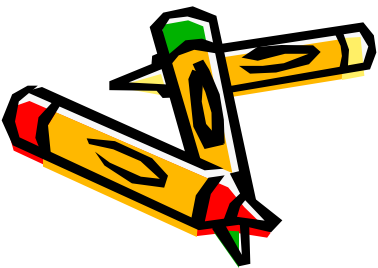


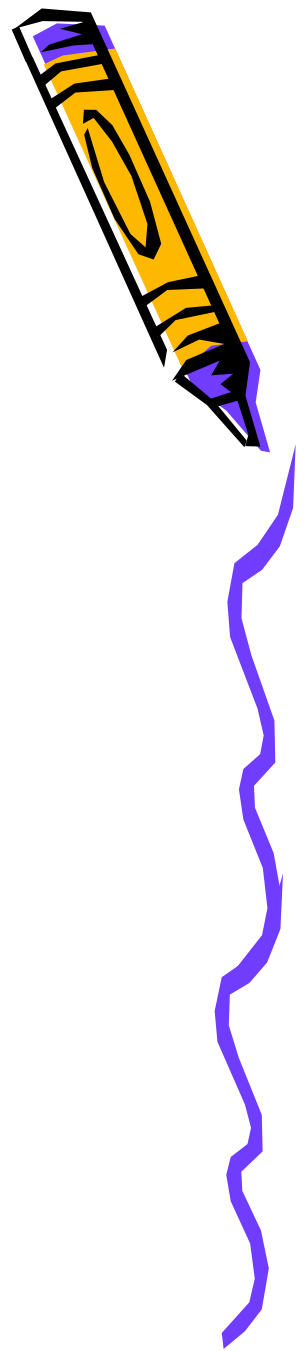
*welcome*



**CASE PRESENTATION :**



➤ **NAME** : Mr. Venkappa Shetty  
➤ **AGE** : 68 yrs  
➤ **SEX** : Male  
➤ **RELIGION** : Hindu  
➤ **MARITAL STATUS** : Married  
➤ **ADD** : Kundapur  
➤ **OCUPATION** : Shopkeeper  
➤ **EDUCATIONAL STATUS** : 10<sup>th</sup> std  
➤ **I.P.NO** : 48501  
➤ **BED NO** : 202  
➤ **D. O. A** : 08/06/08  
➤ **D. O. D**



# **CHIEF COMPLAINTS :**

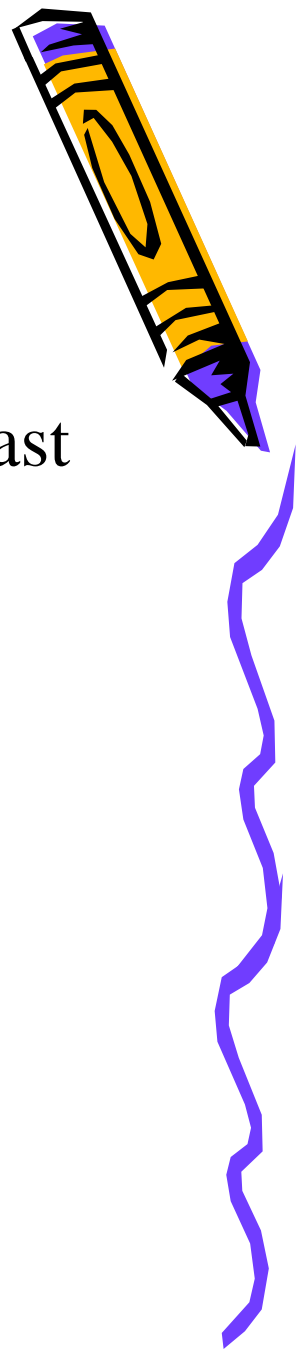
Loss of strength in both Lower limbs since last  
24 days

Loss of sensation in both Lower limbs since last  
24 days



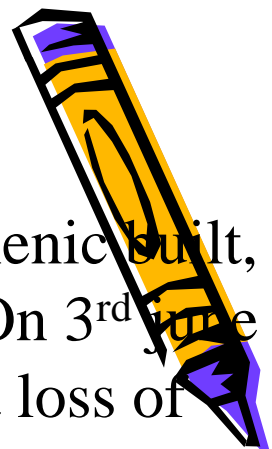
# ASSOCIATE COMPLAINTS :

Difficulty in micturation and defaecation since last  
24 days



## HISTORY OF PRESENT ILLNESS :

A 68 yrs old male, moderately nourished, normosthenic built, K/c/o HTN & DM ,was apparantly normal 24 days back. On 3<sup>rd</sup> june 08 in the night around 10 pm after supper suddenly he felt loss of power in both the legs after a jerk of pulling type of pain which radiated from lowback region. Next day early the morning he consulted a local physician at Kundapur who found retension of urine as well as loss of sensation in both the legs. So the physician has passed Foley's cathetor and retended urine has been taken out. He refered the case to A.J.Hospital, M'lore. Patient got admitted. There even after 4 days he has not passed bowel so it was manually evacuated as well as enema was been given. Got discharged on request, as not found any improvement in his condition on 8<sup>th</sup> june 08 & on same day got admitted in our hospital.



