora	Sycosis, Syphilis
Eye burning, itching, and discharge	Psora	Psora- Syphilis
Abnormal breath sounds (e.g. rales)	Psora- Syphilis	Sycosis

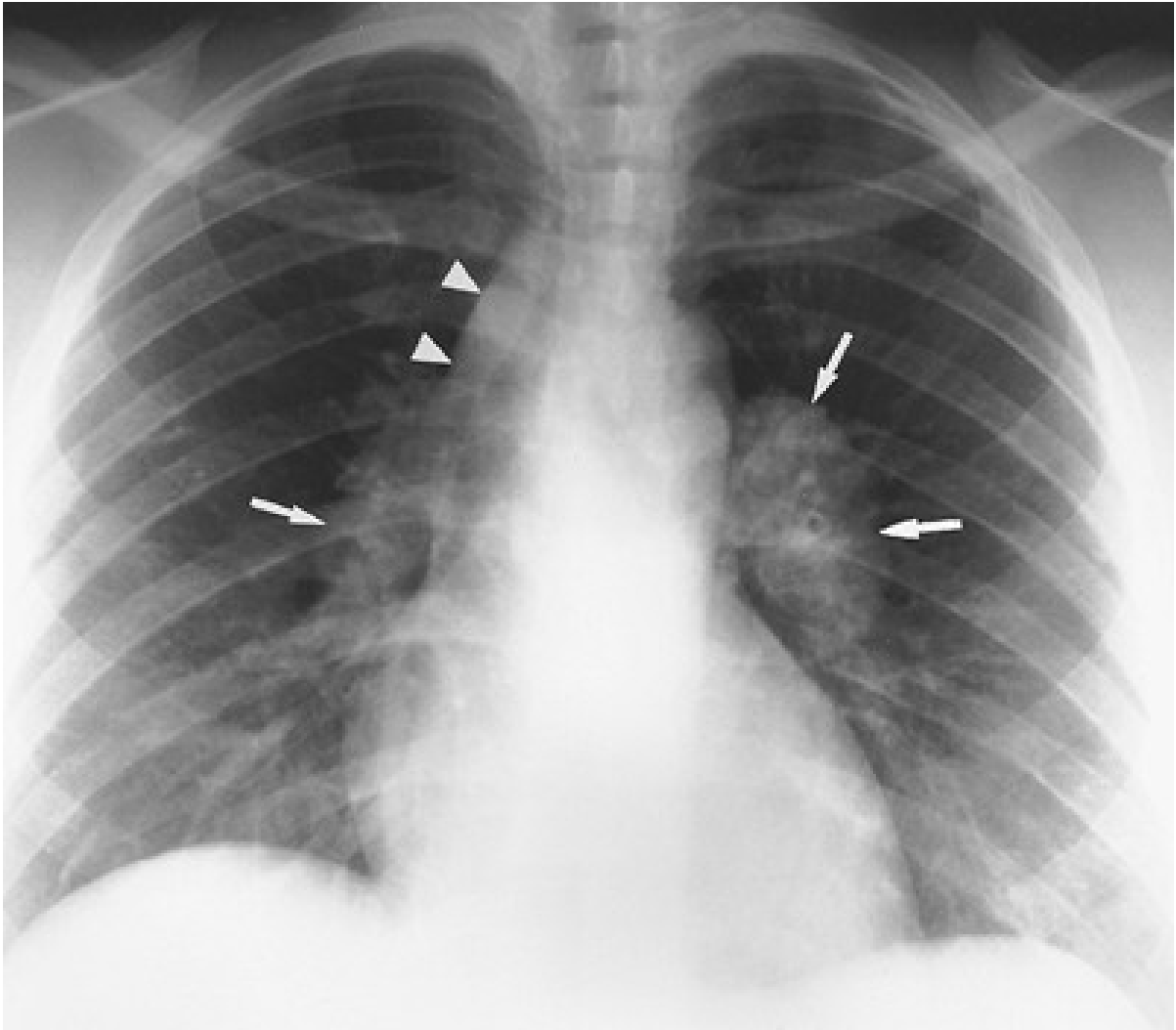
Radiological features of Sarcoidosis

CXR

- May be normal.
- Stage 1 – bilateral hilar and mediastinal lymphadenopathy (particularly right paratracheal and aortopulmonary window nodes).
- Stage 2 – lymphadenopathy and parenchymal disease.
- Stage 3 – diffuse parenchyma disease only.
- Stage 4 – pulmonary fibrosis.



- *Egg shell calcification of both hila*

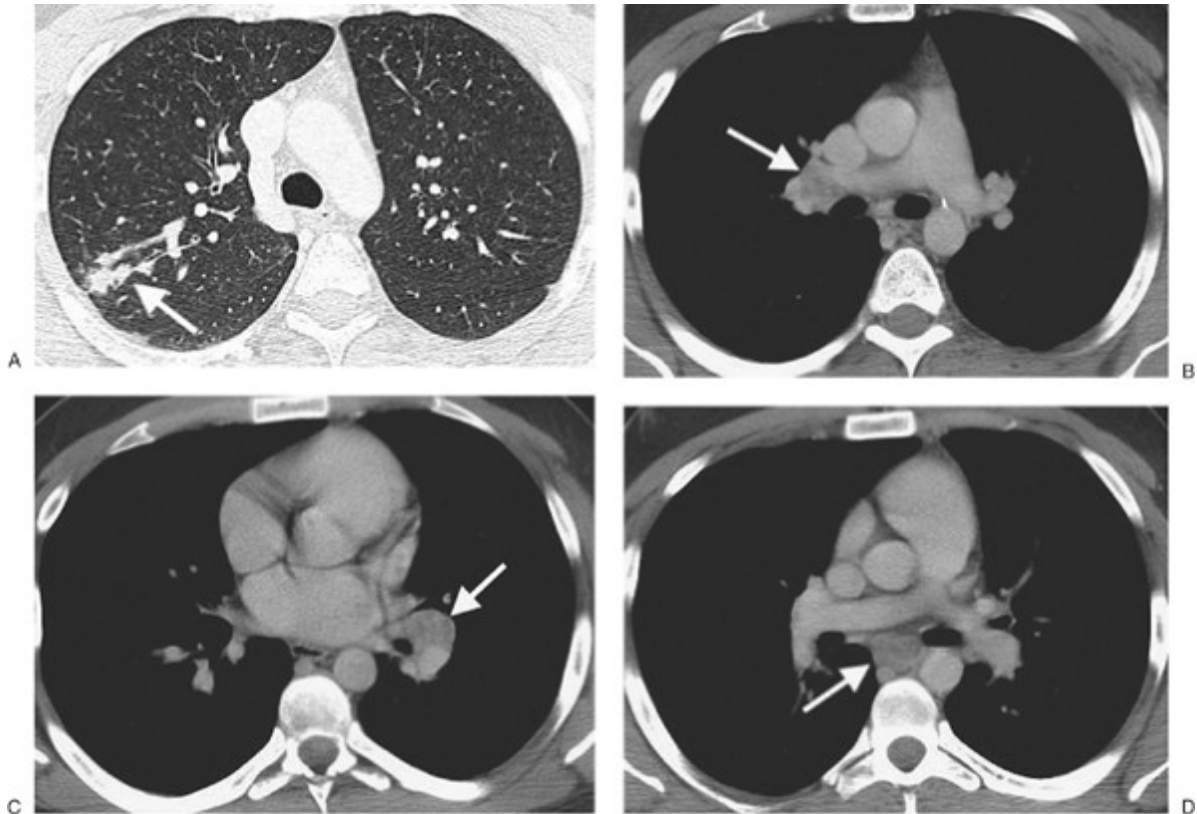


'1-2-3 sign' – Posteroanterior (PA) chest radiograph of a 31-year-old woman with class I sarcoidosis shows right paratracheal (arrowheads) and bilateral hilar (arrows) lymphadenopathy. This pattern of lymphadenopathy is classic for sarcoidosis and is referred to as the 1-2-3 sign or Garland triad.

The parenchymal disease involves reticulonodular shadowing in a perihilar, mid zone distribution. There is bronchovascular and fissural nodularity. Rarely air space consolidation or parenchymal bands may also be present. Fibrosis affects the upper zones where the hilar are pulled superiorly and posteriorly. Lymph nodes can demonstrate egg shell calcification.

