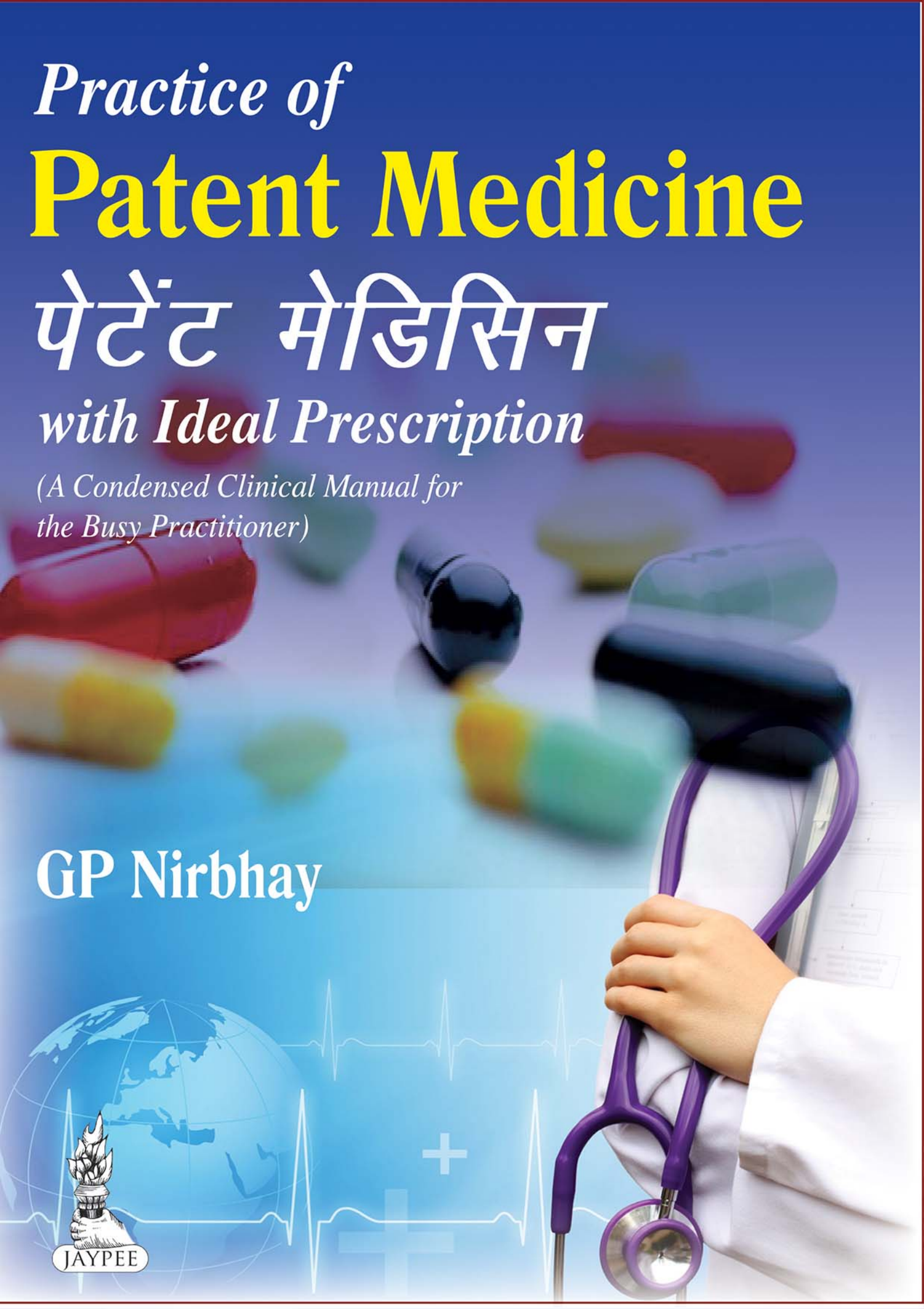
Practice of
Patent Medicine
पेटेंट मेडिसिन
with Ideal Prescription

(A Condensed Clinical Manual for the Busy Practitioner)



GP Nirbhay

JAYPEE

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52 Pertussis

P - • Peculiar paroxysmal cough.
• Paroxysmal cough is caused from irritation of the pneumogastric nerve.
• Prevented by immunization of infants beginning at 3 months of age.
• Prevails mostly in the winter months.

