

**ICR SYMPOSIUM – VADODARA, SEPTEMBER 2019  
HOMOEOPATHIC MANAGEMENT OF COLONIC DISORDERS**

**CASE: 02  
DR. PRASHANT TAMBOLI**

**OBJECTIVES:**

1. Evolving the Sensitivity to receive the pain of an adolescent girl in a clinical setup & to evolve the Sensibility to understand 'HER WORLD'
2. Experiencing the Demand ⇔ Supply conflict evolved in a Mother ⇔ Daughter relationship & learning to comprehend patient as a person evolved through this process.
3. Demonstrating the 'Expressions of illness' as a product of the process of a Conflict vis-à-vis Resolution.
4. Understanding the Clinico-Patho-Miasmatic-Psychosomatic aspect of Ulcerative colitis as an illness
5. Understanding the significance of Conceptual Image [CI] & Essential Evolutionary Totality [EET] in selecting a suitable approach for the case
6. Experiencing Therapeutic Problem Definition [TPD] & Therapeutic Problem Resolution [TPR] as an on-going process in a case

**DIRECTIVES:**

**Exhibit: 1: Introduction + History written by pt's mother + Investigations + Case Record**

**Directives:**

1. Study the given documents sensitively and write down your feelings about this patient and her disease and the cause of her suffering.
2. Do SFFT and Give your miasmatic understanding.
3. Share your comprehensive TPD- TPR addressing the biological, psychological and social factors.
4. Share your remedy understanding with posology

**Exhibit: 2 Follow Up**

1. Give your action at each junction by using RREF

**Exhibit 1: Date: 05/08/2004**

**Introduction:** One of the known physician had referred this patient. For the screening, pt's mother had come alone with a bunch of files. She told that her daughter was suffering like any thing & needs hospitalization 1 / 2-3 months & now she is getting weaker day by day. Referring physician had told her that there was no cure in allopathy & now try homoeopathic treatment.

On further enquiry she told that pt. was passing lot of blood in stools since 2 years. There is pain in abdomen and mostly severe at night. This is with loose motion 5-6 times / day & 2-3 times / night. She gets fever occasionally.

Mother appeared very anxious about her daughter's health. But at the same time, she was saying that in spite of the best treatment she is not getting relief. And because of her illness she was not able to do anything.

When asked to tell her daughter to write the history form, mother refused by saying that she may not be able to write. On insistence of the physician she told that she would write the history on behalf of her daughter.

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**History Written by Patient's mother**

Date: 09/08/2004

**Name:** Miss. S. A. S.

**DOB:** 17.5.87

**Sex:** F      **Status:** Single

**Religion:** Muslim,      **Community:** Bohra

**Non-Vegetarian, tea-** once a day or twice

**Education:** Student of XII Commerce.

**Family Setup:**

**Father:** Business man      **Age:** 55

**Mother:** House wife      **Age:** 49

**Brother:** Elect. Eng-in Comp      **Age:** 25

3D Animation in Comp      **Age:** 23

**Daily Routine:**

Gets up at 5.30 am, takes bath, then breakfast, 6 butter biscuits with tea, or bread butter or fried egg.

Leave the house at 6.45 am for college. College hour 7.30 am- 12 pm. Classes 12.30 pm – 2.30 pm then drink coconut water.

Comes home eats food sometimes now started eating maggi then go to sleep.

Get up at 6.00 pm drink tea, watch T.V. do home work, go to meet friends in compound.

Eat dinner and go to bed. In between evening to night some time eat maggi, chips, chakali, popcorn.

**Chief Complaint:**

Loose stool 5-6 at day, 3-4 times at night mix with blood. She gets terrible pain. She cannot sleep because of pain. She was hospitalized for 3-4 times for this complaint. She becomes extremely weak because of this pain. Pain mostly starts at nighttime around 3 - 4 am. She would get up suddenly with pain & rushes to toilet. Many times, she passes only blood. She likes out side food & whenever she eats that, then her complaint. Along with this many time she complaint headache. She becomes irritable that time.

It started when she was at Vapi. She went there in 8<sup>th</sup> std for study as I was not keeping well & thought that there her study will improve. She is very fond of her aunty. But since there they eat spicy food, she could not tolerate it. After 6 months of 10<sup>th</sup> std she came back & went only for her exam.