HRCT

Very good at confirming irregular septal, bronchovascular and fissural nodularity. Traction bronchiectasis, fibrosis and ground glass change may be present. There may also be tracheobronchial stenosis. Also may be seen subdiaphragmatic, cardiac, bone, hepatic and splenic involvement on the same scan.



A: CT - ill-defined nodules in a bronchovascular distribution (arrow) in the right upper lobe

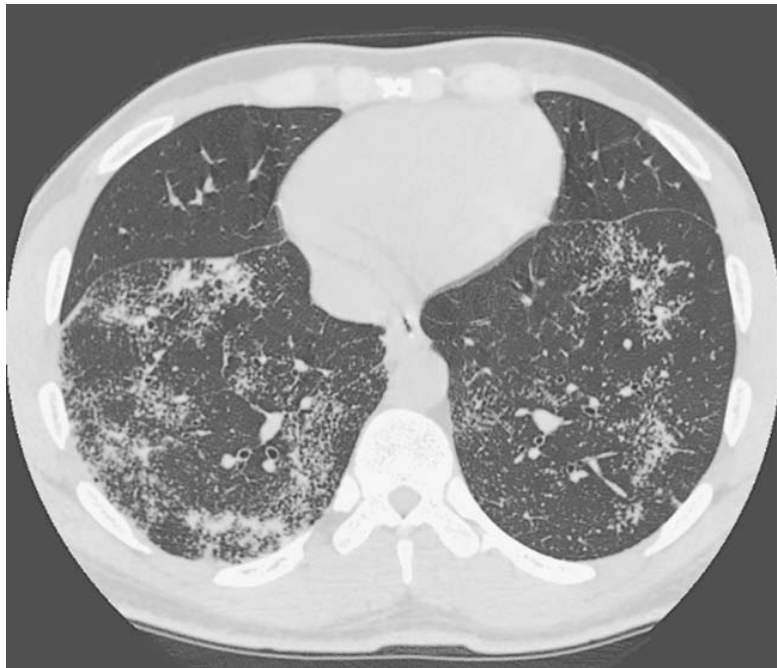
B: CT with mediastinal windowing shows right hilar lymphadenopathy (arrow)

C: CT at the level of the inferior pulmonary veins shows left hilar lymphadenopathy (arrow)

D: CT at the level of the lower lobe pulmonary arteries shows subcarinal lymphadenopathy (arrow)



CT shows precarinal lymphadenopathy with rim calcification (arrow). This pattern of calcification is referred to as eggshell calcification and is commonly seen with sarcoidosis



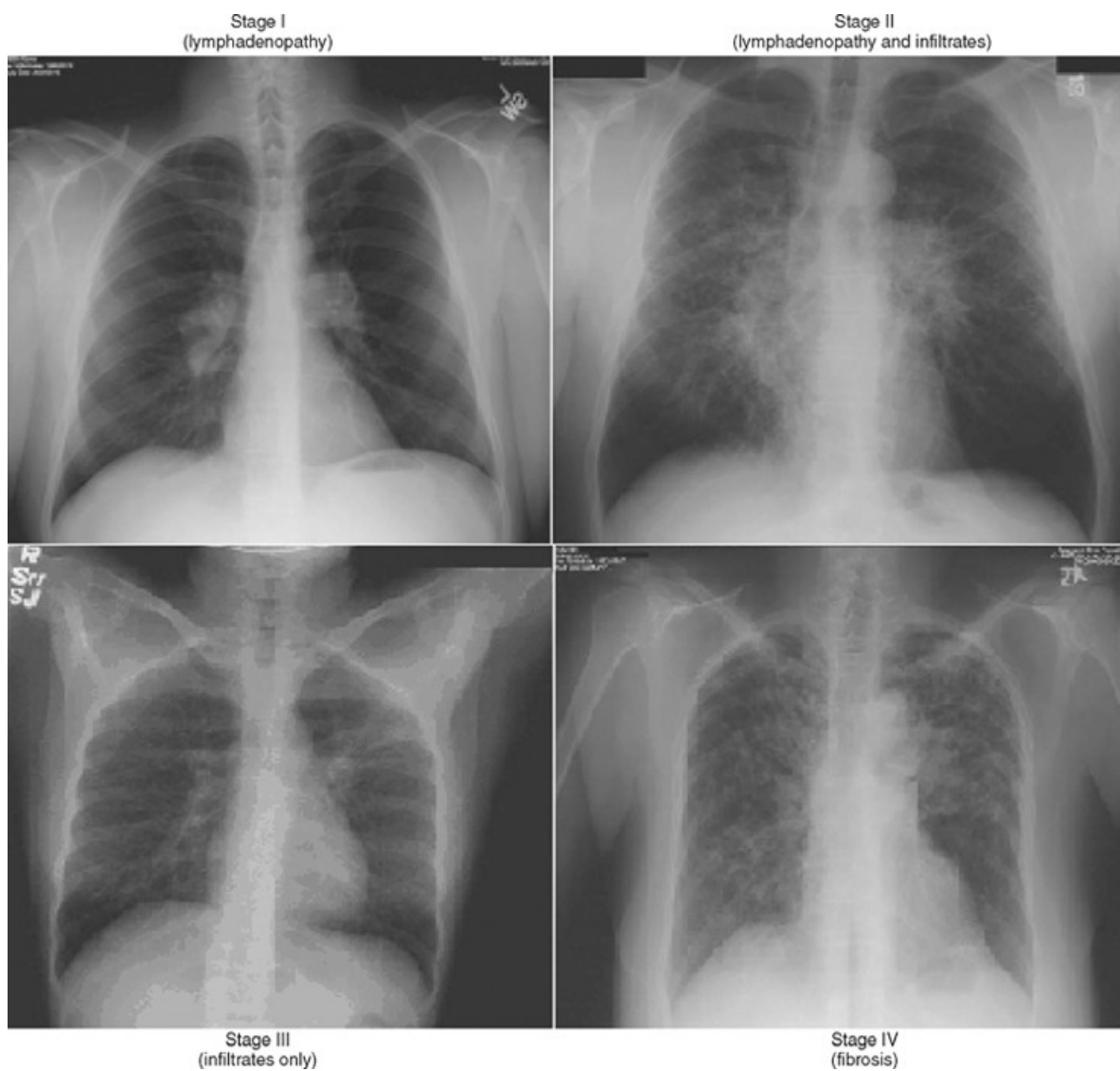
HRCT- Irregular septal, bronchovascular and fissural nodularity

Radiological Differential diagnosis

- Lymphoma
- Infection – TB
- Lymphangitis carcinomatosa
- Chronic hypersensitivity pneumonitis

Clinical Staging of Sarcoidosis

Stage 0	A normal chest radiograph
Stage I	Lymphadenopathy only
Stage II	Lymphadenopathy and lung parenchymal disease
Stage III	Parenchymal lung disease only
Stage IV	Pulmonary fibrosis



Diagnosis of Sarcoidosis

- Histological evidence of granulomatous inflammation.
- The exclusion of the known causes of granulomatous inflammation other than sarcoidosis.
- Evidence of at least two separate organs involved with the disease.

Examinations and Tests for Sarcoidosis

- CBC, Chem-7 or Chem-20, ACE levels
- Chest x-ray to see if the lungs are involved or lymph nodes are enlarged and CT scan
- Biopsy of Lymph node, Skin lesion, lung, Liver, Kidney
- Bronchoscopy and PFT
- EKG to see if the heart is involved

Common Complications of Sarcoidosis

- Diffuse interstitial pulmonary fibrosis and / or Pulmonary hypertension
- Anterior uveitis and / or Glaucoma and blindness (rare)
- Cardiac arrhythmias
- Cranial or peripheral nerve palsies
- Kidney stones
- Organ failure, leading to the need for a transplant

Treatment of Sarcoidosis

Treatment of Sarcoidosis	
<u>Main Goals of treatment</u> To improve the organs affected by sarcoidosis To relieve symptoms To shrink the granulomas	<u>The treatment depends on</u> Involvement of vital organs (e.g., lungs, eyes, heart, or brain) Severity of symptoms Extent of affection of the organs.

Sarcoidosis and Homoeopathy

In clinical study carried out at Homoeo Cure and Research Centre, Kashipur, total 33 cases of Sarcoidosis were considered. The following results were observed in the research.