## HISTORY OF PAST ILLNESS :



K/C/O – HTN for the last 12 yrs on regular medication. Presently on Tab.Losar H ½ OD

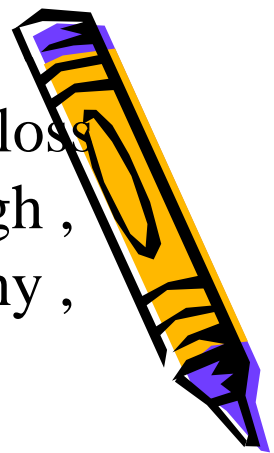
- DM for he last 11 yrs on regular medication.Presently On Tab.Azulix 2 MF 1 OD ,  
Inj.Human Mixtard 20IU s/c BD



No Hx/o – Fever ,Pain in spine, hesistancy of micturation, loss of bowel control, convulsions,haematuria , malena , cough , evening rise of temperature ,weight loss,lymphadenopathy , headache / Vomitting / aphasia / etc

No Hx/o – Trauma / Fall / Alcoholism / Drugs like  
INH,Vincristen consumption / exposure to  
chemicals & toxins/ Vaccination etc

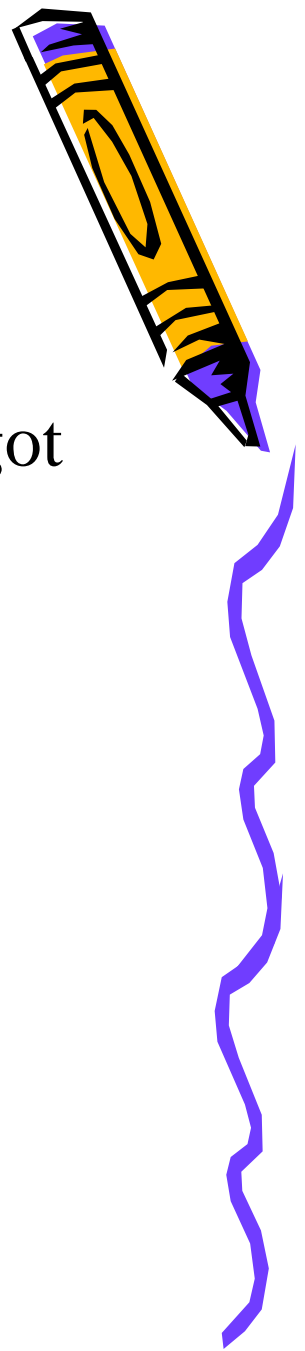
Not a K/c/o – CVA/TB/ Malaria / COPD/CAD/ Hepatitis B  
/Epilepsy/RVD/ STD/ Spine disorders/  
Multiple sclerosis/ Any Tumor etc





## FAMILY HISTORY :

- Family members - wife and a daughter, who got married. All are said to be healthy.
- No Hx/o – HTN / DM / Paraplegia / TB



# TRETMENT HISTORY :

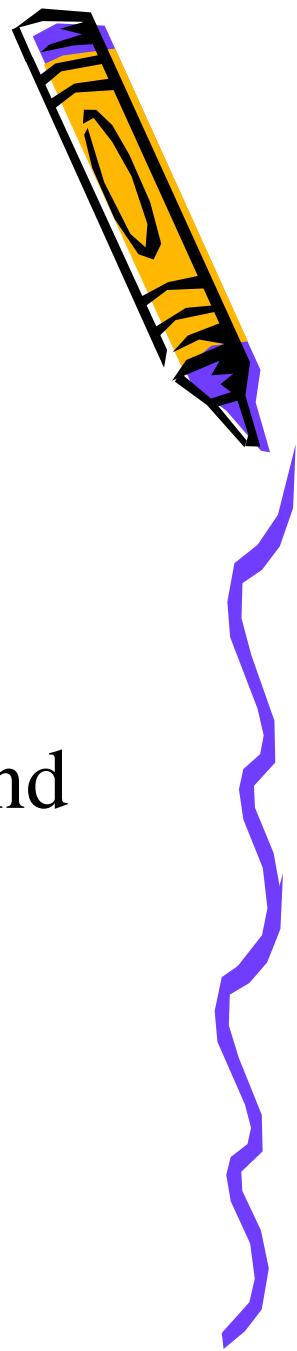


- Inj. Methylpred 1gm/day X 3 days
- Tab. Preva 75 mg 1- 0 - 0
- Tab. Wysolone 20 mg 1-0-1 X 7 days
- 1 -0 – 0 X 7 days
- ½ -0 – 0 X 7days
- Tab. Pantop 40 mg 1 -0-0 BF X 21 Days
- Tab. Preva 75 mg 0-1-0 X 1 Mth
- Inj. Wosolin R 26 – 26 – 26 IU sc