E - • Ending in prolonged high-pitched inspiratory whoop or crow.
• Essentially a disease of childhood.

R - • Rise of temperature at the onset.

T - • Transmission is by direct contact and patients are contagious for 3 weeks.
• Treatment is symptomatic and supportive.
• Treat the infection and control the paroxysms of cough.

U - • Usual course—acute, but protracted (lasts 4-12 weeks after catarrhal period).
• Usually affects pre-school children.

S - Spasmodic attacks of coughing.

S - • Signs of this disease include elevated white blood count with marked lymphocytosis.
• Specific cause is the bacillus, *Bordetella pertussis*.

I - • It occurs in both epidemic and endemic forms.
• It is an acute infectious disease affecting the respiratory tract.
• Incubation period varies between 7-21 days.

S - • Stages of the disease are recognized:
a. Catarrhal b. Paroxysmal, and c. Decline.
• Synonyms—Whooping cough.
• Specific cause of whooping cough is a bacillus discovered by Bordet and Gengou in 1906, and found in the sputum.
• Spread by droplets.

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PERTUSSIS

Definition

Pertussis, or whooping cough is a specific, highly communicable acute respiratory infectious disease of the children caused by *B. pertussis* and characterized by spasmodic coughing attacks ending in a so called whoop or crow.

Synonyms

Pertussis, whooping cough.

Etiology

1. Pertussis disease infection is caused by Gram-negative bacillus, *Bordetella pertussis,* affecting the respitatory tract.
2. Transmission of disease pertussis is by droplets infection.
3. It is essentially a disease of childhood, mostly under the age of 5 years.
4. It prevails most in the colder months.
5. It has been occasionally observed in newly born infants and is more common in girls than in boys.

Incubation Period

Average 7 to 14 days, maximum—3 weeks.

Clinical Features

1. Paroxysms of cough.
2. Staccato cough.
3. Rise of temperature at the onset.
4. Mild coryza.
5. Spasmodic attacks of coughing.
6. Accompanied by an inspiratory whoop or crow.
7. Anorexia.
8. Apnea, episodic.
9. Post-tussive inspiratory gasp.
10. Post-tussive emesis.

Stages

Pertussis disease is often divided into the three stages:

1. **Catarrhal stage:** Common cold, slight elevation of fever, sneezing, dry cough, irritability and loss of appetite.
2. **Paroxysmal stage:**
   a. Begins with the first “whoop” and lasts from 2 to 4 weeks.
   b. Whoop is produced by a deep inspiratory breath taken in rapidly, air passing suddenly over the vocal cords.

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c. During cough, face becomes blue, eyes injected and veins distended.
d. Cough is precipitated by eating, drinking or pressing on the trachea and may be followed by vomiting.

3. **Decline stage:**
   a. Begins after an indefinite period of several weeks.
   b. Cough loses its paroxysmal character and becomes loose.
   c. Other symptoms subside and the stage lasts several weeks.

Causative Organisms

1. Gram-negative bacillus *Bordetella pertussis*, spread by droplets.
2. It occurs at all ages, approximately 90% of cases are in children under 5 years of age.

Diagnosis

1. It can be difficult in the catarrhal stage.
2. It is easy in the paroxysmal stage when "whoop" has developed.

Complications

Bronchitis, pneumonia, emphysema, cerebral anorexia, subconjunctival hemorrhages.

Investigations

Confirmed by culture of nasal swabs and serological examination.

Prognosis

It is usually good.

Management

1. Prevent by active immunization.
2. Adequate hydration and nutrition must be maintained.
3. Protect child from colds.
4. Give good nutritious food.
5. If child vomits repeatedly—Nutritious liquid diet.
6. Bed-rest in a well-ventilated room.