Now, since 2 weeks, she has stopped all her medicine & Dr. S (referring physician) told to take homoeopathic medicine. During her investigations X-ray showed that she was having T.B. Dr. told to give treatment for that so we gave for 3 months but other doctor told no need so we stopped after 3 months.

Since childhood she has always complain of cold, throat pain. Whenever she eats ice cream or drinks cold drinks, she complaints of pain. Dr. told that she has tonsils & there is pus & he

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has asked to get it operated. But her Hemoglobin is very less so we cannot operate. She gets high fever & whenever she gets fever, she becomes weak.

**Other Complaints:**

- 1) She gets headache since 6th std. it was there but very occasionally. But since last 2-3 years it has increased. She gets pain mostly on 1 side, right side. It remains for 1-2 days. Pain in very server & she cannot move her head. With noise & strong smell her headache increased.
- 2) 1-2 times she had rash, red blotches mainly on her face & ear.

**Personal Data:**

Height 4.8”

Weight- 34 kg. Now less around 28-29.

She is very thin since childhood but very active. Since childhood she was very hyperactive girl, lessened after 4<sup>th</sup> std. Very emotional but irritable. Her mood changes very fast, one moment she talks nicely 2<sup>nd</sup> moment she gets angry. When she is angry, throw's thing. This is since childhood.

She is very attached to mother. Now a day she is totally dependant on mother for small things. She is very intelligent girl, but does not do hard work. Actually, she can achieve lot than now. But she is very weak child. I was also same before marriage but was very active.

She is hot tempered & fights with brothers. They also love teasing her. Actually, they love her but since she gets angry, they make fun for her. She also beats them/ some times bites & spoils their books.

Father - business, can give very less time at home, but cool in nature. Myself very active, socially. Do lot of social work for the community. I am teacher took retirement when baby was small as there was no good maidservant. I take classes of pottery, painting etc.

I feel my daughter should be active more than me. But she is very weak child & don't work hard.

Food: Very fussy in eating, but like caTpTa, out-side food, Maggi, wafers, lemon, ice cream, cold drinks & most important chicken. Every day she wants otherwise will not eat. She hates vegetables does not eat at all. If I force her then she would vomit it out.

Weather: She prefers cold weather. Wants always AC on. She takes bath by cold water in summer & very tepid in winter. Fan is on full speed. Never takes covering.

Sleep: Very disturbed since beginning. She rolls a lot & grinds her teeth during sleep. Then we give her worm medicine. Talks a lot. Some time gets frightful dream & screams.

Sex: Menses started at 14 yrs. No complaints, regular.

**Previous illness:** mentioned all above.

**Family History:** TB - Paternal Grand-mother, father

Arthritis - Aunty

Hypothyroid: Mother, Aunty,

BP- Aunty

Diabetes: her Grand-father.

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Other: she is very fond of pets like me.

Will her problems can be cured? Dr. S told homoeopathic medicines does magic. I hope she would feel better & perform well in her life.

**Investigations: 31/12/02 – 9/1/03**

SGPT: 25 U/L

Sr. Cr: 0.5 mg/dl

**Smear for MP:** Negative

**Widal Test:** Negative

**USG Of Abdomen & pelvis:** NAD

**Chest X-ray PA:** NAD, Right side cervical rib present

**CT Scan of Lungs:** Few Clusters of nodular densities in the left lower lobe suggesting endobronchial spread of infective process – To Rule out Koch's

**Stool Routine:** Pus cells 200 - 250, RBC – Plenty

**Urine R –** Pus cells 8- 10, EC 3-4

**Blood culture:** No growth

	<b>31/12/02</b>	<b>6/1/03</b>	<b>28/10/03</b>	<b>2/5/04</b>	<b>13/8/04</b>
<b>Hb</b>	11.5	10.1	10.7	9.3	8.6
<b>RBC</b>	3.9	3.2	4.1	4.6	3.6
<b>WBC</b>	30000	24500	30000	24000	28500
<b>N</b>	85	88	84	86	88
<b>L</b>	15	12	11	14	12
<b>E</b>	0	0	2	0	0
<b>M</b>	0	0	3	0	0
<b>Platelet</b>	5.1	4.9	4.5	3.9	3.6
<b>ESR</b>	15	18	12	16	19

**2/6/03 - Colonoscopy**

Large amount of formed green stool +++.