## PERSONAL HISTORY :

- Appetite – Good
- Bowel - Regular
- Urine - on catheter
- Sleep - Disturbed
- No H/o alcohol consumption, tobacco and smoking etc



# GENERAL EXAMINATION :

- Appearance -- Ill look
- Level of Consciousness -- Alert , oriented
- Decubitus -- supine position
- Orientation -- well oriented
- Built -- normosthenic
- Nourishment -- moderate
- Pallor -- Absent
- Cyanosis -- Absent
- Lymph nodes – not palpable
- Nail -- NAD
- Eye -- NAD
- Skin -- NAD
- Tongue -- not coated
- Oedema -- absent



## VITAL SIGNS :

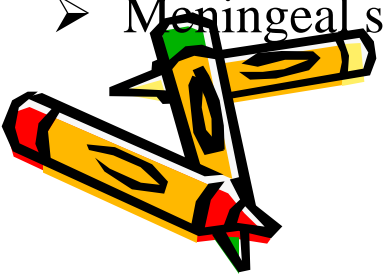
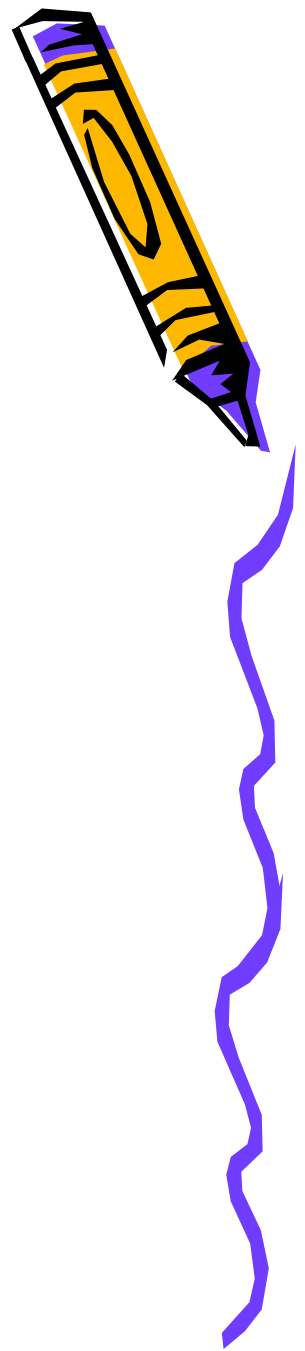
- Temp -- 98.4 F
- Pulse -- rate -- 76/min  
rhythm -- regular  
volume -- bounded pulse
- Respiratory rate – 14/min
- B.P. - 110/80 mm of Hg

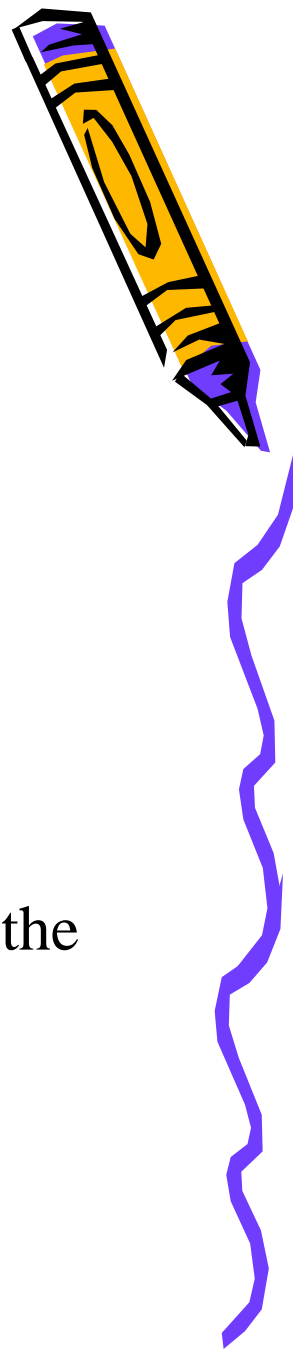


# SYSTEMIC EXAMINATION :

## ➤ CNS -

- HMF – Intact
- Cranial nerve Examination – NAD
- Motor nerve Examination
  - Bulk of the muscle – Equal on both side
  - Tone of the muscle – Hypotonic
  - Power of muscle -- Rt UL-5/5, Lt UL-5/5  
Rt LL-1/5, Lt LL-1/5
- Involuntary movements -- absent
- Reflexes
  - Abdominal reflexe - absent
  - Plantar reflexes- absent
  - Deep tendon reflexes- absent
- Cerebellar sign – not ellucited
- Meningeal sign – Negative





➤ Sensory examination–

Both upper limbs are normal

Both lower limbs – superficial – slightly affected

Deep – intact

\* - as per pt words on incidence there was no sensation below umbilicus & in both the lower limbs.now after the treatment he has regained it.



# LOCOMOTOR SYSTEM :

- Gait -- Not elicited
- Tenderness -- Absent .
- Redness -- Absent .
- Swelling -- Absent .
- Temperature-- Absent .
- Creptations -- Absent .
- Deformity -- Absent .
- Movements -- Affected .





