

Original Research Article

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CLINICAL CHARACTERISTICS AND OUTCOME OF ASCITES WITH ULTRAHIGH DILUTION OF APOCYANUM CANNABINUM.

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ABSTRACT:

This article describes a patient with Ascites, which is the pathologic accumulation of fluid in the peritoneal cavity and is a common manifestation of liver failure, being one of the cardinal signs of portal hypertension.

INTRODUCTION

Ascites is defined as- Accumulation of free fluid in the peritoneal cavity. The amount of fluid accumulated is >1L. ICD-10 code is R 18.8 .

CAUSES

Common causes-

1. Malignant disease: Hepatic, Peritoneal
2. Cardiac failure
3. Hepatic cirrhosis

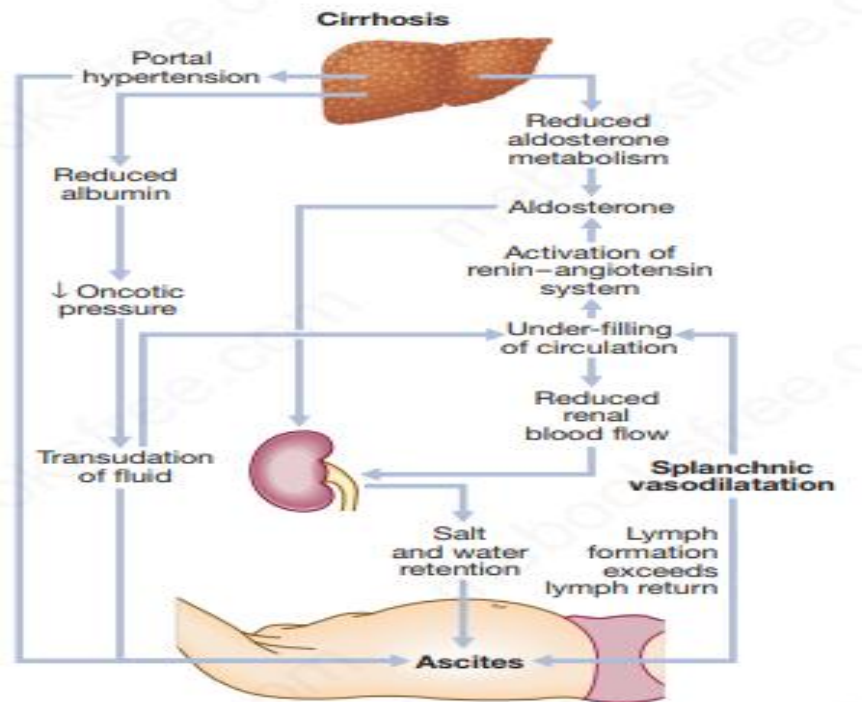
Other causes-

1. Acute pancreatitis
2. Lymphatic obstruction
3. Infection –tuberculosis, Nephrotic syndrome
4. Hypo Proteinemia – protein losing enteropathy, malnutrition
5. Hepatic venous occlusion-Budd-Chiari syndrome, venous occlusive diseases

Rare causes-

1. Hypothyroidism
2. Constrictive pericarditis

PATHOPHYSIOLOGY OF ASCITES



- Ascites has numerous causes, the most common of which are malignant disease, cirrhosis and heart failure.
- Many primary disorders of the peritoneum and visceral organs can also cause ascites, and these need to be considered even in a patient with chronic liver disease
- Splanchnic vasodilatation is thought to be the main factor leading to ascites in cirrhosis. This is mediated by vasodilators (mainly nitric oxide) that are released when portal hypertension causes shunting of blood into the systemic circulation.
- Systemic arterial pressure falls due to pronounced splanchnic vasodilatation as cirrhosis advances. This leads to activation of the renin-angiotensin system with secondary aldosteronism, increased sympathetic nervous activity, increased atrial natriuretic hormone secretion and altered activity kallikrein- kinin system.
- These systems tend to normalize arterial pressure but produce salt and water retention. In this setting, the combination of splanchnic arterial vasodilatation and portal hypertension alters intestinal capillary permeability, promoting accumulation of fluid within the peritoneum.

