

A RAY OF HOPE OTHER THAN SURGERY IN CONGENITAL HEART DISEASE...

- WHEN HOMOEOPATHY IS LEADING WITH INNOVATION, KNIFE & SCALPEL IS NOT THE ONLY RESORT -



'How 6 Month aged Baby after diagnosed with
2 VSD (5mm-4mm) with raised PASP (65mmHg), could
avoid immediate Surgery with Homoeopathic Treatment...

A Case of **VENTRICULAR SEPTAL DEFECT**

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PATIENT DETAILS

Name : **ISHANPREET SINGH**

Age : 6 Months

Sex : Male


Department : Neonatal Cardiology

C.R.No. : 1796-DB-6684/2013

D.O.A : 13th March, 2013

REPORTING HISTORY

- Patient was brought in to our OPD after a recent hospitalization due to severe pneumonia and was put on ventilatory support for 26 days in leading Heart Institute of the city.
- It was a known case of **Ventricular Septal Defect** with **two VSD of 5mm and 4mm** with **L-R Shunt** and **highly raised PASP i.e. 56 mmHg**. LA/LV were dilated and there was **LV Systolic Dysfunction**.



▪ Baby was unable to take feed and there were **marked signs of difficulty in respiration**. Weeping sound was quite weak with **whimpering weeping sound** which is a typical sign of VSD making it quite clear the extent of the disease progressed in the child.

Allopathic Cardiologists advised immediate Surgical Intervention to get the defects repaired so as to avoid any complications which could prove fatal for the child next time, if goes on ventilator support.

PAST HISTORY

- ✓ Had no complaints for first 4 months.
- ✓ Severe Pneumonia in 5th month and diagnosed with VSD.

BIRTH HISTORY

- ✓ FTND
- ✓ Mother was anemic during pregnancy.
- ✓ No causative factors could be assessed during pregnancy.

FAMILY HISTORY

- ✓ N/H/O Diabetes Mellitus, Pulmonary Koch, Hypertension, Asthma, Cancer in family.

DRUG HISTORY

- ✓ ENALAPRIL 2.5 MG – BD (FOR HTn)
- ✓ SILDENAFIL 10 MG – OD (FOR Pulmonary HTn)
- ✓ FRUSEMIDE 0.5 MG – OD (Diuretic)

ADMISSION IN ICU

- ✓ Child was admitted in N-ICU on 6th February, 2013 and was kept on ventilator support for 26 days due to severe pneumonia and raised PASP and signs of impending Heart Failure.
- ✓ Referred to PGI, Chandigarh after 28 days for VSD Repair Surgery with immediate effect to avoid any complications.

PHYSICAL EXAMINATION

- **4/6 Pansystolic Murmur with B/L Basal Crepts in Lungs.** Signs of **anemia** were marked.
- **HR = 156/min ; RR = 52/min**
- No signs of icterus, cyanosis, edema.
- **P/A enlarged spleen (3 cms)**

2D-ECHOCARDIOGRAPHY (7.2.2013)

(Before initiating treatment)

▪ **VSD (2) 5mm & 4mm with L-R Shunt. PASP 56 mmHg. LVEF - 40%. Cleft Mitral Valve. LA/LV Dilated. LV Systolic Dysfunction.**

▪ **Impression: Congenital Heart Disease with 2 muscular VSD's with marked PAH (PASP=56mmHg) & Isolated congenital cleft mitral valve.**

MILD MR & LV Systolic Dysfunction. (LVEF=40%)



NOW COMES THE QUESTION THAT **WHETHER HOMOEOPATHY
CAN DO ANYTHING IN SUCH CASES WHERE LIFE OF A 6 MONTH
BABY IS AT RISK AND SURGERY IS THE ONLY OPTION...?**

**It happens sometimes in your practice that you feel quite
confused that whether to take the case in your hands or not
when question arises of a life.**

Here needs sincere and strict decision making!