Mucosa congested, Oedematous+++ Multiple bleeding spots & oozing fresh blood on touch.

Continuous multiple discrete ulcers +++ are seen from rectum proximally till splenic flexure.

**3/9/03**

Congestion in ileum & proximally till splenic flexure +++.

Multiple discrete ulcers +++ increased than last. Vascular pattern disturbed.

Diagnosis: Ulcerative colitis

**Stool Routine:**

In last 2 years done many times always report shown

Pus cell above 200 & Blood always - positive +++.



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No.	Location	Sensation	Modalities	Accompaniments
2	Resp. Sys Nose  Throat Tonsils  Since childhood Increased Since age of 10 Years F = 1 / 6Weeks D = 2-3 days  Dec 02	Coryza – Watery  Pain 3 Inflammation ? Suppuration  Fever 103 F  On Inv. ? Koch's	A/F Cold drink – Ice creams  < 2 Swallowing < 3 Night > Warm  Rx. AKT for 3 months	Weakness  Chilly

**Associated Complaints**

No.	Location	Sensation	Modalities	Accompaniments
1	Head R temple  Nov. 2001 Gradual onset  F = 1 / 2-3 weeks D = 1 day	Pulsating, Throbbing Pain3	< 3 Noise < 3 Sun heat < 3 Before Diarrhoea > Pressure > Dark room	Thirst increased 2  Weakness 2
2	Skin All over Esp. Ear Jan 01 Increased since 2003 F = 1/ 15 days D = 3-4 hours	Urtecaria 2  Eruptions Burning	A/F Eggs (If has more than 2 / day) Mushroom > By warm applications	

**Patient as a Person (Attributes & functions)**

**Physical Characteristics:**

Appearance: Lean, Tall, Fair, Sharp Features

Skin: Dry, Wounds – Delay in healing, Dark Spots on legs; marks of healed boils

Nails: White spots, Pale

Perspiration: Scanty

**Digestion:** Craving: chicken 3, Fried 3, Lemon2, Sour2, Spicy2, Salty2; Aversion: Vegetable3

**Elimination:** Urine: NAD

**Menstrual Function:** FMP - 14 Years, LMP – 1/8/04

Menses – Regular, cycle – 28-30 days, Duration 5-6 Days, Occ. Clots

**Sexual Function:** NAD

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**Mothers Obstetric History:** Increased in BP

**Developmental Landmarks:** Dentition – Loose motion

**Behavior & Behavioral Attitudes:** As a child - Aggressive: Beating 2, Biting 2, Throwing objects 3, Breath holding, Changeable, Cruel, Destructive 3, Disobedience, Hyperactive 3, Obstinate, Quarrelsome, Poor concentration, Violent 3.

**Parental Attitudes:** Ambitious, Anxious, Dictatorial, Pushy

**Reactions – Physical Factors:**

**Meteorological:** Sun < Headache 3                      Fan Full always, AC prefers, Must in summer

Covering: Summer – Nil, Winter – Thin              Bath: Always Cold,

**Sensory Inputs:** Music >, Noise < 2, Odours < 2

**Food + Drinks:** Eggs <, Mushrooms < 2

**Family History:**

TB: Paternal Grand-mother, father

Arthritis- Aunty

BP- Aunty

Hypothyroid: Mother, Aunty

Diabetes: her Grand father

**Physical Examination:**

T - 98 F

BP – 100/70

Weight – 29 kg

Skin: Dry

Lymph nodes: Cervical ++

Respiratory: NAD

Per Abdomen: Tenderness 2 – L Para umbilical, L Iliac, L Inguinal

Bowel Sounds: Normally Heard

CVS, CNS – NAD

**Life space:**

A very weak girl was brought by her anxious & caring mother. Mother repeatedly requested the physician that pt may not be able to sit for long, so to see her as early as possible. She looked very frail & exhausted. Patient, a very fair, extremely lean and tall with very sharp but delicate features was barely able to walk without her mother's support. Her teeth were absolutely white & very neatly arranged. She sat in a crouched position with her chin resting on her knees. She spoke in a soft voice but had a lot of criticism in her speech. Though, she was very much exhausted, her eyes had a sparkle in it. This was more brightened when PP requested her mother to wait outside, with the comment that pt. was now a grown up & not a kid. So, she could tell her complaints on her own.