CLINICAL FEATURES

SYMPTOMS

- Abdominal distension
- Abdominal discomfort
- Feeling of fullness even with small amounts of food
- Shortness of breathe
- Fatigue

SIGNS

- INSPECTION- rounded, symmetrical abdomen with bulging flanks. Umbilicus is everted
- PALPATION- Abdomen is doughy or fluctuant
- PERCUSSION- shifting dullness. Fluid thrill present in tense ascites

INVESTIGATIONS

- Ultrasonography is the best means of detecting ascites, particularly in the obese and those with small volumes of fluid.
- Paracentesis (if necessary under ultrasonic guidance) can be used to obtain ascitic fluid for analysis.
- The appearance of ascitic fluid may point to the underlying cause
 1. Straw- colored or light green- cirrhosis
 2. Bloody- malignant diseases
 3. Cloudy- infection
 4. Heavy bile staining- biliary communication
 5. Milky white- lymphatic obstruction
- Pleural effusions are found in about 10% of patients, usually on the right side (hepatic hydrothorax); most are small and identified only on chest X-ray, but occasionally a massive hydrothorax occurs. Pleural effusions, particularly those on the left side, should not be assumed to be due to the ascites.

Measurement of the protein concentration and the serum– ascites albumin gradient (SAAG) can be a useful tool to distinguish ascites of different aetiology.

HIGH ALBUMIN GRADIENT

1. Cirrhosis
2. Acute alcoholic hepatitis
3. Heart failure
4. Nodular regenerative
5. Cirrhotic- >11g/dl ~ 96% ascites.
6. Venous outflow obstruction due to cardiac failure or hepatic venous outflow obstruction can also cause a transudative ascites, as indicated by an albumin gradient of >11 g/L (1.1 g/dL) but, unlike in cirrhosis, the total protein content is usually >25 g/L (2.5 g/dL).
7. Laparoscopy can be valuable in detecting peritoneal disease.
8. The presence of triglyceride at a level >1.1 g/L (110 mg/dL) is diagnostic of chylous ascites and suggests anatomical or functional abnormality of lymphatic drainage from the abdomen. The ascites in this context has a characteristic milky-white appearance.

COMPLICATIONS

1. Renal failure
2. Hepatorenal syndrome
3. Type 2 hepatorenal syndrome

HOMOEOPATHIC MANAGEMENT

From Repertory of Homoeopathic Materia Medica- J.T Kent

ABDOMEN- DROPSY ascites : Acet-ac., acon., *agn.*, **Apis.**, **Apoc.**, *arg-n.*, **Ars.**, asaf., aur-m-n., *aur-m.*, *aur.*, *bry.*, *calc.*, cann-s., *canth.*, carb-s., *card-m.*, caust., *chel.*, *chim.*, *chin-a.*, *chin.*, *colch.*, coloc.,

crot-h., cur., *dig.*, *dulc.*, *ferr-ar.*, *fl-ac.*, *graph.*, *hell.*, *helon.*, *hep.*, *iris.*, *kali-ar.*, *kali-br.*, *kali-c.*, *kali-chl.*, *kali-p.*, *kali-s.*, *kalm.*, *lact.*, *led.*, **Lyc.**, *mag-m.*, *med.*, *merc.*, *mill.*, *nux-v.*, *phos.*, *prun-s.*, *puls.*, *sabin.*, *senec.*, *sep.*, *sil.*, *spong.*, *squil.*, *sulph.*, **Ter.**

1. APIS MELLIFICA- It acts on cellular tissues causing edema of skin and mucous membranes. Swelling and puffiness of various parts. It produces serous inflammation with effusions, membranes of heart, brain, pleuritic effusions etc. Extreme sensitiveness to touch and general soreness is marked. Sore, bruised on pressure, when sneezing. Extremely tender. Dropsy of abdomen.
2. APOCYNUM CANNABINUM- It increases secretions of mucus and serous membranes and acts on cellular tissue, producing edema and dropsy. This is one of our most efficient remedy in dropsy, ascites, anasarca, hydrothorax and urinary troubles. Dropsy is characterized by great thirst and gastric irritability. Sensation of sinking in stomach. Acute alcoholism. Dull, heavy, sick feeling. Oppression in epigastrium and chest, impending breathing.
3. ARSENICUM ALBUM- Abdomen swollen and painful. Ascites and anasarca. A/F alcoholism. Gnawing, burning pains like coals of fire; relieved by heat. Liver and spleen enlarged.
4. LYCOPODIUM CLAVATUM- Abdomen is bloated, full. Constant sense of fermentation in abdomen, like yeast working; upper left side. Liver sensitive. Brown spots on abdomen. Dropsy due to liver diseases. Pain shooting across lower abdomen from right to left.
5. TEREBINTHINA OLEUM- Enormous distension. Hemorrhage from bowels. Abdominal dropsy; pelvic peritonitis.
6. KALIUM CARBONICUM- Flatulence. Felling of lump in pit of stomach. Bloating. Constant feeling as if stomach is full of water. Stitches in liver. Old chronic liver troubles with soreness. Jaundice and dropsy. Distension and coldness of abdomen. Pain in left hypochondrium through abdomen; must turn on right side before he can rise.