# CVS :

## ➤ Inspection :

- No visible pericardial bulge .
- No scar formation and dilated veins .

## ➤ Palpation :

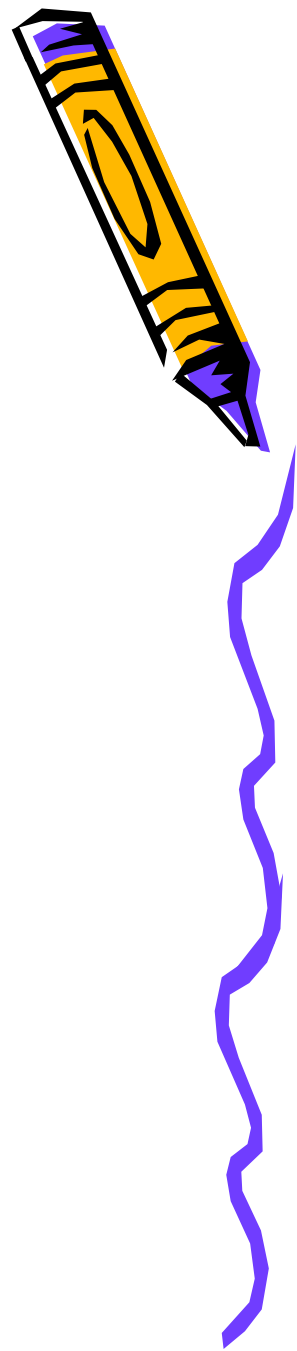
- Apex beat is located in the fifth intercoastal space .

## ➤ Percussion :

- Normal cardiac dullness found .

## ➤ Auscultation :

- S1,S2 are heard normal. No added sounds .



# RESPIRATORY SYSTEM :

## ➤ Inspection :

- Shape -- Bilaterally symmetrical .
- Movement -- Symmetrical
- Intercostalspace -- Equal .
- Type of Respiration -- abdominothorasic .

## ➤ Palpation :

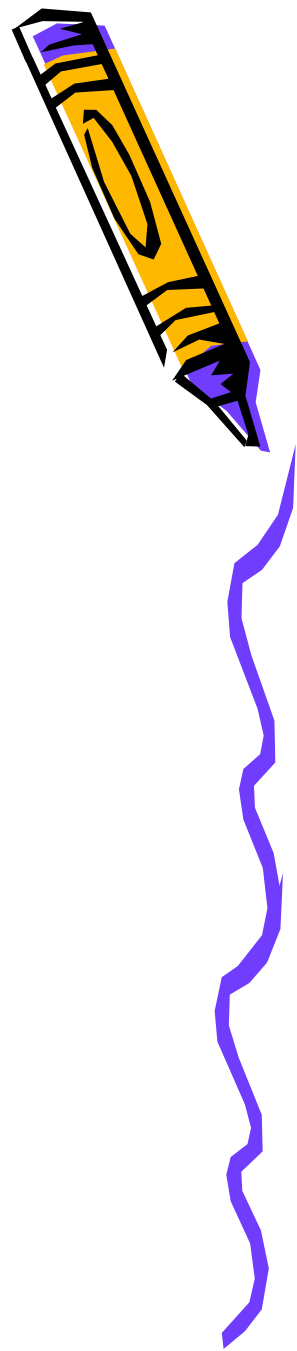
- Vocal Fremitus -- equal on both sides .

## ➤ Percussion :

- Resonant sound heard .

## ➤ Auscultation :

- Normal vesicular breath sounds heard .
- no added sounds .



## P/A :

### ➤ Inspection :

- Shape of abdomen -- Scaphoid shaped .
- No Visible Linear scars .
- No dilated Veins .

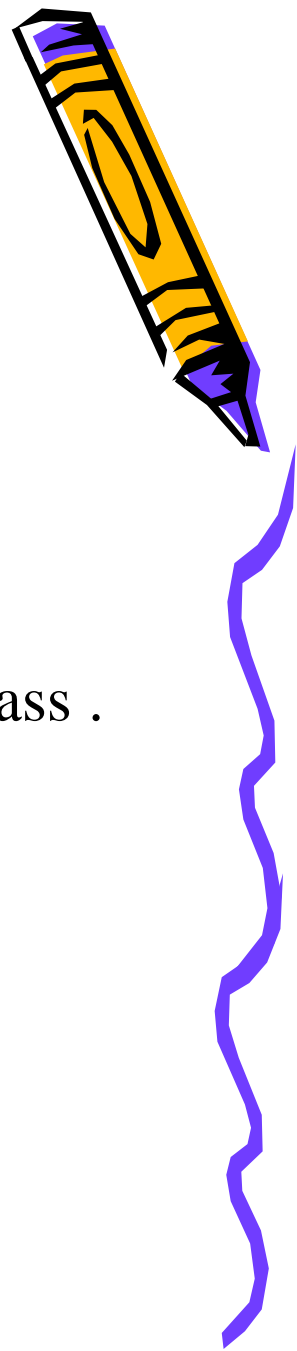
### ➤ Palpation :

- Deep palpation -- no organomegaly , no palpable mass .
- Superficial palpation – no tenderness.
- posteriorly -- no renal angle tenderness .