Pt. was born in a nuclear family consisting of father, mother & 2 elder brothers. Her father is virtually absent from the family dynamics. Most of the time he is busy in his business & when at home he is glued to either newspaper or PC. He has given all powers to pt's mother to run the home.

Brothers & sister fight like cats & dogs. Both brothers take every opportunity to tease her & she sees to it that their mother punishes them. They have many pets like puppies, cats, turtle, birds etc. Mother is very possessive about them. When pt was small she would trouble the pets, like she would tie cat's tail to a chair & used to get fun out of it. She conveniently used to put blame for this on her brothers & they use to get punishment. After her 4<sup>th</sup> std, pt also stated loving pets & became more possessive of them. Now also the siblings fight on things like watching TV programme.

Her mother is a very dynamic lady. She was a teacher & took retirement after pt became unmanageable for the housemaid. Mother is very particular to some extent of fastidiousness and expects all her family member to be like her & she expects more from

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her daughter. She is a strong supporter of women empowerment and a very active lady in social circles. She is also secretary / president of 2-3 mahila mandals, community welfare committee & their building society. She possesses many artistic qualities & takes many classes like painting, pottery etc. She is very anxious, over protective towards her daughter & dominating, easily forces her ideas on others. She expects a better performance from her daughter, as she feels less hope from her sons. She has accepted that her eldest son is a very weak in studies & does it to his best of capacity. 2<sup>nd</sup> son is sort of a rebellious boy & declared that eventually he is going to help his father in his business. So, she does not expect much from him. Pt's mother mounts a lot of pressure on her for studies & expects she should be 1<sup>st</sup> in everything.

Patient, since child hood is a very obstinate & mischievous girl. When mother used to work, she would trouble the housemaid a lot. If maid shouts at her then she would purposely mess the house at the time when mother returned home. When mother used to shout at the maid, pt used to laugh loudly. Crying for hours when not getting things was a common practice at that time. But pt was very scared of her mother & was very obedient when she was around. Since childhood, she was very irritable & throws things, breaks things on getting angry. Once in fit of anger she broke a new dining set costing few thousand rupees. This would continue in spite of her mother beating her a lot. She was of a very destructive type. She broke many toys in just 2 days time from the purchase. She would cut off doll's hand, leg or one ear & used to laugh. Her attention span was also very less. She was always discontented about what she got & always was of the complaining type. She has been a very moody & nobody was sure what would change her mood. Sometime she is cheerful & next moment she is irritable. She cannot bear slightest remarks made on her & gets angry. She would scream & shout. She would not tolerate any one contradicting her.

Till 4<sup>th</sup> std she was a very naughty in school. She was very talkative & restless. Almost daily she would get remarks from her teacher. Initially teacher ignored it as she was very brilliant in her studies & was easily getting above 90% easily. But when she was in 4<sup>th</sup> std. she got less marks. Her teacher called pt's mother & warned both of them about her behavior & its consequences on her academic performance in front of the class. Pt felt very much humiliated. At that time mother neither spoke with her nor had food for 2 days. Pt felt very bad & since then her behavior changed. She became very quiet. Even if she would get angry, she would not show it outside. But when angry she would skip her food. She became anxious regarding her performance & started depending on her mother more & more. Those days for a brief period, approx. 6 months she started bed-wetting. Also, her recurrent URTI also started more frequently. Attacks would increase after exams. She would get tired after exam. Pt used to do her best to improve her performance but gradually her performance started deteriorating, increasing her mother's anxiety & disapproval.

Pt became very mild, timid & was very much concerned about what others would say. She never liked any body interfering with her & she talked to those friends who were of the non-bossing type.

Though pt started keeping her anger confined to herself there were occasions where she could not control. When she was in 8<sup>th</sup> std one of her classmate was always competing with her in her study. Pt was always insecure of herself if she got less grade, then mother may not like it. She was anxious as well as very angry on the girl but never showed it. But when they had their annual drawing exam, pt quietly spilled some colour on that girl's worksheet!