Treatment

Allopathic Patent Medicine

1. Depiline—100 mg/kg/day in 4 divided doses for 10 days.

OR

Retorin—125 mg thrice daily 12 days.

OR

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Vicon—250 mg once a day.

OR

Celex—250 mg twice daily.

Note: Above medicines are used only prophylactically.

2. Tixylix syrup or Corex or Phensedyl Linctus 4 times a day.

Ayurvedic Patent Medicine

Kasamrit syrup—3 times a day.

Homeopathic Patent Medicine

Pertussis complex (No. 51), or Drosera complex (No. 13) of Haslab—1 tab 4 times a day.

Biochemic Patent Medicine

Bioplex No. 6-2 tab 2 hourly.

Electrohomeo Medicine

1. S^{10} – 5 pills
   C^{13} – 5 pills
   P^{3} – 5 pills
   Ver^{1} – 5 pills
   } 2 hourly.
2. WE + BE–5 drops 3 times a day.
3. WE–1 cc daily.
4. S. Lass - 10 pills at bed-time with warm water.

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dkyh [kklh (PERTUSSIS)

ifjp; (Definition)

;g 2 l 5 o'k d cPpk e gku okyk ,d d'V nk;d Nrgk ¼lØked½ jkx g] tk nkj d :i e g-g djd [kklh d lkFk ikjEHk gkrk gA

i;k; (Synonyms)

1- fgUnh—dDdj [kklhA
2- lLÑr—okfrd [kklhA
3- mn—dkyh [kklhA
4- vjch—"kgdA
5- vxth—Pertussis, whooping cough·

dkj.k (Etiology)

1- ok; i.kkfy;k e lkUn dQ dk fpiV tkukA
2- *Bacillus pertussis* uked thok.k d lØe.k d ifj.kke Lo:iA
3- lkekU; [kklh d fpfdRlk e vlko/kkuh cjruk rFkk mle mino gkukA
4- vU;kU; vkilfxd jkx dh rjg ;g jkx lØfer gkrk gA
5- bldk lØe.k droplet infection d }kjk ifo'V gkrk gA

y{k.k (Symptoms)

1- **Catarrhal stage:** ble loiFke Toj gkrk g] cyxe fudyrk g] Toj 100°F rd gkrk g] l[kh [kklh gkrh g] bl idkj nk llrkg rd pyu d ckn Toj "kkUr gk tkrk gA
2- **Paroxysmal stage:** l[kh [kklh rho ox d lkFk 2-2 feuV ij vkrh gA nkj d io ljljkgV d lkFk [kklh vkuk] vf/kd [kklu d dkj.k jkxh dk otu de] detkjh] pgjk uhyk ;k yky] ilhuk vkuk] pgj ij ltu] "kjhj dh if"k;k rFkk ul ru tkrh gA
3- **Convalescent stage:** vU; voLFkk dh vi{kk [kklh d nkj dk vUrj c< tkuk rFkk cgk"kh yku okyh [kklh gkrh gA

funku (Diagnosis)

1- **Catarrhal stage:** ble WBC 12000-27000 rd c< tkrk g rFkk lymphocytes 60% c< jgrk gA
2- **Paroxysmal stage:** ble WBC dh l[;k of) d lkFk-lkFk e= e Uric acid dh ek=k c<h gb ik;h tkrh gA
3- **Convalescent stage:** e WBC dh l[;k lkekU; gkrh gA fujkx gku e dkQh le; yxrk gA ESR dh l[;k ?kVh gb jgrh g rFkk ukd d cyxe dh ijh{kk dju ij bl jkx d thok.k Li'V

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utj vkr gA nkj d :i e [kkl h mBuk rFkk d gk tkukA [kkl h dk ox fnu dh vi{kk jkr e vfèkd vkrk gA LVFkkLdki e dtu dk "kCn lukb nrk gA

foÑfr rRo (Pathology)