Table 1- Prevalence of Sarcoidosis- Based on Sex

Total no. of cases studied 33		
Female cases	21	36%
Male cases	12	64 %

Table 2- Prevalence of Sarcoidosis- Based on Age

Total no. of cases studied 33		
0-10 years	00	00 %
11-20 years	03	09.09 %
21-30 years	06	18.18 %
31-40 years	09	27.27 %
41-50 years	09	27.27 %
51-60 years	06	18.18 %
61-70 years	00	00 %

Table 3- Prevalence of Sarcoidosis- Based Marital Status

Total no. of cases studied 33		
Married	27	82 %
Unmarried	06	18 %

Table 4- Prevalence of Sarcoidosis- Based on Physical Built

Total no. of cases studied 33		
Thin	9	27%
Obese	9	27%
Moderate	15	46%

Table 5- Pathological Distribution of Sarcoidosis

Total no. of cases studied 33		
Sarcoidosis- Pulmonary	9	28 %
Sarcoidosis- Pulmo-Arthro	3	09%
Sarcoidosis- Neuro	6	18%
Sarcoidosis- Arthro-Optho	3	09%
Sarcoidosis- Arthro-EN (Erythema Nodosum)	3	09%
Sarcoidosis- Arthro	3	09%
Sarcoidosis- Pulmo-Lymphatic	3	09%
Sarcoidosis- Cardio-Pulmo-Nephro	1	09%

Table 6- Prevalence of Sarcoidosis- Based on Income

Total no. of cases studied 33		
Good Income	15	46%
Average Income	12	36%
Poor Income	6	18%

Table 7- Prevalence of Sarcoidosis- Based on Occupation

Total no. of cases studied 33		
House wife	9	27%
Working	15	46%
Student	6	18%
Not working	3	09%

Table 8- Prevalence of Sarcoidosis- Based on Menstruation

Total no. of cases studied 33					
Males	With Menses		Without Menses		
12	9		12		
Not App.	Normal Menses	Scanty Menses	Amenorrhoea	Postmenopausal	Prepuberty
	6	3	6	6	0

Table 9- Prevalence of Miasms in Sarcoidosis

Total no. of cases studied 33		
Psora	12	37%
Psora-Sycosis	0	0%
Pseudopsora	9	27%
Sycosis	12	36%
Syphilis	0	0%
Cancerous	0	0%

Table 10- Result of treatment of Sarcoidosis cases

Total no. of cases studied 33		
Cured	9	27%
Relieved	24	73%
Not Cured	0	0%

Table 11- Percentage of Cure based on Income Groups

Total no. of cases studied 33								
Good Income (15)			Average Income (12)			Poor Income (6)		
Cured	Relieved	Not Cured	Cured	Relieved	Not Cured	Cured	Relieved	Not Cured
3	12	0	3	9	0	3	3	0

Table 12- Percentage of Cure based on Menstruation

Total no. of cases studied 33				
Females 24	With menses 9	Normal Menses	Cured	3
			Relieved	3
			Not Cured	0
		Scanty menses	Cured	3
			Relieved	0
			Not Cured	0
	Without menses 12	Amenorrhoea	Cured	0
			Relieved	6
			Not Cured	0
		Postmenopausal	Cured	0
			Relieved	6
			Not Cured	0

Table 13- Percentage of Cure based on Miasms

Total no. of cases studied 33			
Psora	12	Cured	0
		Relieved	12
		Not Cured	0
Sycosis	12	Cured	6
		Relieved	6
		Not Cured	0
Syphilis	0	Cured	0
		Relieved	0
		Not Cured	0
Psora- Sycosis	0	Cured	0
		Relieved	0
		Not Cured	0
Pseudopsora	9	Cured	3
		Relieved	6
		Not Cured	0
Cancerous	0	Cured	0
		Relieved	0
		Not Cured	0

Table 14- Remedies used in Sarcoidosis Patients

Total no. of cases studied 33					
Name of remedy	Frequency of use of remedy	Prominent Miasm with no. of cases	Result		
			Cured	Relieved	Not Cured
Arsenicum iodatum	3	Sycosis 3	3		
Beryllium metallicum	9	Sycosis 6		6	
		Pseudopsora 3	3		
Digitalis	3	Psuedopsora 3			
Iodium	3	Pseudpsora 3		3	
Lycopodium	3	Sycosis 3		3	
Nat mur	3	Psora 3			
Phosphorus	3	Psora 3		3	
Plumbum metallicum	3	Pseudopsora 3		3	
Pulsatilla	18	Psora 9		9	
		Pseudopsoa 3		3	
		Sycosis 6	3	3	
Rhus Tox	9	Psora 6		6	
		Sycosis 3	3		
Thuja	3	Psora 3			
Tuberculinum	3	Pseudopsora 3	3		

Master Chart

S. No.	1	2	3	4	5	Legends
Case no.	13196	13672	14015	14063	14126	
Date of Reg.	02-09-2007	22-07-2008	01-04-2009	27-04-2009	14-06-2009	Male= Male
Name	GSG	KM	NK	NS	AA	F= Female
Sex	M	F	F	F	F	H= Hindu
Age	24	18	41	29	45	MI= Muslim
Occupation	SD	SD	W	HW	W	SK= Sikh
Marital status	S	S	M	M	M	CH= Christian
Caste	SK	H	H	H	H	SD= Student
Built	TH	TH	OB	MD	MD	HW= House wife
Diagnosis	Sarcoidosis (Pulmonary)	Sarcoidosis (Pulmonary)	Sarcoidosis (Arthro- ophth)	Sarcoidosis (Arthro)	Sarcoidosis (Arthro- EN)	W= Working
Miasm	Sycosis	Pseudo-psora	Sycosis	Psora	Psora	NW= Not Working
Normal Menses			+		+	M= Married
Scanty Menses		+				MW= Widow
Amenorrhoea				+		S= Unmarried
Postmenopausal						OB= Obese
Sterility						TH= Thin
Family income	Average	Poor	Good	Good	Good	MD= Moderate
Remedy 1	Ars iod	Tuberculinum	Pulsatilla	Rhus Tox	Rhus Tox	Pulmo = Pulmonary
Remedy2		Iodium	Rhus Tox	Nat mur	Pulsatilla	Cardio= Cardiological
Remedy3						Nephro=
Basis of Prescription	Constitutional	Constitutional	Constitutional	Constitutional	Constitutional	Nephrological
Result	Cured	Cured	Cured	Relieved	Relieved	Neuro= Neurological
						Arthro= Arthrological
						Dermo=
						Dermatological

						Ophth= Ophthalmological EN= Erythema nodosum
S. No.	6	8	9	11	12	14
Case no.	14136	14165	14180	14252	14369	16658
Date of Reg.	22-06-2009	10-07-2009	21-08-2009	26-10-2009	11-11-2009	14-12-2009
Name	SP	AG	SM	SB	PC	UM
Sex	F	M	M	F	M	F
Age	56	38	34	32	48	57
Occupation	HW	W	W	NW	W	HW
Marital status	M	M	M	M	M	M
Caste	H	H	H	ML	H	H
Built	OB	OB	MD	MD	MD	TH
Diagnosis	Sarcoidosis (Pulmo-arthro)	Sarcoidosis (Neuro)	Sarcoidosis (Pulmo- Lymphatic)	Sarcoidosis (Neuro)	Sarcoidosis (Pulmonary)	Sarcoidosis (Cardio- Nephro-Pulmonary)
Miasm	Sycosis	Pseudo-psora	Sycosis	Psora	Psora	Pseudo-psora
Normal Menses						
Scanty Menses						
Amenorrhoea				+		
Postmenopausal	+					+
Sterility				+		
Family income	Average	Good	Average	Poor	Average	Good
Remedy 1	Pulsatilla	Beryl met	Lycopodium	Pulsatilla	Phosphorus	Pulsatilla
Remedy2	Beryl met	Plumb met	Beryl met	Thuja	Pulsatilla	Digitalis
Remedy3						