CASE STUDY

A 60 years old male patient came to OPD on 15-10-24, complaining distension and feeling of heaviness in abdomen, since a year, which is aggravated after eating, along with sensation of tightness in chest with breathlessness, and cough with white sputum, which is aggravated at night, lying .He also complained about pain in both knee joints, with pricking sensation, which is aggravated from first motion, night, walking and ameliorated by continued motion. Patient is k/c/o hypertension, since 8 years, currently under allopathic medication. Patient also had history of jaundice, 2 years back, he used herbal medicine. Patient had cataract surgery of right eye, 2 years back, underwent allopathic treatment.

Mental generals

Patient is anxious about health and he feels sad, as he is unable to go to work, due to his health condition.

Physical generals

Appetite: moderate, 2 times /day

Desires: Hot food, eats fresh food

Thirst: 2-4 lit/day, large at long intervals.

Bowels: regular

Urine: clear, 3-4D/0-1N, no burning

Perspiration: profuse, all over face

Sleep: Refreshed

Thermals: Ambithermal

Habits and addiction: Takes alcohol - 2pegs every night, smokes 4-5times a day

SYSTEMIC EXAMINATION

GASTROINTESTINAL SYSTEM:

On examination:-

On Inspection- distension of abdomen, Umbilicus everted

No scars are seen. Abdomen movements are visible

On Palpation- no tenderness

On Percussion- Hypertympanic sounds over umbilicus and dullness over flanks.

On Auscultation- Bowel sounds are heard

Fluid wave test – Positive

Circumference of abdomen : 120cm

PROVISIONAL DIAGNOSIS: Ascites

DIFFERENTIAL DIAGNOSIS: Cirrhosis, Hepatitis, Budd-Chiari syndrome.

Shreyaan-Ishaan Educational Society's
HAMSA HOMEOPATHY MEDICAL COLLEGE
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 Ksheerasagar Vill., Mulugu Mandal, Siddipet Dt. Telangana
 Ph. Nos. 63004 40493 / 6302578721 Email: hamsahomeopathy@gmail.com

NAME: _____ SEX: MALE
 REQ NO : IP AGE : 60 YEARS
 REF BY : Dr.ABHJEEETH DATE : 15/10/2024

LIVER FUNCTION TEST

Parameter	Result	Reference Range
Bilirubin Total	1.3 mg/dl	0.3 – 1.2 mg/dl
Bilirubin Conjugated	0.3 mg/dl	< 0.3 mg/dl
Bilirubin Unconjugated	1.0 mg/dl	0 – 0.9 mg/dl
Alkaline Phosphatase	151 IU/L	35– 120 IU/L
S.G.P.T	36 IU/L	< 45 IU/L
S.G.O.T	23 IU/L	< 40 IU/L
Total Protein	6.9 mg/dl	6.6 – 8.3 gm/dl
Albumin	3.7 mg/dl	3.5 – 5.2 gm/dl
Globulin	3.2 mg/dl	2.6 – 3.9 gm/dl
A/G Ratio	1.1	1.0 – 1.7

LABORATORY CHARGE

* Suggested Clinical correlation, if necessary kindly discuss

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NAME: _____ SEX: MALE
 REQ NO : IP AGE : 60 YEARS
 REF BY : Dr.ABHJEEETH DATE : 15/10/2024

BIO CHEMISTRY REPORT

PARAMETER	RESULT	REFERENCE RANGE
SERUM CREATININE	1.6 mg/dl	Male 0.7-1.4 mg/dl Female 0.6-1.2 mg/dl
BLOOD UREA	22 mg/dl	13 – 45 mg/dl
SERUM URIC ACID	4.1 mg/dl	Male 3.5 - 7.2 mg/dl Female 2.5- 6.0 mg/dl

*** END OF REPORT ***

* Suggested Clinical correlation, if necessary kindly discuss

Corporate Office:
 Hamsa Homeopathy Medical College, Research & Diagnostic Centre, Siddipet, Telangana
 www.hamsahomeopathy.org

LABORATORY INVESTIGATIONS:

ANALYSIS OF CASE:

Mental generals-

- Anxiety about his health
- Angry that unable to do work

Physicals-

- Thirst- large quantities at long intervals.
- Desires- hot food, eats fresh food
- Perspiration –profuse, all over face

Characteristics particulars-

- Pain in both knee joints with pricking sensation
- Aggravation on first motion, night, walking.
- Amelioration from continued motion.
- Distension of abdomen
- Feeling of heaviness in abdomen
- Aggravation after eating
- Tightness in chest.
- Breathlessness.
- Cough with white sputum.
- Aggravation from night, lying.