Bacillus pertussis uked thok.k dk lØe.k droplet infection d }kjk "kjhj e io"k dj wind pipe d "yf'ed f>Yyh dk iHkkfor djr g, QQM dk vkØkr djr gA bld thok.k "okl v0;;k e yk[k rd dh l[;k e c< tkr gA

mino (Complications)

bl jkx e mino Lo:i Pneumonia, Emphysema, Bronchitis vkfn jkx gk tkr gA

lki{k funku (Differential diagnosis)

Lryngeal diphtheria, Tracheobronchitis rFkk Bronchial lymph nodes l lki{k funku fd;k tkrk gA

jkxkof/k (Duration): 4-6 llrkg rdA

ifj.kke (Prognosis)

;g ,d d'V lk/; jkx gA mfpr fpfdRlk ,o l;e l ;g jkx vkjkX; gk tkrk gA ,d ckj vkjkX; gk tku d ckn nckjk thou e ugh gkrk gA

fpfdRlk (Treatment)

,ykifFkd iV.V efMflu

1. Retorin—125 mg fnu e rhu ckj fuR; n] 12 fnuk rdA
2. Tixylix syrup & fuR; pkj ckj nA

vk;ofnd iV.V efMflu

dklker (syrup) pkj ckj fuR; nA

gkfe;kifFkd iV.V efMflu

Haslab co. dk Pertussin complex (No. 51) or Drosera complex (No.13) & pkj ckj fuR; nA

ck;kdfed efMflu

Bioplex No. 6 & pkj ckj fuR; f[kykoA

byDVkgkfe;k efMflu

1. $S^{10} + C^{13} + Ver^{1} + C^{13}$ & iR;d 10 xkyh dk ,d lkFk y 2-2 ?kV ijA
2. ijku jkx e & $P^{4} + S^{10} + Ver^{1}$ iR;d nok dh 200 ikVUlh llrkg e ,d ckj yA
3. WE + BE & 10 cn rhu ckj fuR; nA

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53 AIDS

(Acquired Immunodeficiency Syndrome)

A -
- Acquired by HIV (Human Immunodeficiency virus).
- **Etiology:** Two human immunodeficiency viruses—HIV-1 and HIV-2 have been identified, both cause AIDS, but infection with HIV-2 has been primarily limited to Africa and Europe.
- About 30% of the children of women with HIV infection during pregnancy will be infected.
- Acute infection occurs 4-6 weeks after infection and is usually a symptomatic.
- **Avoidance:**
  a. Avoid unscreened blood products.
  b. Avoid unprotected sexual intercourse, use condoms.
  c. Avoid injection drug abuse.
  d. Avoid contact with bodily fluids of HIV infected.
  e. Avoid raw eggs, unpasteurized milk and other potentially contaminated foods.
- Approx. 70% of HIV infected individuals develop AIDS within 10 years.
- About 13 million adults infected worldwide, of whom 2.5 million have died.

I -
- In 1983, HIV was indentified and recognized as the causative organism of AIDS.
- It is mainly transmitted through abnormal sexual relationship, blood transfusion, use of infected needles by drug addicts.
- Infection of HIV, causes cell death and decline in immune function resulting in opportunistic infections, malignancies and neurologic lesions.
- Initial infection is usually a symptomatic but as progression occurs there is increasing evidence of immunodeficiency with recurrent common infections.
- Increasing constitutional symptoms include general lassitude, weight loss, night sweats, diarrhea, repeated episode of STD, inquire for persistent fever, cough, convulsions and generalized lymphadenopathy.
- Influenza-like illness may occur with fever, myalgia, arthralgia, headache, nausea, sore throat, rash.

Contd...

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Contd...

- In 1992, the CDC reported a revised system for categorizing HIV infection and the clinical conditions that constitute AIDS.
- Individuals engaging in unsafe sexual behaviors and those abusing intravenous drugs are at greatest risk.
- Infection of HIV is spread by bodily secretions of the infected person coming in contact with the recipient's blood through a break in the skin or mucous membranes.
- It may have come from Africa.