- **Emergency Crisis: Raised PASP (56 mmHg)**

Normal PASP= 15-30 mmHg

- **Allopathic Advice: Immediate Surgical Intervention**

Now it was time to make strict and sincere decision, keeping aside emotions for Homoeopathy, as such cases offer very less time to a physician and ask for a notable and satisfactory improvement within few hours/days **else the life can be put in danger, if wrong decision is made.**



DAYANAND MEDICAL COLLEGE & HOSPITAL UNIT - HERO DMC HEART INSTITUTE

LUDHIANA

(ISO 9001:2008 CERTIFIED INSTITUTE)

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ECHOCARDIOGRAPHY REPORT

SR. NO. 20091, CR. No. 16867

NAME : ISHANPREET SINGH

REFERRED BY: DR. PUNEET A. POONI

DATED: 07.02.2013

AGE & SEX: 5 M / MALE

DONE BY : DR. S. KUMBKAR

Review on date : 05.03.2013



- Situs solitus.
- AV concordance, VA concordance.
- Global hypokinesia of LV.
- There are 2 muscular (outlet trabecular) VSD, one VSD is large ; moderate size 4 mm VSD with left to right shunt. The peak gradient across VSD is 42 mm Hg, therefore PASP = 56 mm Hg. Pulmonary artery
- No sub-aortic membrane or coarctation.
- No ASD/PDA/PS collaterals/coarctation.
- Mitral valve thickened, there is a small cleft at 1⁰ clock position, mild mitral regurgitation (eccentric jet).
- LA/LV dilated, LV systolic dysfunction, LVEF = 40%.

IMPRESSION:

- CONGENITAL HEART DISEASE.
- MULTIPLE MUSCULAR (OUTLET TRABECULAR VSD'S) WITH PAH; PASP = 56 mm Hg.
- ISOLATED CONGENITAL CLEFT MITRAL VALVE.
- MILD MITRAL REGURGITATION.
- LA/LV DILATED. LV SYSTOLIC DYSFUNCTION, LVEF = 40%.

Note : Muscular VSD's can manifest late on after lowering of pulmonary artery pressure (by sildenafil in this case)

Advise : Cath studies

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Typed by : Anil Kumar

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5.3.2013



- Situs solitus.
- AV concordance, VA concordance.
- Global hypokinesia of LV.
- There are 2 muscular (outlet trabecular) VSD, one VSD is large 5 mm & one moderate size 4 mm VSD with left to right shunt. The peak gradient across VSD is 42 mm Hg, therefore PASP = 56 mm Hg. Pulmonary artery dilated.
- No sub-aortic membrane or coarctation.
- No ASD/PDA/PS collaterals/coarctation.
- Mitral valve thickened, there is a small cleft at 1⁰ clock position, mild mitral regurgitation (eccentric jet).
- LA/LV dilated, LV systolic dysfunction, LVEF = 40%.

2D ECHO - 5.3.2013

(BEFORE INITIATING TREATMENT)

PASP = 56 mmHg

VSD's = 5 mm & 4 mm

FINAL DECISION & HOMOEOPATHIC INTERVENTION

FINALISED TARGET OF THE TREATMENT

TO DECREASE THE PASP & RELIEVE THE SYMPTOMS

Finally 30 days time slot was decided to whether patient responds to our treatment or not and baby's parents were informed that if within 30 days we get any positive outcome we will go for the next possible treatment or you will have to go for surgery, otherwise.

PRESCRIPTION DATED : 13/3/2013

R_x

SYPHILINUM 200 (1 dose) **STAT**

ANTIMONIUM ARS. 30C (LIQUID DIL.) **10 DROPS – TDS**

LAUROCERASUS 30C (1 dose) – **HS**

ENALAPRIL 2.5 MG – BD (FOR HTn) was kept continued and other allopathic drugs
were subsided with immediate effect from same day onwards.

FOLLOW UP (DATED : 24/03/2013)

- Baby had high grade fever (103.5°F) on next day of the medicine and it subsided within 7-8 hours of its own without any medicine.
- Whimpering Weeping Sound is better now. Weeping quite loudly with clear sound.
- Taking feed without any complaint of difficulty in breathing during feed.
- **HR = 140/min ; RR = 43/min (Improved)**
- **Pansystolic Murmur 2/6 (better) with weakened B/L basal crepts in lungs.**

✓ **PRESCRIPTION : Ant. Ars. 30c & Laurocerasus 30c x 10d.**

FOLLOW UP (DATED : 6/04/2013)

- **Reported with 2D-ECHO report from same Hospital. (NEXT SLIDE)**
- Whimpering Weeping Sound is much better now.
- Taking feed without any complaint of difficulty in breathing during feed. Gained 1 KG weight within 1 month.
- **HR = 134/min ; RR = 40/min (Improved)**
- **Pansystolic Murmur 2/6 (better) with weakened B/L basal crepts in lungs.**
- ✓ **PRESCRIPTION : Ant. Ars. 30c & Laurocerasus 30c x 10d.**
- ✓ ENALAPRIL 2.5 MG tapered to OD