TOTALITY OF SYMPTOMS:

1. Anxiety about his health
2. Angry that unable to work
3. Thirst- large at long intervals.
4. Desires- hot food, eats fresh food
5. Perspiration -profuse all over face
6. Pain in both knee joints with pricking sensation
7. Aggravation on first motion, night, walking.
8. Amelioration from continued motion.
9. Distension of abdomen
10. Feeling of heaviness in abdomen
11. Aggravation after eating
12. Tightness in chest.
13. Breathlessness.
14. Cough with white sputum.
15. Aggravation from night, lying.

REPERTORIAL TOTALITY:

Abdomen -Distension

Abdomen-Ascitics - dropsy

Abdomen - Ascites- dropsy- liver complaints with

Abdomen- Ascites- dropsy- heart complaints with

Abdomen -heaviness as from a load or weight, walking

PRESCRIPTION:

APOCYNUM CANNABINUM

30C, water dose, 10 drops

FOLLOW UP:

15-10-24	<p><u>2pm:</u> Distension of abdomen slightly reduced Nausea relieved. Pain in abdomen reduces. Abdomen circumference 120cm</p> <p><u>5pm:</u> Cough aggravated. Pain in abdomen reduced.</p> <p><u>7pm:</u> Cough got better. Pain in abdomen reduced.</p> <p><u>9pm:</u> Distension of abdomen reduced. Pain in abdomen reduced. Generals: All good</p>	<p>Rx Apocynum Cannabinum 30c water dose , 10 drops</p> <p>Rx Continuing the same.</p> <p>Rx Continuing the same.</p> <p>Rx Continuing the same.</p>
16-10-24	<p><u>8am:</u> Abdominal circumference 118cm C/O Pain in epigastric region. C/O Nausea.</p> <p><u>10am:</u> Pain in epigastric region reduced. Nausea relieved. Generals: All good</p> <p><u>12pm:</u> Pain in epigastric region reduced. Cough reduced. Generals: All good</p> <p><u>3pm:</u> Abdomen circumference 116cm Distension of abdomen slightly reduced. Generals: All good</p> <p><u>6pm:</u> Complaints feeling better.</p> <p><u>9pm:</u> Distension of abdomen reduced.</p>	<p>Rx Continuing the same.</p> <p>Rx Continuing the same.</p> <p>Rx Continuing the same.</p> <p>Rx Continuing the same.</p> <p>Rx Continuing the same.</p>
17-10-24	<p><u>8am:</u> Abdomen circumference 116cm C/o nausea Generals good</p> <p><u>10am:</u> Generals good. Cough reduced.</p> <p><u>12pm:</u> Distension of abdomen reduced. Nausea relieved. Cough reduced.</p> <p><u>3pm:</u> Compliments feeling better. Generals good.</p> <p><u>7pm:</u> <u>Distension of abdomen reduced.</u> Patient feeling better.</p>	<p>Rx Continuing the same.</p> <p>Rx Continuing the same.</p> <p>Rx Continuing the same.</p> <p>Rx Continuing the same.</p> <p>Rx Continuing the same</p>

18-10-24	<p><u>8am:</u> Complaints feeling better. Abdomen circumference before food : 113cm. Abdomen circumference after food : 115cm</p> <p><u>10am:</u> Distension of abdomen reduced. Nausea reduced. Cough reduced.</p> <p><u>12pm:</u> complaints feeling better. Generals: All good</p> <p><u>3pm:</u> Patient is advised for Discharge.</p>	<p>Rx Continuing the same.</p> <p>Rx Continuing the same.</p> <p>Rx PL in aq 10 gtt</p>
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Laboratory investigations:(After treatment)

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Ph. Nos. 83004 40493 / 6302578721 Email: hamsahomeopathy@gmail.com

NAME : [REDACTED] SEX : MALE
REQ NO : IP AGE : 60 YEARS
REF BY : Dr. ABHIJITH DATE : 18/10/2024

BIO CHEMISTRY REPORT

PARAMETER	RESULT	REFERENCE RANGE
SERUM CREATININE	1.2 mg/dl	Male 0.7-1.4 mg/dl Female 0.6-1.2 mg/dl
BLOOD UREA	29 mg/dl	13 - 45 mg/dl
SERUM URIC ACID	5.5 mg/dl	Male 3.5 - 7.2 mg/dl Female 2.5 - 6.0 mg/dl