Basis of Prescription	Constitutional	Pathological	Pathological	Pathological	Constitutional	Constitutional
Result	Relieved	Relieved	Relieved	Relieved	Relieved	Relieved
S. No.	15	16	17	18	19	Legends
Case no.	16658	16921	16868	17319	14476	Male= Male F= Female H= Hindu Ml= Muslim SK= Sikh CH= Christian SD= Student HW= House wife W= Working NW= Not Working M= Married MW= Widow S= Unmarried OB= Obese TH= Thin MD= Moderate Pulmo = Pulmonary Cardio= Cardiological Nepbro= Nephrological Neuro= Neurological Arthro= Arthrological Dermo= Dermatological Ophth=
Date of Reg.	24-11-2009	01-05-2010	29-03-2010	03-12-2010	20-02-2010	
Name	JS	KS	AK	DA	PK	
Sex	F	M	F	F	F	
Age	22	42	41	30	49	
Occupation	SD	SD	W	HW	W	
Marital status	S	S	M	M	M	
Caste	SK	H	M	H	H	
Built	TH	TH	OB	MD	MD	
Diagnosis	Sarcoidosis (Pulmonary)	Sarcoidosis (Pulmonary)	Sarcoidosis (Arthro- ophth)	Sarcoidosis (Arthro)	Sarcoidosis (Arthro- EN)	
Miasm	Sycosis	Pseudo-psora	Sycosis	Psora	Psora	
Normal Menses			+		+	
Scanty Menses		+				
Amenorrhoea				+		
Postmenopausal						
Sterility						
Family income	Average	Poor	Good	Good	Good	
Remedy 1	Ars iod	Tuberculinum	Pulsatilla	Rhus Tox	Rhus Tox	
Remedy2		Iodium	Rhus Tox	Nat mur	Pulsatilla	
Remedy3						
Basis of Prescription	Constitutional	Constitutional	Constitutional	Constitutional	Constitutional	
Result	Cured	Cured	Cured	Relieved	Relieved	

S. No.	Ophthalmological EN= Erythema nodosum					
	20	21	22	23	24	25
Case no.	14918	14922	15069	14801	14733	14847
Date of Reg.	21-09-2010	22-09-2010	10-12-2010	24-07-2010	12-06-2010	21-08-2010
Name	KM	MF	AP	PS	VG	GB
Sex	F	M	M	F	M	F
Age	36	31	32	54	47	40
Occupation	HW	W	W	NW	W	HW
Marital status	M	M	M	M	M	M
Caste	H	M	H	ML	H	H
Built	OB	OB	MD	MD	MD	TH
Diagnosis	Sarcoidosis (Pulmo-arthro)	Sarcoidosis (Neuro)	Sarcoidosis (Pulmo- Lymphatic)	Sarcoidosis (Neuro)	Sarcoidosis (Pulmonary)	Sarcoidosis (Cardio- Nephro-Pulmonary)
Miasm	Sycosis	Pseudo-psora	Sycosis	Psora	Psora	Pseudo-psora
Normal Menses						
Scanty Menses						
Amenorrhoea				+		
Postmenopausal	+					+
Sterility				+		
Family income	Average	Good	Average	Poor	Average	Good
Remedy 1	Pulsatilla	Beryl met	Lycopodium	Pulsatilla	Phosphorus	Pulsatilla
Remedy2	Beryl met	Plumb met	Beryl met	Thuja	Pulsatilla	Digitalis
Remedy3						
Basis of Prescription	Constitutional	Pathological	Pathological	Pathological	Constitutional	Constitutional
Result	Relieved	Relieved	Relieved	Relieved	Relieved	Relieved

S. No.	26	27	28	29	30	Legends
Case no.	16359	14318	28-05-2011	14643	14946	
Date of Reg.	13-06-2011	09-10-2009	16316	03-05-2010	02-10-2010	Male= Male
Name	AK	P	NG	SR	MM	F= Female
Sex	M	F	F	F	F	H= Hindu
Age	28	4	25	29	41	MI= Muslim
Occupation	SD	SD	W	HW	W	SK= Sikh
Marital status	M	S	S	M	M	CH= Christian
Caste	SK	H	H	H	H	SD= Student
Built	TH	TH	OB	MD	MD	HW= House wife
Diagnosis	Sarcoidosis (Pulmonary)	Sarcoidosis (Pulmonary)	Sarcoidosis (Arthro- ophth)	Sarcoidosis (Arthro)	Sarcoidosis (Arthro- EN)	W= Working
Miasm	Sycosis	Pseudo-psora	Sycosis	Psora	Psora	NW= Not Working
Normal Menses			+		+	M= Married
Scanty Menses		+				MW= Widow
Amenorrhoea				+		S= Unmarried
Postmenopausal						OB= Obese
Sterility						TH= Thin
Family income	Average	Poor	Good	Good	Good	MD= Moderate
Remedy 1	Ars iod	Tuberculinum	Pulsatilla	Rhus Tox	Rhus Tox	Pulmo = Pulmonary
Remedy2		Iodium	Rhus Tox	Nat mur	Pulsatilla	Cardio= Cardiological
Remedy3						Nepbro= Nephrological
Basis of Prescription	Constitutional	Constitutional	Constitutional	Constitutional	Constitutional	Neuro= Neurological
Result	Cured	Cured	Cured	Relieved	Relieved	Arthro= Arthrological
						Derma= Dermatological
						Ophth= Ophthalmological
						EN= Erythema nodosum

S. No.	31	32	33	34	35	36
Case no.	16784	16225	17434	16289	16432	16224
Date of Reg.	11-02-2010	15-04-2011	05-01-2011	09-05-2011	19-07-2011	15-04-2011
Name	K	VK	BG	RB	SM	AK
Sex	M	M	M	M	M	M
Age	48	62	34	37	58	53
Occupation	W	W	W	NW	W	HW
Marital status	M	M	M	M	M	M
Caste	H	H	H	ML	H	H
Built	OB	OB	MD	MD	MD	TH
Diagnosis	Sarcoidosis (Pulmo-arthro)	Sarcoidosis (Neuro)	Sarcoidosis (Pulmo-Lymphatic)	Sarcoidosis (Cardio)	Sarcoidosis (Pulmonary)	Sarcoidosis (Nephro-Pulmonary)
Miasm	Sycosis	Pseudo-psora	Sycosis	Psora	Psora	Pseudo-psora
Normal Menses						
Scanty Menses						
Amenorrhoea				+		
Postmenopausal	+					+
Sterility				+		
Family income	Average	Good	Average	Poor	Average	Good
Remedy 1	Pulsatilla	Beryl met	Lycopodium	Pulsatilla	Phosphorus	Pulsatilla
Remedy2	Beryl met	Plumb met	Beryl met	Thuja	Pulsatilla	Digitalis
Remedy3						
Basis of Prescription	Constitutional	Pathological	Pathological	Pathological	Constitutional	Constitutional
Result	Relieved	Relieved	Relieved	Relieved	Relieved	Relieved

Discussion

- Sarcoidosis was found more prevalent in married patients (82%) than single ones (18%).
- Sarcoidosis was found in moderate built individuals (46%), obese (27%), thin (27%).
- The prevalence of Sarcoidosis was mostly in working patients (46%), house wives (27%), Students (18%) and non working ones (09%).
- The most frequent was Idiopathic Sarcoidosis (100%), with arthritis knee (37%), with pulmonary manifestations (55%), skin lesions (9%), uveitis (9%), with Cardiac (9%), with Neurological (9%) and with Nephrological manifestations (9%).
- The most frequent miasm was found to be Sycosis (37%). Others being Psora (36%), Psora- Sycosis combination (0%), Pseudopsora (27%), Syphilis and Cancerous nil.
- Out of 33 cases of Sarcoidosis, Cure-rate was 27%, Relieved- 73% and Not Cured- 0%.
- The highest percentage of cure was in Sycosis (50%) with 50% relieved, Pseudopsora (33%) with 67% relieved, Psora (0%) with 100% relieved.
- Cure rates of the indicated remedies in this study were Iodium-100%, Lycopodium- 50%, Pulsatilla- 38%, Rhus tox- 33%, Ars iod- 100%. While all other remedies relieved all cases.

Conclusion

The above study confirms the efficacy of Homoeopathy in treatment of Sarcoidosis in all stages and all types, with amazing success when applied as per laws of similia and proves its superiority among all the existing streams of treatment.