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During the same time mother developed hypothyroidism & she was not keeping well. She was very much tired & could not see daughter's deteriorating performance. Pt's maternal aunty was a spinster, staying with maternal uncle at Vapi. She advised pt's mother to send pt at Vapi & she would take her care along with pt's cousin who was of pt's age. Aunty groomed the cousin well. The later had very good manners. During vacation, Pt had stayed with that aunty & knew her loving nature. She thought it would be good to be away from her mother's pressure. Another reason for going to auntie's place was that aunty was very much fond of seeing new places & so was the pt. Her aunty would take her cousin once in 2 months to see new places & pt loved going out very much.

In her initial days she had difficulty in adjusting in her new school as she came from convent school to Gujarati English medium. That had increased her anxiety. Her cousin helped her that time as she was in a same class. Over the period she realized that her cousin is very much liked by all teachers. After some time, everybody started comparing her with her cousin. Once she overheard her parents telling her uncle & aunty to make their daughter more mature & brilliant like her cousin. Pt felt very much insulted. She was in the 10<sup>th</sup> std then. So, she decided to work hard & stopped all her activities except studies. She was studying for hours together. But she was neither able to concentrate nor comprehend fast. Whenever she was trying to remember she could not remember her studies making her more anxious. Her anxiety increased as was constantly afraid that something would happen to her. She started feeling weak in those days, as she would not eat food properly. She started getting headaches. She became aloof was not mixing with anybody. She lost interest in everything. Her uncle was always telling her about how to behave etc. adding to her pressure. In spite of her best effort her cousin outshined her in all respect. She felt ashamed and felt it's better to die than facing mother. She felt that now mother wouldn't like this & she cannot do more efforts than this. This was the time when she had 1<sup>st</sup> attack of diarrhoea.

Then she was brought back to Mumbai. & went there only for her exams. Mother advised her to take commerce side. She took it up but was hardly able to go to the college because of her illness. She does not like to go out to even talk with anybody. Since the 1<sup>st</sup> attack there has been no specific precipitation factors but attacks kept on coming making pt weak day by day. Now she is in the 12<sup>th</sup> std & feels that it is impossible for her to give her exams this year.

In the initial part of interview pt was not talking but gradually she opened up & gave most of the information on her own. At the end of the interview she was exhausted totally and said now even speaking exerts me.

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**Exhibit: 2 Follow up:** Give your action at each junction by using RREF

Date	Sleep / Dreams	Weakness	Mood	App / Nausea	Stool Freq. D/N	Stool Blood / Mucus	Abd. Pain	Headache F/I	Cold / Tonsils F/I	O/E: Wt; P/A, R/S Ix	ACTION
11/8/04	Case Defined										1
19/8/04	SQ	SQ	SQ	SQ/A	5-6/4-5	++ Daily	SQ	3/wk	A	29kg. P/A: Tenderness R Iliac; Tonsils SQ	2
26/8/04	Better / A	>	Sq	Incr. /A	3-4/ 0-1	2/ Wk Reduced / A	A	A	A	29.5 kg	3
	Mo's Comments: Your powder has done magic 1 <sup>st</sup> time in last 3 months she felt hungry. Pl. give same medicine										
2/9/04	>2 / A	>2	Irritability >	Incr. /A	5-6/ 0	A/A	A	A	A	31 KG	4
9/9/04	G/A	SQ	>	SQ / Nausea since 2 days	5-6/ 0-1	Once	Once	A	A	31.5kg	5
	Mo Angry: Did you changed medicine as improvement has stopped. Do not change medicine										
16/9/04	G/ Mo. Dead	>2 Can walk for 5 min	Started talking with others	G/A	3-4/ 0-1	Once /A	A	A	A	31.5 kg P/A NAD Tonsils >	6
	Stool R. - PC- 30-40, Blood A, Hb. 10.2										
23/9/04	G/ Once Frightful	> 2 Came alone for FU	Irritability >2	G/A	3-4/ 0	A/A	A	A	A	32 kg	7
	Had fight with Br. When asked she told that she hates her brothers.										
30/9/04	G/A	Only on exertion	Good Happy	G/Once when had veg.	2/ 0	A	A	Once D= 2hrs I= Mild	A	32.5 kg	8
	Gone to Alibaug. Felt much better. Had home food										
7/10/04	G/A	A-Decided to go to College	G	G/A	2/0	A	A	A	A	34 kg	9
	Stool R: PC- 10-12, Blood A, Hb. 11.8										