### ➤ Percussion : nothing specific

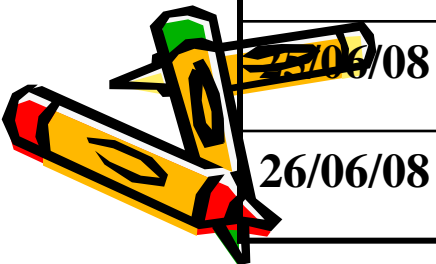
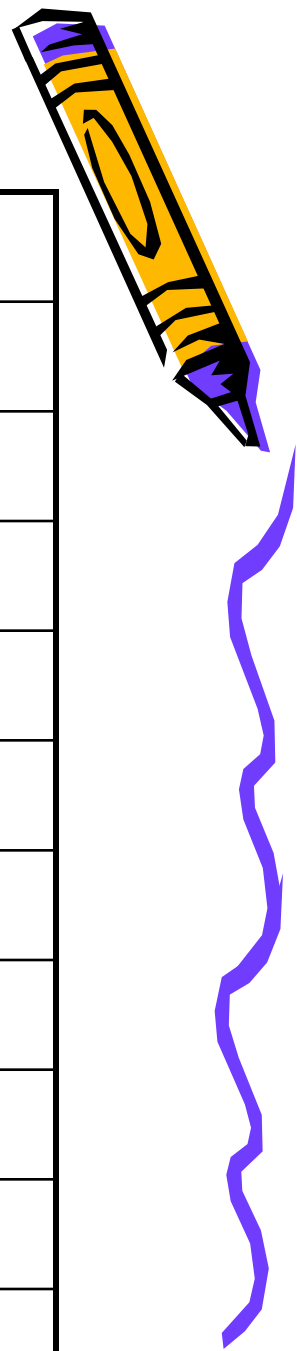
### ➤ Auscultation :

- Normal peristaltic sounds heard over the abdomen .



# INVESTIGATION :

<b>Date</b>	<b>FBS mg/dl</b>	<b>PPBS mg/dl</b>
<b>05/06/08</b>	<b>267</b>	<b>396</b>
<b>07/06/08</b>	<b>-</b>	<b>325</b>
<b>09/06/08</b>	<b>255</b>	<b>397</b>
<b>10/06/08</b>	<b>175</b>	<b>-</b>
<b>11 /06/08</b>	<b>289</b>	<b>-</b>
<b>13/06/08</b>	<b>190</b>	<b>-</b>
<b>16/06/08</b>	<b>91</b>	<b>-</b>
<b>19/06/08</b>	<b>190</b>	<b>222</b>
<b>22/06/08</b>	<b>66</b>	<b>214</b>
<b>26/06/08</b>	<b>-</b>	<b>125</b>



- 4/06/08 –
- Hb – 12 mg/dl
- TC – 7200 cells cu/mm
- DC \_- N – 68 %
- L – 25%
- E – 5%
- M – 2%
- B – 0 %
- ESR – 26 mm/hr
- HIV – Non Reactive
- HBsAg - Non Reactive
- VDRL - Non Reactive

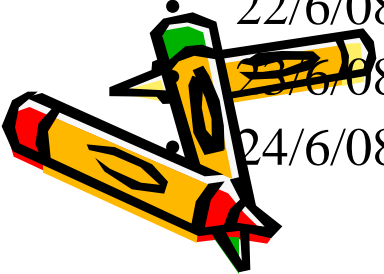


## MRI of Dorsal spine – 4/06/08

- - Altered signal intensity in the cord from T9 – T12 level
- - morphology suggest the possibility of spinal cord infraction / myelitis
  
- USG (abd) –
- B/L grade I renal parenchymal changes
- Grade I prostomegaly



• Date	Input	Output
• 8/6/08	1150	1500
• 9/6/08	1700	2500
• 10/6/08	1800	2300
• 11/6/08	1150	2200
• 12/6/08	2300	2300
• 13/6/08	2250	4100
• 14/6/08	1900	2500
• 15/6/08	2100	3300
• 16/6/08	2300	4600
• 17/6/08	2550	5000
• 18/6/08	2450	4800
• 19/6/08	3550	5200
• 20/6/08	2000	3400
• 21/6/08	2100	3200
• 22/6/08	2350	2350
• 23/6/08	2000	3650
• 24/6/08	stop	



- Serum Na + - 129 meq/ dl - 5/06/08
- Urine – 17//06/08
- Albumine – Trace
- Sugar – Nil
- Microscopic -
- Epithelial – 1- 2 / hpf
- Pus Cells – 15 – 20 / hpf
- RBC – 0 – 1 / hpf
- Cast - Nil
- Crystal - Nil
- Any Other – Nil