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ECHOCARDIOGRAPHY REPORT

SR. NO. 437, CR. No. --

NAME : ISHANPREET SINGH

REFERRED BY: --

INDICATION: F/U case of Multiple muscular trabecular VSD's

DATED: 06.04.2013

AGE & SEX: 7 M / MALE

DONE BY : DR. ROHIT TA

- Situs solitus.
- AV concordance, VA concordance.
- There are two echogenic round masses (0.5cm X 0.5cm) entrapped in the RV chordae. Sub valvular apparatus.
- Mild tricuspid regurgitation PASP = 40 mm Hg.
- Two muscular VSD's noted (2-3mm) with left to right shunt.
- MPA mildly dilated (16mm).
- No ASD/PDA/PS/AP collaterals/coarctation of aorta.
- LA/LV dilated, LV systolic dysfunction, LVEF = 40%.

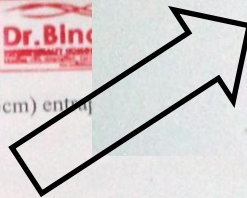
IMPRESSION:

- ACYANOTIC CONGENITAL HEART DISEASE.
- TWO SMALL MUSCULAR VSD'S.
- MILD PAH (PASP = 40 mm Hg).

Note : Correlate clinically for RV masses-- ? Thrombosis-? Vegetation (fungal masses & follow up.).

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- Situs solitus.
- AV concordance, VA concordance.
- There are two echogenic round masses (0.5cm X 0.5cm) entrapped in the RV chordae. Sub valvular apparatus.
- Mild tricuspid regurgitation PASP = 40 mm Hg.
- Two muscular VSD's noted (2-3mm) with left to right shunt.
- MPA mildly dilated (16mm).
- No ASD/PDA/PS/AP collaterals/coarctation of aorta.
- LA/LV dilated, LV systolic dysfunction, LVEF = 40%.

2D ECHO - 6.4.2013

(20 Days after TREATMENT)

PASP = 40 mmHg (56)

VSD's = 3 mm & 2 mm (5-3)

6.4.2013



**THIS IS EVIDENCE BASED SUPERSPECIALTY
HOMOEOPATHIC CARDIOVASCULAR MEDICINE**

RAPID, GENTLE AND HOPEFULLY PERMANENT CURE

NOT ONLY SAFE & GENTLE

WE ARE QUICK AS WELL

FOLLOW UP (DATED : 13/07/2013)

- Reported with **2D-ECHO report** from same Hospital. (NEXT SLIDE)
 - **Whimpering Weeping Sound are gone now**. Weeps in normal loud voice.
 - Taking feed without any complaint. **Gained 2.5 KG weight within last 3 months.**
 - **HR = 126/min ; RR = 42/min (Normal)**
 - **NO MURMUR with B/L CLEAR CHEST.**
-
- ✓ **PRESCRIPTION : Laurocerasus 30c (HS) Ant. Ars. STOPPED.**
 - ✓ **ENALAPRIL was stopped on 4.5.2013.**

ECHOCARDIOGRAPHY REPORT

REG. NO. 9795, CR. No. --
NAME: ISHANPREET SINGH

RECORDED BY: --

INDICATION: F/U case of Multiple muscular trabecular VSD's

DATED: 13.07.2013

AGE & SEX: 10 Months / MALE

DONE BY: DR. ROHIT TANDON

- o Situs solitus.
- o AV concordance, VA concordance.
- o There are two echogenic immobile round masses small one is (0.2cm X 0.3cm) Large one (0.4cm X 0.6cm) entrapped in the RV chordae. Sub valvular apparatus.
- o Mild tricuspid regurgitation PASP = 37 mm Hg.
- o There is two muscular VSD's one is small outlet (2mm) & another is small apical (1mm) with left to right shunt, peak gradient = 58 mm Hg.
- o MPA mildly dilated (16mm).
- o No ASD/PDA/PS/AP collaterals/coarctation of aorta.
- o Cardiac chambers are normal.

IMPRESSION:

- ACYANOTIC CONGENITAL HEART DISEASE.
- TWO SMALL MUSCULAR VSD'S.
- MILD PAH (PASP = 37 mm Hg).
- RIGHT VENTRICULAR MASSES (? Thrombosis, Tumor Rhabdomyoma).

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- o Situs solitus.
- o AV concordance, VA concordance.
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- o There is two muscular VSD's one is small outlet (2mm) & another is small apical (1mm) with left to right shunt, peak gradient = 58 mm Hg.
- o MPA mildly dilated (16mm).
- o No ASD/PDA/PS/AP collaterals/coarctation of aorta.
- o Cardiac chambers are normal.