**** END OF REPORT ****

* Suggested Clinical correlation, if necessary kindly discuss

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NAME : [REDACTED] SEX : MALE
REQ NO : IP AGE : 60 YEARS
REF BY : Dr. ABHIJITH DATE : 18/10/2024

LIVER FUNCTION TEST

Parameter	Result	Reference Range
Bilirubin Total	1.2 mg/dl	0.3 - 1.2 mg/dl
Bilirubin Conjugated	0.3 mg/dl	< 0.3 mg/dl
Bilirubin Unconjugated	0.9 mg/dl	0 - 0.9 mg/dl
Alkaline Phosphatase	137 IU/L	35 - 120 IU/L
S.G.P.T	29 IU/L	< 45 IU/L
S.G.O.T	25 IU/L	< 40 IU/L
Total Protein	6.5 mg/dl	6.6 - 8.3 gm/dl
Albumin	3.7 mg/dl	3.5 - 5.2 gm/dl
Globulin	2.8 mg/dl	2.6 - 3.9 gm/dl
A/G Ratio	1.3	1.0 - 1.7

**** END OF REPORT ****

* Suggested Clinical correlation, if necessary kindly discuss

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Telangana, India - 502019
Phone No. 08874-24244
Email: rvmcharitabletrust@gmail.com

UHD : 202410191214
Name : [REDACTED]
Age/Gender : 54 Years/Male
Visit Type : OP
Consultant : Dr. [REDACTED] (General Medicine)

Ref No. : RVMOP/24117890
Order Date : 19/10/2024 12:38 PM
Reporting Date : 19/10/2024 2:44 PM
Radiology ID : 50223

ULTRA SOUND SCAN OF THE ABDOMEN
Liver : Span measures 14cm. No focal lesions noted. Intra and extra hepatic radicles are normal. CBD and portal vein are normal.
GB : Contracted.
Pancreas : Normal in size, shape and echotexture. No focal or diffuse lesions are noted. PD is normal. Peri pancreatic planes are normal.
Spleen : Span measures 9cm. No focal or diffuse lesions are noted.
Kidneys : Both kidneys show increase in cortical echotexture.
Right kidney : Normal in size, shape and position measures 93X46mm. Pelviccalyceal system normal.
Left kidney : Normal in size, shape and position measures 97X48mm. Pelviccalyceal system normal.
Urinary Bladder : Partially distended. Hence prostate could not be assessed.
No free fluid in abdomen
Visualized bowel loop appears normal with normal peristalsis.

IMPRESSION :
Bilateral grade I-II renal parenchymal changes.
SUGGESTED CLINICAL CORRELATION
ADV FURTHER EVALUATION

—End of Report—

Radiology Technician : [REDACTED]
Signed By : [REDACTED] (MD)

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Telangana, India - 502019
Phone No. 08874-24244
Email: rvmcharitabletrust@gmail.com

UHD : 202410191214
Name : [REDACTED]
Age/Gender : 54 Years/Male
Visit Type : OP
Consultant : Dr. [REDACTED] (General Medicine)

Ref No. : RVMOP/24117890
Order Date : 19/10/2024 12:38 PM
Reporting Date : 19/10/2024 2:39 PM
Radiology ID : [REDACTED]

2D ECHO-COLOUR DOPPLER STUDY
MITRAL VALVE : Normal
AORTIC VALVE : Normal
PULMONARY VALVE : Normal
TRICUSPID VALVE : Normal
LEFT ATRIUM : 3.1 cms
LEFT VENTRICLE : Normal
EDD = 4.5
ESD = 3.0
IVSD = 1.0
PWID = 1.0
EF = 55%
FS = 25%

RWMA : Nil
RIGHT ATRIUM : Normal
RIGHT VENTRICLE : Normal
AORTA : 2.2 cms
PULMONARY ARTERY : Normal
IAS : Intact
IVS : Intact
IVC / SVC/CS : IVC - Normal
PULMONARY VEINS : Normal
PERICARDIUM : Nil

COLOR FLOW MAPPING & DOPPLER MR : AR : TR : PR :
MITRAL FLOW : E 0.8 m/sec A 0.5 m/sec E > A
AORTIC FLOW : Normal
PULMONARY FLOW : Normal
TRICUSPID FLOW : Normal

IMPRESSION :
No LV RWMA
Normal LV Systolic Function
Normal Diastolic Function
No TR/MR/AR
No PE/Clot/Veg

—End of Report—

Radiology Technician : [REDACTED]
Signed By : [REDACTED]