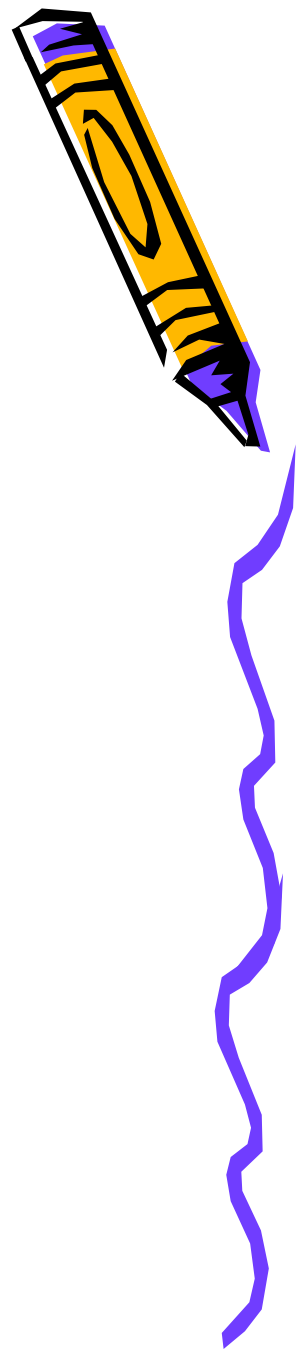


## **DIFFERENTIAL DIGNOSIS :**

Acute Transverse myelitis

Multiple Sclerosis

Guillain Barre Syndrome



# NIDANA :

Could not find any specific Nidanas



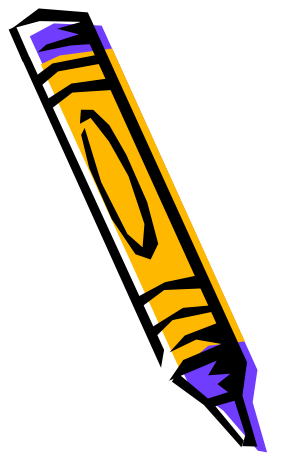
# POORVA ROOP :

- Avyakta



## ROOP :

Karma kshaya and supti in the lower limbs



# SAMPRAPTI :



देहे स्रोतांसि रिक्तानि पूरयित्वाऽनिलो बली ॥  
करोति विविधान् व्याधीन् सर्वाङ्गैकाङ्गासंज्ञितान् ॥  
- च.चि.२८/१५



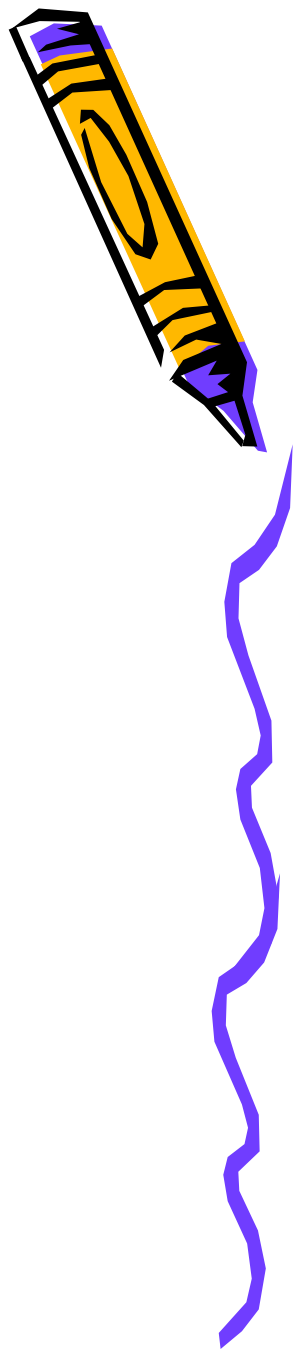
# संप्राप्ती घटक

दोष :	प्रधान- वात. अनुबंधी- कफ.
दूष्य :	धातु- रस, रक्त, मांस, मेद उपधातु- सिरा, कण्डरा
स्रोतस्:	चैष्टावह , रसवह, मांसवह, मेदवह
स्त्रोतोदुष्टी :	संग,
उ°वस्थान :	पक्वाशय
सञ्चारस्थान :	सर्वशरीर
व्यक्तस्थान :	अधःकाय
रोग मार्ग;	बाह्य , मध्यम
साध्यासाध्यता;	साध्य