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14.  Figure e24-20. Sarcoid—CXR of stage II (lymphadenopathy with parenchymal changes). Note...- Harrison's Online > Chapter e24. Atlas of Chest Imaging > Interstitial Processes
15.  Figure e24-21. Sarcoid—CT scan of stage II (calcified lymphadenopathy, parenchymal...- Harrison's Online > Chapter e24. Atlas of Chest Imaging > Interstitial Processes
16.  Figure e24-22. Sarcoid—CT scan of stage II (nodular opacities tracking along...- Harrison's Online > Chapter e24. Atlas of Chest Imaging > Interstitial Processes
17.  Figure e24-23. Sarcoid—stage III with nodular parenchymal infiltrates (yellow arrows...- Harrison's Online > Chapter e24. Atlas of Chest Imaging > Interstitial Processes

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Case Histories

Case History -1

R. No.- 13196, **DOR-** 02-09-2007, **Name-** GS G, **Male-** 24 Years, Unmarried, Sikh, **Occupation-** Student, **Built-** Thin, **Income Group-** Average, **Diagnosis-** Sarcoidosis Stage 3 with Pulmonary manifestations, **Prominent Miasm-** Sycosis, **Result-** Cured.

Clinical picture- Low Grade Fever worse evening, Loose motions off and on, Nausea, Vomiting off and on, Thirst- Normal, Appetite- Normal, Stool- Frequent- normally formed stool, Urine- Normal, Perspiration- Normal, Mentals- Suspicious, Irritable, loathing of life, Desire- salt, Aversion- Fats, Sleep- Normal. Alopecia.

Past History- Malaria- Plasmodium vivex, recurrent pneumonia in childhood.

Family History- Mother Tubercular.

Investigations- SGPT- 62, ACE (04-11-2007)- 122 (Normal- 08- 52 U/L), Mx- Negative, TB Elisa- Equivocal, CT Thorax (02-11-2007)- Mediastinal Lymphadenopathy. Bilateral Hilar Lymphadenopathy.

Increased ACE- Negative Mx- CT Findings positive for lymphadenitis = Sarcoidosis

Homoeopathic Treatment-

First prescription- 05-09-2007

Ars. iodatum 200 weekly, Sac lac TDS

Second Prescription- 09-11-2007

Much better. Tenesmus, Dysentery, Aphthous ulcers in mouth with much salivation.

Merc sol. 30 TDS

Third Prescription-21-12-2007

Much Better. CT- Single Subcarinal Lymphnode. Other nodes dissolved. ACE- 99.9 U/L

CST

Fourth Prescription- 05-03-2008

Almost asymptomatic, cheerful. ACE- 58.8 U/L (Normal Range- 08- 52 U/L) CST

Result

Complete cure of Sarcoidosis with Homoeopathy.



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Dr. Nakshatra Agarwal
M.B.B.S., M.D., M.J.A.C.
Consultant Pathologist



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G.S.V.M. & LLR Hospital Kanpur
Sanjay Gandhi PGI Lucknow
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Date: 02/10/2007 Sr.No: 55
Name: MR. GURDEV SINGH Age: 23 Yrs. Sex: M
Refd. By: Dr. ARVIND SHARMA: M.B.B.S. M.D.

ELISA FOR MYCOBACTERIUM (IgM)

RESULT : 0.95

NEGATIVE	< 0.2
Positive	> 1.0
Equivalant	0.2 - 1.0

ELISA FOR MYCOBACTERIUM (IgA)

RESULT : 397.6

Sero units/ml

NEGATIVE	< 200
Positive	> 350
Equivalant	200 - 350

Mycobacterial antibodies (IgG, IgM and IgA):
Serological positivity among the healthy population betray a recent infection. A positive serology is frequently observed in some well defined diseases - cystic fibrosis, cancer pneumocystitis, sarcoidosis, AIDS. This seropositivity denotes a significant bacterial colonisation.
IgG antibodies appear when an infection becomes established. They indicate a good immunological response of the patient to the infection. IgG antibodies are routinely analysed in chronic infection and during therapy. A successful therapy, noted clinically, signs and the negativisation of the cultures, is often accompanied by an increase in IgG titres, followed of course by a decrease at the end of therapy.
IgM antibodies are an indication of the beginning of a primary infection (Primary complex). The IgM seropositivity is very frequent but transient. The IgM antibodies are superior to IgG to detect mycobacterial colonisations in AIDS patient.
IgM plus IgG measurements are analysed together to detect reactivation cases in chronic infection.
IgA antibodies strengthen diagnosis in cases of: Suspected meningitis, pleurisy, pericarditis, renal tuberculosis and AIDS.

*** End of Report ***

Dr. NAKSHATRA AGARWAL

Always mention the findings with a professional opinion and not a final diagnosis. MR B.M. GOEL, For official purposes. All investigations referred to us, conducted, analyzed, interpreted, in any possible circumstances of the test & report.

FACILITIES : Biopsy, FNAC, HbA1C, TORCH, Infertility, TB ELISA, Hormones & ULTRASOUND

GOEL C. T. SCAN CENTRE

RAMNAGAR ROAD, KASHIPUR-244713, UTTARAKHAND

☎ : 274142, 275942

Dr. B. M. Goel
M.D.S., D.M.D.
RADIOLOGIST

Dr. A. K. Goel
M.B.B.S., D.C.P.
PATHOLOGIST

PATIENT'S NAME : MR.GURDEV SINGH AGE/ 23YRS/SEX/M

REFD. BY : :DR. R.K. SHARMA, MD DATE: 2/11/2007

PLAIN & CONTRAST ENHANCED CT CHEST

Contrast enhanced CT chest was done by taking serial 10mm x10 mm axial parallel continuous sections from thoracic inlet to dome . Thinner sections were taken at the level of interest .

LUNG FIELDS:

Both lung fields are clear . No evidence of any abnormal opacity / hyperdensity is seen in both the lungs . No mass lesion is seen .
No evidence of pleural thickening / effusion is seen on either side.
Both CP angles are normal .

MEDIASTINUM :

There are enlarged lymph nodes in pretracheal and right paratracheal region. One of the lymph node in right paratracheal region shows calcification.
Small lymph nodes are also seen in both hilar region.
Heart and great vessels are normal . Mediastinal fat planes are preserved .
Trachea is normal in calibre .No pressure effect seen .
Major bronchi and region of carina are normal .

IMPRESSION :CT findings are suggestive of mediastinal lymphadenopathy with bilateral hilar lymphadenopathy—

Please co-relate clinically .

(DR. B.M. GOEL)

14/11/7

MR. GURDEV SINGH 23y/M Wt - 74kg

NON SMOKER

Pt. symptomatic ∴ August '07
 T c/o low grade fever (99°F in the evening)

Retected as MP+ve, hsd for malaria, but fever did not subside
 investigated further,

ELISA for Mycobacterium - 0.95 (Equivocal)

" " (IgM) - 397.6 (+ve)
 " " (IgA)

MT - -ve

Started on ATT (12/10/7) - HREZ. Pt. has taken drugs regularly.

Later, developed vomiting, loose motions → Pyzina omitted on 10/11/7.

However, fever still persisted - low grade - highest 99.8°F (ORAL) - Usually upto 99°F in the evening
 Presently,

c/o abdominal pain, nausea, vomiting low grade fever.

Occ. joint pain: 3-4 days
 No H/O TB/ATT in the past



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INV (12/11/7)

Hb - 15.1

TC - 7100

P₆₁ L₃₅ E₃ M₁

ESR - 5

S.Bil - 0.71

SGPT - 62 (↑)

S.AKP₀₄ - 108

S. ACE - 122 (↑)

USG Abdo - (N)

CT Chest - s/o Med. lymph-

adenopathy ±

bilateral lymphadenopathy

Imp : To s/o Sarcoidosis s/o

c.t. findings

↑ S. ACE

MT -ve

No symptomatic sultif ± ATT

∴ E → Afib

P - 84/min

BP - 124/80

RS - AE +/±

CNS - S/S (N)

CNS - NAD

PA - Soft

~~No~~ LxLN

⊙ Post. Cervical

1 x 1 cm



1/11/7
 Prominent hilar
 otherwise clear

Plan:

• FNAC of lymph node (post. connect)

• Repeat lab results at Apollo lab

• ACE

• ESR / Hsg

• Mantoux test

• Malaria Antigen / Malaria smear

• Strict fever charting] Revisit Monday

• STOP ATT TREATMENT

Am

Date	20/12/2007	Srl No.	14	Reporting Date	20/12/2007
Name	MR. Gurdev Singh	Age	24 Yrs.	Sex	M
Ref. By	Dr. Rajneesh K.Sharma MD				

NECT, CECT & HRCT CHEST

Serial contrast enhanced axial scans for chest were done from thoracic inlet to lung bases after IV administration of non-ionic contrast.