D -
- Detection of virus/viral antigen—time consuming, expensive and not generally available.
- Detection of antibody-seroconversion usually occurs about 2 months after exposure to virus.
- Despite an increased understanding of the ways in which HIV destroys the immune system, only limited progress has been made in extending the lives of those with AIDS.
- Development effective treatment for AIDS has been relatively slow in contrast to the rapid increase in knowledge about its pathophysiology over the last 10 years.
- Drugs approved by the US.
- Drugs and food administration include Zidovudine (AZI), Didanosine (DDI), Zalcitabine (DDC) and Stavudine (D4T).
- Despite the fact that HIV can be isolated from a wide range of body fluid and tissues the majority of infections are transmitted via semen, cervical secretions and blood.

S -
- *Source of infection*:
  a. HIV has been found in greatest concentration in blood, semen and CSF.
  b. Lower concentrations have been detected in tears, saliva, breast milk, urine and vaginal and cervical secretions.
- Sexual transmission:
  a. AIDS is first and foremost a sexually transmitted disease.
  b. Any vaginal, anal or oral sex can spread AIDS.
- Specific prophylaxis: At present there is no vaccine or cure for treatment of AIDS HIV infection.

Synonyms—AIDS, Slim disease.

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AIDS

Definition

AIDS is a newly described, usually fatal disease caused by retrovirus (HIV), which breaks down the immune system of human body. It is first and foremost a sexually transmitted disease.

Synonyms

AIDS, Slim disease.

Root Meaning

A — Acquired
I — Immune
D — Deficiency
S — Syndrome

Etiology

1. It is due to an infection with the HIV (Human Immunodeficiency Virus).
2. HIV is transmitted from person to person most frequently through homosexual or bisexual activity.
3. Any vaginal, anal or oral sex can spread AIDS.

Historical Note

1. HIV was indentified as the causative organism of AIDS in 1983.
2. AIDS was first recognized in USA in 1981.
3. First confirmed evidence of AIDS infection in India came in April 1986 when 6 prostitutes from Tamil Nadu were found positive for HIV.
4. Current WHO estimates (in 1994) are of 14 million adults infected worldwide, of 2.5 million have died.
5. By the year of 2000, WHO estimates that there will be up to 80 million infection worldwide.

Clinical Features

1. 10% weight loss of patient and fatigue.
2. Loose motion (chronic) for longer than one month.
3. Prolonged fever for longer than one month.
4. Repeated episodes of STD.
5. Persistent cough for longer than one month.
6. Itching and inflamed skin.
7. Oropharyngeal candidiasis.
8. Herps simplex.
9. Recurrent herps zoster.
10. Generalized lymphadenopathy.

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Diagnosis

1. Clinical features and laboratory tests confirm it.
2. Presence of antibodies to HIV in the blood is a sign of AIDS infection. These antibodies do not destroy the virus, they simply serve as markers of infection.

Causative Organisms

HIV (Human Immunodeficiency Viruses).

Prognosis

1. AIDS is an incurable disease with a serious prognosis. It is still a rare disease.
2. Life expectancy remains about 10 to 15 years after initial infection.

Modes of AIDS Transmission

Infections occur mainly by:

1. Intimate homosexual or heterosexual contact.
2. Blood and blood products.
3. Vertical transmission.

Management

1. All patients at every stage of the disease require psychological, social and nutritional counseling and nursing.
2. No satisfactory drug has been discovered that prevents or cures HIV/AIDS infection.
3. Most important aspect of HIV control is the avoidance of possible risk factors and teaching with the adoption of "safer sex" guidelines.
4. Encourage good nutrition, regular exercise, and may require vitamin supplementation.

Safer sex Techniques to AIDS Control

1. To avoid the casual sexual contact with multiple partners.
2. To avoid the activities of high risk—Anal sex, sex acts which draw blood.
3. To avoid unprotected sexual intercourse (use the condoms).
4. To avoid the contact with bodily fluids of HIV infected.
5. To avoid the injection drug abuse.