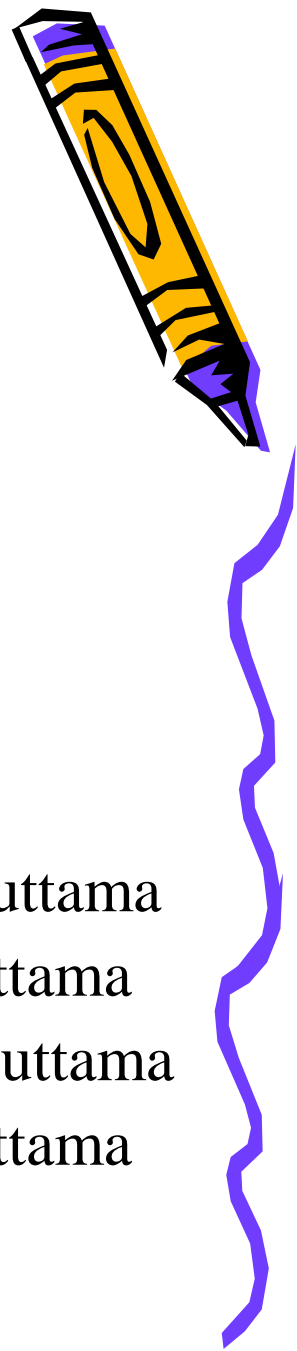
# ASHTA STHANA PAREEKSHA :

- NADI : Vata pittaja
- MALA : Prakruta
- MUTRA : Prakruta
- JIHWA : niram
- SHABDA : Prakruta
- SPARSH : Urdhvakaya – Prakruta  
Adhakaya - Vikruta
- DRIK : Prakruta
- AAKRUTI : Madhyama



## DASHAVIDHA PARIKSHA :

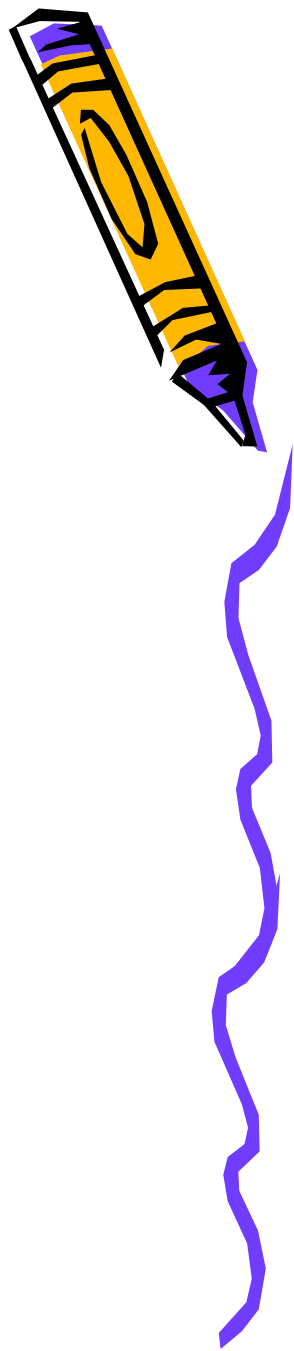
- PRAKRUTI : Vata pitta
- VIKRUTI : Vata kapha
- SARA : Madhyama
- SAMHANANA : Madhyama
- PRAMANA : madhyam
- SATMYA : madhyam
- SATWA : madhyam
- AAHAR SHAKTI : Abhyavarana shakti- purvakalina-uttama  
Adhyatana-uttama  
Jarana shakti - purvakalina-uttama  
Adhyatana-uttama
- KATAM SHAKTI : Avara
- VAYASHTHA PARIKSHA : Vrudha





# VYADHI VYAVACHEDA :

- Sarvanga vata
- Adharanga Vata
- Pakshaghata
- Pangu
- Kukundara Marmabhighata
- Kaphavruta vyana vata