Lung fields are normal. No focal lesion is seen within lungs.

Broncho-vascular pattern is normal.

Hila are normal. No enlarged nodes are seen.

No pleural thickening or pleural fluid is seen.

Mediastinum shows normal vascular pattern.

A subcarinal lymphnode size 13x7mm is seen. A small (6mm) left lower paratracheal lymphnode is seen.

Trachea and bronchi appear normal.

Cardiac shadow is normal.

Bony cage is normal.

IMPRESSION :- *Single subcarinal lymphnode (13x7mm).*

Adv: clinical correlation.

(Signature)
Dr. D.N.Gangwar
MBBS,MD (Radiodiagnosis)
Consultant Radiologist

Discrepancies due to technical or typing errors should be reported for correction with seven days
 No compensation liability stands.

● Spiral C.T. Scan ● Mammography ● Digital X-ray ● Ultrasound ● Echo Cardiography
 Not for medicolegal purpose

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DR. VANDANA LAL
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 Chief of Pathology
 SHRI RAM AWARDS WINNER

DR. ARVIND LAL
 M.B.B.S., D.C.P.
 Chief of Laboratory Medicine
 HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA

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 PG 80871

Name	: MR. GURDEV SINGH	Reg. Date	: 04/11/07
Lab. No	: 07 6230654	Collection Date	: 03/11/07
Age	: unknown	Print Date	: 04/11/07
Sex	: M	Account Status	: C
Ref. By	: DR. R.K.SHARMA		

Test Name	Result	Units	Ref. Range
Angiotensin Converting Enzyme	122.00	U/L	(8.00 - 65.00)

Comments:
 ACE occurs in wall of small lung vessels and in plasma and is responsible for converting Angiotensin I to Angiotensin II which is the primary hormone of renin-angiotensin system whose main function is to constrict arterioles strongly to increase peripheral resistance and thereby raise Blood Pressure.
 ACE is most frequently measured in patient with suspected Sarcoidosis in which levels of three times the upper limit can be found. Successful treatment correlates well declining levels.
 Elevated levels can also be encountered in histoplasmosis, alcoholic cirrhosis, idiopathic pulmonary fibrosis, Hodgkin's disease, hyperthyroidism, diabetes mellitus, gauchers disease, leprosy, chronic renal failure, silicosis, amyloidosis and TB.

REPORT COMPLETED
 Tests Requested:
 ACE; ANGIOTENSIN CONVERTIN



LABORATORY TEST REPORT



Issued to:

ATOZ Diagnostic Centre -Kashipur
Patient Details : Gurdev,male,24 Yrs
Ref by: Defence Diagnostics
Sample Drawn by : ATOZ Diagnostic Centre
Date of Analysis: 2007-12-21
Sample Name : SERUM

Report Number : UPP34/0708/HQ270288/1

Sample Drawn on : 2007-12-19

Sample Received on : 2007-12-20

Report Printed on : 2007-12-22

CLINICAL BIOCHEMISTRY

Page 1 of 1

TCode	Test Description	Value Observed	Normal Range	NABL
039	Angiotensin Converting Enzyme (ACE)	99.9 U/L	8 - 52 U/L	

Method : Spectrophotometry;

Remarks : Please furnish clinical history for any further workup, if needed discuss.

Note : Assay results should be interpreted only in the context of other laboratory findings and the total clinical status of the patient.

Ganji Venu M.Sc (Biochem)
Manager - Biochemistry

No. CPI- 1196654

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Vimta Access - Result Certificate



LABORATORY TEST REPORT



Issued to:

ATOZ Diagnostic Centre -Kashipur
Patient Details : Gurdev Singh,male,NA
Ref by: Dr Rajnesh Sharma MD
Sample Drawn by : ATOZ Diagnostic Centre
Date of Analysis: 2008-03-05
Sample Name : SERUM

Report Number : UPP34/0708/HQ333515/0

Sample Drawn on : 2008-03-04

Sample Received on : 2008-03-04

Report Printed on : 2008-03-10

CLINICAL BIOCHEMISTRY

Page 1 of 1

TCode	Test Description	Value Observed	Normal Range	NABL
039	Angiotensin Converting Enzyme (ACE)	58.8 U/L	8 - 52 U/L	

Method : Spectrophotometry;

Note : Assay results should be interpreted only in the context of other laboratory findings and the total clinical status of the patient.

Ganji Venu M.Sc (Biochem)
Manager - Biochemistry

No. CPI- 1307419

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Case History -2

R. No.- 13672, **DOR-** 22-07-2008, **Name-** K M, **Female-** 18 Years, Unmarried, Hindu, **Occupation-** Student, **Built-** Thin, **Income Group-** Poor, **Diagnosis-** Sarcoidosis Stage 2 with Pulmonary manifestations, **Prominent Miasm-** Pseudopsora, **Result-** Cured.

Clinical picture- Low Grade Fever worse morning, constipation, hard dry stool in three days, without urging, Thirst- Normal, Appetite- Good, Urine- Normal, Perspiration- Excessive < nights < sleep during, Mentals- Suspicious, Irritable, loathing of life, Desire- salt, Aversion- sweets, Sleep- Normal, swelling of cervical, inguinal and mesenteric lymph nodes, indurated nodules in skin, general emaciation and weakness.

Past History- Typhoid.

Family History- Father Diabetic, brother tubercular.

Investigations- TFT WNL, ACE (25-07-2008)- 80 (Normal- 08- 65 U/L), Mx- Negative. CT Abdomen and Thorax (13-12-2007)- Multiple enlarged centrally necrotic discrete as well as conglomerate peripherally enhancing nodes in bilateral paraaortic, precaval, peripancreatic, portal region, left prevascular space, left hilar and right paratracheal region with formation of centrally caseating peripherally enhancing lesion in peripancreatic region.

Increased ACE- Negative Mx- CT Findings positive for lymphadenitis = Sarcoidosis

Homoeopathic Treatment-

First prescription- 10-07-2008

Tuberculinum 1m Stat, Ars. iodatum 30 TDS

Second Prescription- 11-08-2008

Condition same. Appetite good with emaciation and Lns. US

Abdomen (22-07-2008)- Peripancreatic, paraaortic with paracaval

Lymphadenopathy. ACE (25-07-2008) 80 (8- 65U/L).

Iodium. 30 TDS

Third Prescription-12-09-2008

Little Better. CST

Fourth Prescription- 09-10-2008

Almost asymptomatic. CST

Fifth Prescription- 11-01-2009

Almost asymptomatic. CST

Sixth Prescription- 29-01-2009

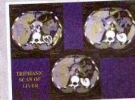
USG- Normal, No Lymph nodes. ACE- 39.51 U/L (Normal Range- 08- 65 U/L). CST.

Result

Complete cure of Sarcoidosis with Homoeopathy.



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MRI & SPIRAL C.T. Center



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 Formerly at:
 SCPG (LUCKNOW)
 PGI (CHANDIGARH)

DR. SIDDHARTH SINGH
 MBBS, D.M.R.E
 Formerly at:
 W.S.G. HOSPITAL (AMBALA)
 S.T.M HOSPITAL (HALLUWANE)

PATIENT NAME : MS Komal
 REF. BY : DR. R.K.SHARMA
 AGE/SEX : 19YRS /M
 DATE : 13/12/07

C.T. SCAN THORAX AND UPPER ABDOMEN (PLAIN & CONTRAST)

Preliminary AP scanogram of the chest and upper was obtained.
 Contiguous axial scans of slice thickness 10mm were taken from the root of the thoracic inlet till the iliac crest with 5 mm slices in area of interest.

MEDIASTINAL WINDOW :

Trachea & the rest of bronchi appears normal.
 Great vessels of the mediastinum appears normal.
 Visualised ribs & dorsal vertebra appear normal.
 Bilateral Costophrenic recesses are clear.
 No evidence of any mediastinal shift.
 Few centimeter size discrete enlarged nodes are seen in left prevascular space, left hilar and right paratacheal region.

LUNG WINDOW:

Bilateral lung fields appear clear.
 No atelectasis or consolidation seen in bilateral lung fields.

UPPER ABDOMEN

Liver: is normal in size, shape and attenuation values. Intrahepatic biliary radicals are normally seen.

STOMACH: wall appears normal in thickness with no evidence of any mass lesion or filling defect.

CBD: shows normal caliber. PV show normal caliber.