IMPRESSION:



2D ECHO - 13.7.2013

(4 Months after TREATMENT)

PASP = 37 mmHg (40)


VSD's = 2 mm & 1 mm (3-2)



'Quote by Allopathic Cardiologist, who conducted the ECHO'

This is not possible that the defects could subside like this in such a short period of time in this type of critical case, either the previous reporting by us was at fault and we could not access the baby correctly or something extra-ordinary is happening around this baby.

**NOW ALLOPATHIC CARDIOLOGIST WAS INFORMED THAT THIS IS
NOT A WONDER BUT EVIDENCE BASED HOMOEOPATHIC
PRESCRIPTION.**



As of now the patient is on Calcarea carb 30c (every 3rd day) for complete recovery and possibly the cure of the case without any complaints associated with VSD and next Echo is planned after 4 months.

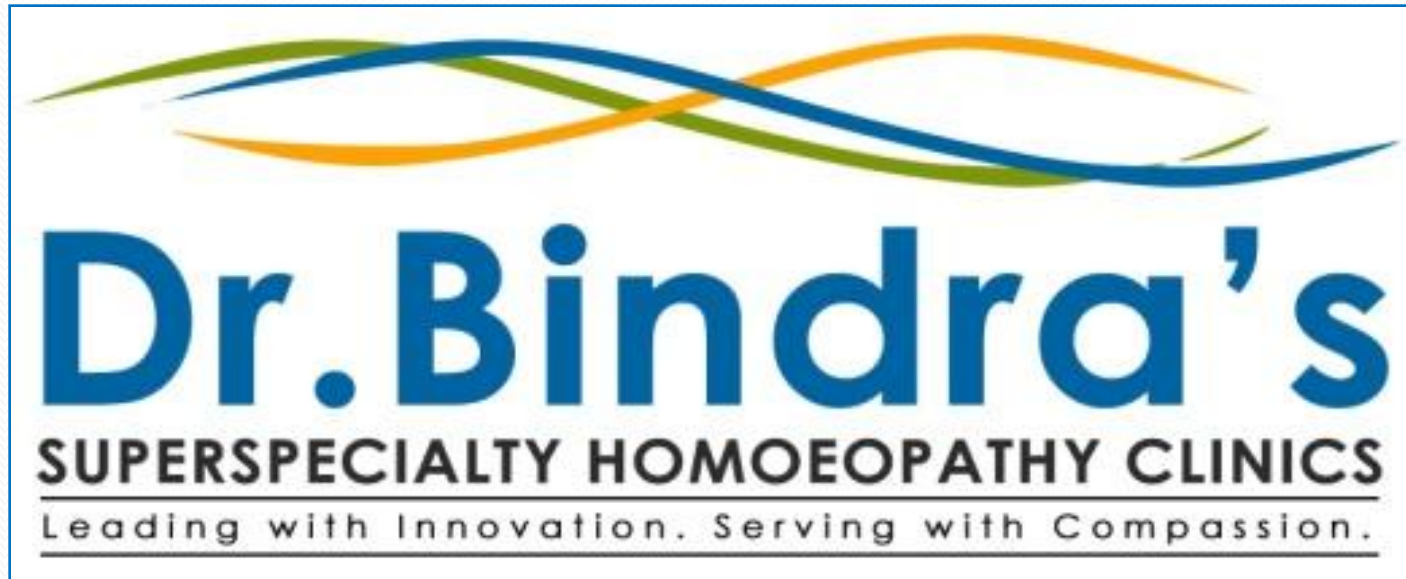
In between few ACUTE PRESCRIPTIONS were made to relieve dentition and other related symptoms. (Aconite 6c, Chamomilla 6c)

Baby was not advised to have PNEUMONIA VACCINATION as advised by the allopathic cardiologist to avoid any intervention in the case.

ABOUT PRESCRIPTION

- **SYPHILINUM IS THE BEST ANTI-SYPHLITIC REMEDY USED IN CONGENITAL DEFECT CASES.**
- **ANTIMONIUM ARS IS KNOWN DRUG FOR PLEURAL EFFUSION, PNEUMONIA AND ITS EFFICACY IS FOUND AS PREVENTING AND MAINTAINING DRUG IN SUCH CASES.**
- **LAUROCERASUS IS ONE OF FEW DRUGS KNOWN TO REDUCE THE PULMONARY ARTERY HYPERTENSION.**

Thanks for patience and regrets for errors!



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