## FINAL DIAGNOSIS :

- Adharanga Vata / Prameha
- ATM / DM / HTN



## TREATMENT GIVEN :

1.Tab. Preva 0 – 1 – 0

2.Tab. Omnacortil 20 1 – 0 – 1 - 7 days

1 – 0 – 0 - 7 days

½ - 0 – 0 - 7 days

3.Tab. Azulix 2 MF 1 - 0- 0

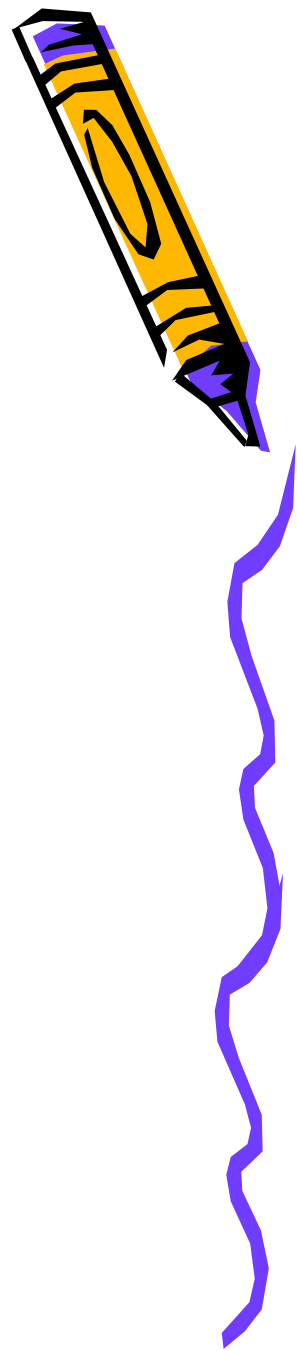
4.Tab.Panto 40 mg 1 – 0 – 0

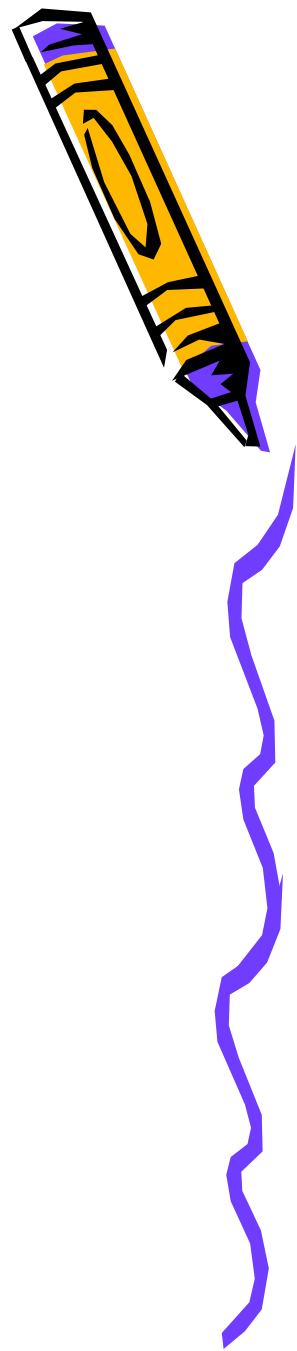
5.Tab. Losar H ½ - 0 – 0

6.Tab.Chandraprabha Vati 1 – 1 – 1

7.Tab.Ekangveer Rasa 1- 1 – 1

8.Avipattikar Choorna ½ tsp HS



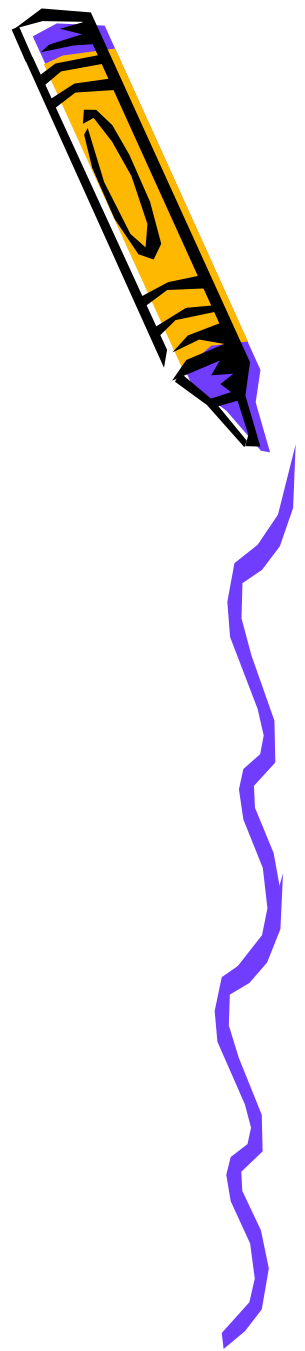


9. Tab. Bhruhatvatachintamani with gold 1 – 0 – 1
10. Alepa E/A
11. Tab. Shiva Gutika 1 – 0 – 0
12. Shilajatu Loha Rasayana
13. Padaveshtana with Sahacharadi Taila
14. Gandhrvahastadi Taila 20 ml sos



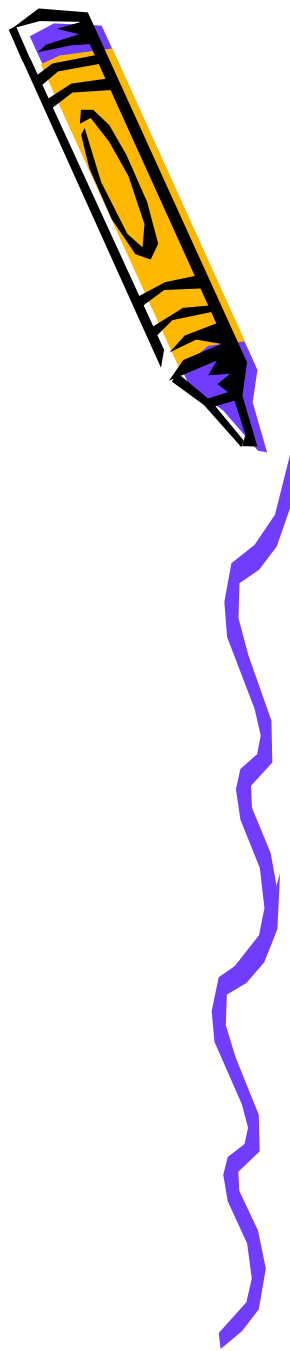
# PATHYA

- Yava
- Godhum
- Shali
- Jangal rasa
- Dugadha
- Narikela
- Rasona
- Dalma etc



# APATHYA

- Aayas
- Ratrijagarana
- Rukshanna sevana
- Maithun
- Adhva



THANKS