Gall bladder: is collapsed

Spleen: is normal in size and shows normal pre- and post-contrast attenuation values.

Pancreas: shows normal CT anatomy. No evidence of calcification or peripancreatic collection

Pto

Not all anomalies may appeared during Scanning so Co-relate with clinical finding and various other investigations.

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Page2

Both the **kidneys** are normal in size, shape and location and show good concentration and prompt excretion of contrast. The pelvis and ureters show normal appearance on both sides.

Aorta and IVC show normal CT appearance.

Multiple enlarged centrally necrotic discrete as well as conglomerate peripherally enhancing nodes are seen in bilateral para-aortic, precaval, peripancreatic and portal region with formation of centrally caseating peripherally enhancing lesion measuring 40x21 mm in peripancreatic region

There is no evidence of any ascities pleural effusion seen.

IMPRESSION: CECT Upper Abdomen And Thorax shows

Multiple enlarged centrally necrotic discrete as well as conglomerate peripherally enhancing nodes in bilateral para-aortic, precaval, peripancreatic, portal region, left prevascular space, left hilar and right paratacheal region with formation of centrally caseating peripherally enhancing lesion in peripancreatic region

These Findings Are Highly Suggestive Of Infective Etiology, Likely Koch's

Adv: Follow Up/Clinicopathological Correlation

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 MD. RADIODIAGNOSIS

DR. SIDDHARTH SINGH
 CONSULTANT RADIOLOGIST

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UKAS QUALITY MANAGEMENT (005)
Dr. Malti Goyal
MBBS, DCP, MD(Path)
Hony Consultant Pathologist

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NAME : MS. KOMAL MISHRA DATE : 25/07/2008/MBD

REF BY : DR. RAJNI SHARMA MD

SAMPLE FROM DEFENCE DIAGNOSTIC CENTRE

TEST : ACE LEVEL (ANGIOTENSIN CONVERTING ENZYME)

PATIENT VALUE : 80.0 U/L

REF VALUE : 8.0 – 65.0 U/L

ACE is a peptidyl dipeptidase that catalyses the conversion of active angiotensin I to the biologically active angiotensin II. ACE is an important enzyme in the Renin-Angiotensin-aldosterone cycle. A number of ACE inhibitors are used in the control of Hypertension. ACE is most frequently measured in patients with suspected cases of Sarcoidosis in which, levels of three times the upper normal limit can be found. Successful subsequent treatment of this condition correlates well to declining ACE levels. Elevated ACE levels are also encountered in a number of other conditions including histoplasmosis, alcoholic cirrhosis, idiopathic pulmonary fibrosis, Hodgkin's disease and hyperthyroidism.

Dr. Ajay Kumar, PhD Technologist Dr. Malti Goyal, MD (Path)

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द्वोणासागर रोड, बाजपुर रोड, काशीपुर 260396

कलेक्शन सेन्टर :- (1) लक्ष्मीपुर पट्टी मोड़, बांसफोड़ान, काशीपुर मो० 9358837878 Dr. Vinod Kumar
Ex. IAF (Path)

(2) डा० रस्तोगी नर्सिंग होम, काशीपुर Dr. S.K. Rana
MBBS-D-Orth,DMRD

(3) जीवन रेखा सी.टी. स्कैन एवं डायग्नोस्टिक सेन्टर, काशीपुर

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DATE : 04. 11. 08
PATIENT : Miss. Komal Mishra
REF. BY : Dr. Rajneesh Sharma BSc BHMS MD DI Hom (London) D Lit
SPECIMEN : Blood Received

HAEMATATOLOGY

TEST	RESULT	UNITS	NORMALS
Hb.	: 11.2	gm%	M-13.5—18/ F-12--16
TLC	: 11,600	/cumm	4,000—10,000
DLC			
NEUTROPHILES	: 79	%	45-----74
LYMPHOCYTES	: 13	%	16-----45
EOSINOPHILS	: 07	%	01-----06
MONOCYTES	: 01	%	02-----10
BASOPHILS	: 00	%	00-----0.5
ESR(wintrobe's method)	: 34	mm fall (1 hour)	M-0—9/ F-0—20
AEC	: 720	Cells/cumm	50-----400

GBP : Red Blood Cells are normocytic, normochromic with a few number of microcytic and hypochromic. The white Cells are moderately raised in number. The platelets are adequate. No haemoparasite or abnormal cells is seen.

Thanks, with regards. (Dr. Vinod Kumar)

समय प्रातः 9 बजे से रात्रि 8 बजे तक रविवार 9 से सायं 5 बजे तक

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1. Normal values vary with lab to lab & method employed.
2. Fixed standards kits are used, results are subjected to them.
3. If test results are unexpected please contact lab for repeating the tests.
4. This is not the final Diagnosis clinical correlation is necessary.
5. The identity of the patient is not certified.
6. Results pertain of the specimen submitted.
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PATIENT : MRS KOMAL MISHRA DATE : 07/11/2008
 REF BY : DR. RAJNEESH SHARMA SEX : FEMALE
 SAMPLE FROM : DEFENCE DIAGNOSTIC CENTRE REF_NO : 1106N45/MBD
 TEST : ACE LEVEL (ANGIOTENSIN CONVERTING ENZYME)
 PATIENT VALUE: 69.82 U/L
 REF VALUE : 8.0 – 65.0 U/L

ACE is a peptidyl dipeptidase that catalyses the conversion of active angiotensin I to the biologically active angiotensin II. ACE is an important enzyme in the Renin-Angiotensin-aldosterone cycle. A number of ACE inhibitors are used in the control of Hypertension. ACE is most frequently measured in patients with suspected cases of Sarcoidosis in which, levels of three times the upper normal limit can be found. Successful subsequent treatment of this condition correlates well to declining ACE levels. Elevated ACE levels are also encountered in a number of other conditions including histoplasmosis, alcoholic cirrhosis, idiopathic pulmonary fibrosis, Hodgkin's

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NAME : MRS. KOMAL DATE : 23/01/2009
 REF BY : DEFENCE DIAGNOSTIC CENTRE REF : 123N184/MBD

REPORT

TEST	VALUE	UNIT	REF_VALUE (ADULTS)
I. ANGIOTENSIN CONVERTING ENZYME (ACE)	39.51	U/L	8 - 65

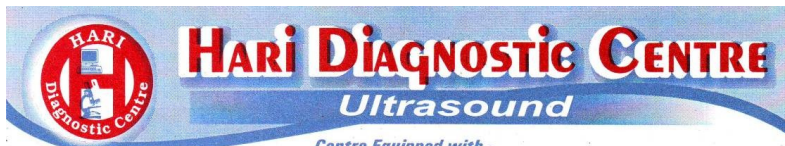
INCREASED LEVELS ARE ASSOCIATED WITH SARCOIDOSIS, ASBESTOSIS, SILICOSIS, LEPROSY AND GAUCHER'S DISEASE.

DECREASED LEVELS ARE REPORTED IN CHRONIC OBSTRUCTIVE LUNG DISEASE, LUNG CANCER, TUBERCULOSIS AND CYSTIC FIBROSIS.

COMMENT : ACE IS A PEPTIDYL DIPEPTIDASE THAT CATALYSES THE CONVERSION OF ACTIVE ANGIOTENSIN I TO THE BIOLOGICALLY ACTIVE ANGIOTENSIN II. ACE IS AN IMPORTANT ENZYME IN THE RENIN - ANGIOTENSIN - ALDOSTERON CYCLE. A NUMBER OF ACE INHIBITORS ARE USED IN THE CONTROL OF HYPERTENSION. ACE IS MOST FREQUENTLY MEASURED IN PATIENT WITH SUSPECTED CASES OF SARCOIDOSIS IN WHICH, LEVELS OF THREE TIMES THE UPPER NORMAL LIMIT CAN BE FOUND. SUCCESSFUL SUBSEQUENT TREATMENT OF THIS CONDITION CORRELATES WELL TO DECLINING ACE LEVELS. ELEVATED ACE LEVELS ARE ALSO ENCOUNTERED IN A NUMBER OF OTHER CONDITIONS INCLUDING HISTOPLASMOSIS, ALCOHOLIC CIRRHOSIS, IDIOPATHIC PULMONARY FIBROSIS, HODKIN'S DISEASE AND HYPERTHYROIDISM.