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Date	Sleep / Dreams	Weakness	Mood	App / Nausea	Stool Freq. D/N	Stool Blood / Mucus	Abd. Pain	Headache F/I	Cold/ Tonsils F/I	O/E: Wt P/A, R/S Ix	ACTION
13/10/04	Distb.	++	Since 2 days	+	3-4 day 2-3 night	+++ /+	Before stools < Night	Mild before 2 days	Thirst N	P/A Mild tenderness	10
	A/F Pet; Parrot Died, Thinking about it ++, Sad & Angry on Br. Who Kept cage open? Stool: PC 30-40, Blood +										
15/10/04	Tel. By Mo	Feeling >			2-3 / 0-1	A	A	A	A		11
20/10/04	G/A	>2	OK	Incr. /A	2-3/ 0	A	A	Once mild	A	33.5 kg	12
28/10/04	Not complete	Mild	Irritable	SQ	2-3/ 0	A	A	A	A	34 kg	13
	Started going to the college regularly. Complaining about mother as she forces her to study for compensating lost time										
16/11/04	G/A	+	N	G	SQ	A	A Throat Irritation	A Voice hoarseness	Mild since 2 days Thirst ↑	Throat Redness Congestion	14
23/11/04	G/A	A	OK	G	1/0	A	A	A	A	35 kg	15
30/11/04	G/A	A	Once angry	G	1/0	A	A	A	A	35	16
	Fight with Br. → Angry, thought of not having dinner but later on forgotten										
7/12/04	G	A	Happy	G	1-2/ 0	A	A	A	A	35	17
	On her Birthday Br. Took her to Pizza Hut. Happy as ate out after long time. Till now eating bland food										
14/12/04	G/ Traveling	A	Good Happy	N	1/0	A	A	A	A	36 kg	18
	Decided to go to Alibaug. About mo she said she is not that pressurizing much now a days.										
21/12/04	G	A	Fresh after trip	N	1-2 / 0	Once	A	A	A	36 kg	19
	Stool R: PC – 8-10, Blood A, Hb 13.2										

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Date	Sleep / Dreams	Weakness	Mood	App / Nausea	Stool: Freq. D/N	Stool Blood / Mucus	Abd. Pain	Headache F/I	Cold/ Tonsils F/I	O/E: Wt P/A, R/S Ix	ACTION
28/12/04	G	A	N	N	1-2 / 0	Once	A	A	A	36.5	20
6/12/05	G	A	N	N	1-2 / 0	Once	A	A	A		21
13/1/05	G	A	N	N	1-2 / 0	Once	A	A	A	36.5	22
Prelims: Mo came & told no problem if you get less marks but you should be healthy.											
27/1/05	G	A	N	N	1-2 / 0	Once	A	A	A		23
3/2/05	G	A	N	N	1-2 / 0	Once	A	A	A	37 kg	24
Mo: 1 <sup>st</sup> time finished her exam without illness. & she also done lot of hard work											
12/2/05	G	A	N	N	1-2 / 0	Once	A	A	A		25
Yest. Ext. Ear itching++ A/F artificial Jewelry – Urticaria Rash burning > warmth											
22/2/05		A	N	N	1-2 / 0	Once	A	A	A		26
Once again Urticaria, > On its own, D= 15 –20 min											
1/3/05	G	A	N	N	1-2 / 0	Once	A	A	A	38 kg	27
24/3/05	G	Mild Exam Over	N	N	1-2 / 0	Once	A	A	A		28
Colonoscopy: Almost normal mucosa, No bleeding, Ulcers are healed, 1-2 places healing with fibrosis Stool R- PC – Occ. Blood A, Hb. 13.8											
31/3/05	G	A	N	N	1-2 / 0	Once	A	A	A		29
Going to Kashmir											
14/4/05	7/4 Extreme cold weather → Cold+ Cough Fever 102 Fingers Blue Eructation ++ > by it 9/4 Loose watery stool Weakness. Coldness of body. Eructation SQ Now – Stool loose Weakness; Eructation ++ P/A Mild tenderness										30
16/4/04	> Stool N Eructation –A; 36.5 kg										31
19/4/05	>				3-4 / 2						32
26/4/05 To 3/7/ 05	G	A	N	N	1-2 / 0	Once	A	A	A	38 kg	33