Sarcoidosis Cured with Homoepathy

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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.



RAGAVS

Report Date: 29-May-09

Diagnostic & Research Centre Pvt Ltd

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Page 1 of 1 LABORATORY REPORT Age: 55 yrs Sex: F atient ID : 320337 Bill Date : 27-May-09 Patient Name: MRS.SEETHA PRASAD

Test Description Observed Value Reference Range

BIOCHEMISTRY

Dr. SHEELA M.D.

ACE (Angiotensin Converting Enzyme)

Dr. O. SHIVARAMAIAH M.D

Nav

Referring Dr : MURALI MOHAN (NARAYAN HRUDAYALYA)

107.3

8 - 52 U/L



DR. K. RANGANATH

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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 lohexol (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 Bronch are apparently normal. The Thoracic Desophagus is normally oriented. The Carisia, the Pericardium, Pericardial fat, the terminal I.V.C., the Ascending, Arch and the Decending Thoracic Oats, the Pulmonary outflow tract including the right and left main Pulmonary enteries, the major arteries arising from the Arch of Aorta, the right and left Brachecosphalic 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-Pertr

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

The Chest wall and Upper Abdomen appears normal.

MEDIASTINAL AND HILAR LYMPHADENOPATHY.

DR.K.RANGANATH.

*NOTE: REPORTS WILL NOT BE STORED



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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 Bill Date : 20-01-10 12:56 Report Date : 21-01-10 20:17 Patient Name: MRS.SEETHA PRASAD

Test Description Observed Value Reference Range

BIOCHEMISTRY ACE (Angiotensin Converting Enzyme)

Referring Dr : MURALI MOHAN (NARAYAN HRUDAYALYA)

19.0 8 - 52 U/L

Dr. C. SHIVARAMAIAH M.D. PATHOLOGIST

Dr. SHEELA M.D. PATHOLOGIST

Dr. ASHOK S. NAIK M.D. MICROBIOLOGIST