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Dr. S.K. Rana
 M.B.B.S; D. Orth. D.M.R.D
 Orthopaedician & Radiologist

Dr. R. Kumar
 M.B.B.S.
 Sonologist

USG WHOLE ABDOMEN(F)

Patient Name- Miss Komal Mishra A/S- 18 /F
 RF by- Dr. Rajneesh Kumar Sharma Date-27/01/09
 Bsc B.H.M.S.MD.DI.Hom (London)

LIVER: Normal in size & echotexture, IHBR not dilated, no focal lesion seen.

GALL BLADDER: Well distended, wall thickness normal. No echogenic focus seen in the lumen.

C.B.D.- Normal in size (5mm)

PANCREAS: Normal in size & echotexture, PD not dilated.

SPLEEN: Normal in size(97 mm) & echotexture, no focal lesion seen.

BOTH KIDNEY: Both kidney are normal in size & echotexture .CMD(Corticomedullary Differentiation) maintained .No hydronephrosis or calculus seen.Right kidney measured (92mm x 39 mm),Left kidney measured(87mm x 44mm)

URINARY BLADDER: Well distended with urine, wall thickness normal, no calculus or mass lesion seen.

UTERUS : Normal in size , shape & echotexture . It measured 45x 69 x 25 mm.No focal lesion seen .Endometrial echocomplex is normal.

ADNEXAE: Both ovaries are normal in shape , volume & echotexture. No free fluid seen in POD. RO measured(35 mmx 18 mm),LO measured(31mm x 18mm)

REMARKS: No ascites , retroperitoneal lymphadenopathy seen .

IMPRESSION: NORMAL SCAN.

**KINDLY CORELATE CLINICALLY.
 THANKS FOR THE REFERRAL.DOCTOR**


RADIOLOGIST



4, Yash Complex Near Old Railway Crossing Maninagar East Ahmedabad - 380 008
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 Mobile : 09319908160, 09528386489, 09824022734



Dr. Tandon. R.K.
 M.B.B.S. DCP (Ex.C.M.O.)
 (Chief Pathologist)
Dr. Mona S. Dutt
 M.D. Path. & Bact.
Dr. S. Bhattacharya
 M.B.B.S. (Hons., K.G.M.C.)
 (Chief Marketing Incharge)

Patient's Name : KOMAL
Ref By: DR. RAJNEESH SHARMA
Ref. No: VAISHNAVI HEALTH CARE - BAREILLY

Sex/Age: Female/ 19
Endo No: 20091201720
Date : 04-Dec-2009

ANGIOTENSIN CONVERTING ENZYME

TEST	RESULT	NORMAL
ACE - serum	22.1 U/L	8 - 50 U/L

COMMENTS :

Sarcoidosis can cause a multifocal or diffuse neuropathy. Sarcoidosis is helpful in the evaluation and diagnosis of patients with neuropathy. High ACE levels may also be observed in Gaucher disease, alcoholic cirrhosis, renovascular hyperension and in patients receiving diuretic therapy.

This is an email generated report. If any discrepancy found should be confirmed by the user

Dr. Tandon. R.K.

Dr. Mona S. Dutt

1- The Sole Liability Above Test Performed Lies On The Company Performing The Test And Not On The Company Marketing 2- All Tests Done By Endocrine Laboratory Ahmedabad 3- This Report Is Not Valid For Medicolegal Purposes 4- Note - The Above Results Are Subject To Variations Due To Technical Limitation Hence Correlation With Clinical Finding And Other Investigations Should Be Done

Case history 3

R. No.- 14136, **DOR-** 22-06-2009, **Name-** S P, **Female-** 56 Years, Married, Hindu, **Occupation-** House wife, **Built-** Obese, **Income Group-** Middle class, **Diagnosis-** Sarcoidosis with uveitis, arthritis with pulmonary manifestations, **Prominent Miasm-** Sycosis, **Result-** Cured.

Clinical picture-

Complaints started with uveitis 10 years ago. Tinnitus, ringing in ears < nights, dry eyes, Burning pains with numbness with varicose veins in both lower limbs. HTN. Extremely sensitive temperament. Loose stools twice or thrice a day for two years. Hot patient.

Past History-

Rheumatic fever at 12 years of age.

Family History-

Not marked.

Investigations-

PFT – moderately restricted pattern. ACE- 107.3 (27-05-2009). Chest x ray- (13-09-2008) Normal. CT thorax- 25-08-2005- mediastinal and hilar lympharenopathy. BP- 150/90. SPO2- 99%. TLC- 12650, ESR- 30.

Homoeopathic Treatment-

First prescription- 22-09-2009

Pulsatilla 200 Stat, SL TDS

Second Prescription- 09-10-2009

Pains better. Cough and eye complaints <. Beryllium met 30 TDS

Third Prescription- 05-02-2010

Much Better. Almost asymptomatic. ACE Normal.

ACE- 20-01-2010 ---- 19 U/L (Normal Range- 08- 65 U/L). CST.

Result

Complete cure of Sarcoidosis with Homoeopathy.



DR. K. RANGANATH
Consultant Radiologist

RAGAVS

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Bangalore - 560 011. Ph. : 26534594 / 95 • E.mail : ragavs@vsnl.net

PATIENT NAME	MRS.SEETHA PRASAD	DATE	25/08/2005
AGE	52 YRS	SEX	FEMALE
REFERRED BY	DR.MURALIMOHAN		
INVESTIGATION	CT HIGH RESOLUTION THORAX		

REPORT

A Preliminary A.P. scanogram of the Thorax was first made. Serial axial scans were then performed from the Thoracic inlet down to the low diaphragmatic levels, employing high resolution mode. I.V. Contrast was administered using Iohexol (300 mg/ml).

MEDIASTINUM: The Trachea is normal in location, orientation, caliber and cross sectional configuration and wall thickness down to the Carina. The Carina and major Bronchi are apparently normal. The Thoracic Oesophagus is normally oriented. The Cardia, the Pericardium, Pericardial fat, the terminal I.V.C., the Ascending, Arch and the Descending Thoracic Aorta, the Pulmonary outflow tract including the right and left main Pulmonary arteries, the major arteries arising from the Arch of Aorta, the right and left Brachiocephalic veins, the Superior Vena Cava and the Azygos Arch all appear to be normal. Multiple variable sized relatively poorly enhancing soft tissue lobulations are noted across the right Para-tracheal, Pretracheal, Pretracheal-retrocaval regions, probably across the Subcarinal and Hilar regions also - Lymphadenopathy

LUNGS AND PLEURAE: The Lungs and Pleurae bilaterally appear normal.

The Chest wall and Upper Abdomen appears normal.

IMPRESSION: MEDIASTINAL AND HILAR LYMPHADENOPATHY.

DR.K.RANGANATH.

*NOTE: REPORTS WILL NOT BE STORED.



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Bangalore - 560 011. Ph. : 26534594 / 95 • E.mail : ragavs@vsnl.net

LABORATORY REPORT

Page 1 of 1

Patient ID : 320337 Age : 55 yrs Sex : F
Patient Name : MRS.SEETHA PRASAD Bill Date : 27-May-09
Referring Dr : MURALI MOHAN (NARAYAN HRUDAYALYA) Report Date : 29-May-09

Test Description	Observed Value	Reference Range
------------------	----------------	-----------------

BIOCHEMISTRY

ACE (Angiotensin Converting Enzyme)	107.3	8 - 52 U/L
-------------------------------------	-------	------------

Dr. C. SHIVARAMAIAH M.D.
PATHOLOGIST

Dr. SHEELA M.D.
PATHOLOGIST

Dr. ASHOK S. NAIK M.D.
MICROBIOLOGIST

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LABORATORY REPORT

Page 1 of 1

Patient ID : 390561 Age : 56 yrs Sex : F
 Patient Name : MRS. SEETHA PRASAD Bill Date : 20-01-10 12:56
 Referring Dr : MURALI MOHAN (NARAYAN HRUDAYALYA) Report Date : 21-01-10 20:17

Test Description	Observed Value	Reference Range
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BIOCHEMISTRY

ACE (Angiotensin Converting Enzyme)	19.0	8 - 52 U/L
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----- END OF REPORT -----

Dr. C. SHIVARAMAIAH M.D
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 Patient Name : Seetha Prasad
 Address : No.1113/E/66, 1st G Main
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 Girinagar
 Bangalore, Karnataka, India 5600085
 Age / Gender : 56 Years, 10 Months / Female
 Consultant : Dr. MURALI MOHAN

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