Treatment

1. Drugs approved by the US Food and Drug Administration include—Zidovudine (AZT), Didanosine (DDC), and Stavudine (D4T).
2. Combination therapy is more effective than use of a single drug.
3. Above chemotherapy has proved to be useful in prolonging the life of severely-ill patients. The AZT, however, neither restores the immune system nor does it destroy the HIV virus already installed in cells.

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Allopathic Patent Medicine

Duovir—1 tab twice daily.

Ayurvedic Patent Medicine

Basant kusumaker – 1 pill
Basant malili – 1 pill
Swarna vangeshwar – 1 pill
} 3 times with milk.

Electrohomeo Medicine

Mixture of S^{1}, C^{1}, A^{3}, $Linf^{1}$, WE, RE in 2 ounce water 2 hourly.

Biochemic Medicine

Bioforce No. 28—4 tabs 4 times a day.

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,Ml (AIDS)

ifjp; (Definition)

,Ml (AIDS) jkx vR;f/kd vo/k eFkfud lid l ikIr]HIV fo'kk.k l lØfer ,d ekjd ¼vkt{k;dkjd½ jkx g] ftle /khj-/khj 0;fDr dh jkx ifrjk/kd "kfDr (immunity) u'V gk tkrh gA

i;k; (Synonyms)

1- fgUnh—vkt{k;] ,MlA
2- lLÑr—vkt{k; t jkxA
3- vxth—AIDS (Acquired Immunodeficiency Syndrome), Slim disease.

dkj.k (Etiology)

1- leyfxd ;ku lc/k rFkk ,Ml xflr eu'; l eFkfud lc/k LFkkfir djukA
2- vR;f/kd vo/k 0;fDr;k l vfrjfr djukA
3- HIV fo'kk.k] ,Ml lØfer flfjt] uhMy rFkk 0;fDr dk jDr p<kuk rFkk xHkk/kku l mRiUu cPpk Hkh jkx l iHkkfor gkrk gA

jkx dkjd rRo (Causative organisms)

,Ml jkx dk dkjd rRo HIV uked fo'kk.k gkrk gA ftldk ijk uke g%
H – Human
I – Immunodeficiency
V – Virus

y{k.k (Symptoms)

1- ,d ekg l vf/kd vof/k rd Toj gkuk rFkk jkf= Lon ¼ilhuk½ vkj ?kcjkgV gkukA
2- 10% "kjhj dk otu de gk tkukA
3- leLr "kjhj e yfldk xfFk;k e "kkFkA
4- ,d ekg l vf/kd fnu rd vfrlkjA
5- ukl k] Nkrh] dQ ;Dr rFkk d'Vdkjh dkl dh mifLFkfrA
6- lrr Fkdku] cpuh rFkk fu.k;dkjh {kerk dk vHkkoA
7- fnu ifrfnu vkt dk {k; gkr tkuk rFkk jkx ifrjk/kd {kerk u'V gkr tkukA
8- [ktyh ;Dr Qlh Ropk ij gkukA
9- "kkjhfjd {kh.krk vkj ncyrk gkukA

ifj.kke (Prognosis)

;g jkx ,d vlk/; jkx gA jkxh /khj-/khj eR; dh rjQ vxlj gkrk tkrk gA

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Practice of
Patent Medicine
पेटेंट मेडिसिन
with Ideal Prescription

This book *Practice of Patent Medicine with Ideal Prescription* is an unparallel gift to all practitioners, medical students and educated persons interested in medical and social services. Most of the diseases have been presented that can help everybody to diagnose and understand easily. This is the only medical book which contains the line of treatment of all five paths in the nutshell. The material is in a very simple language of English as well as Hindi.



GP Nirbhay is presently Chairman of Council of Patent Medicine. He has also written a book *Medical Philosophy*. He is really a very social and amicable person who, in his busy life, always thinks over the simple and easy way of treatment to poor and sick persons of urban and rural places as well.

Shelving
Recommendation
MEDICINE

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