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Innovative Concepts of Treating

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Corresponding Author: Dr. C G Rudrappa

I. Synopsis

• Necessary is the mother of invention. In my entire lifespan i.e. for the last 40 years of life has been spent in search of why, where, when, whom. I had faced these problems and tried to find solution for myself. 10 years back I had postulated a hypothesis that by disintegrating an atom of one liter water and we can get electricity by that process, by using that electricity we can prepare hybrid electric car. That patent had been taken by Japanese govt because of my lack of knowledge regarding where and whom I have to submit. Till today I am having the same problem and tried answer for why, where, when etc.

My journey started like this.

In my collage days I had a close friend, he is son to their parents and richest person, he was having big problem of lack of babies. His wife aborted 6 times and his relatives advised him to diverse his wife. My friend told me about that and asked my suggestion regarding the problem. I had requested him not to diverse and made promise to him saying that I will give full justice to mine friendship. After promising, searched for solution and fed up lastly I come to a conclusion that why I should not take the benefit of homogeneity and heterogeneity theory. By help of this postulation I had successes in getting full term male baby and three male babies' consecutive deliveries. Even though I am not a gynecologist, I had cured hundreds of families of those having same problems.

• I was working as a PHC medical officer which is having more than twenty five thousand populations. Whole PHC area and entire H.K.E area in Karnataka had serve epidemic out-braking of chicken guinea viral infection. At that time there was acute shortage of medicines. In my PHC I am having only two lacks of ferrous sulphate tablets. At that time 50% of the PHC population suffered from chicken gunny infection. There was no option left for me and came to conclusion that ferrous sulphate acts as a chelating agent and moreover it is having side effects of joint pain. So I made use of this property and advised my paramedical staff to supply

1. FERROUS SULPHATE TABLET
2. ANALGESIC TABLETS IN BID TO FIVE DAYS.

Within five days treated all patients, got rid of that symptoms. All are keeping good health. That has encouraged me to advise the same treatment to all the patients those who are suffering from Chikungunya disease.

• My paramedical staff member suffered from DH fever. And referred to higher to center for dengue fever treatment and he was indoor/ ICU patient for one month and treated. After six month it relapsed of DH fever in that patient at that time I was afraid about his health and moreover this time we may sacrifice his life due to this dreaded disease. I told him I will take risk if anything happens let it happen with me only. That patient agreed and treatment started after serological establishment of highly ns 1 positive blood had made a triturated solution from sterile blood of positive dengue fever blood boiled to solid form triturated in different potencies and used five to ten drops orally four times a day. First day

Itself 50% of the symptoms disappeared and within three days patient turns negative for dengue serologically. Since then I am making use of this procedure cheap, affordable with 100% result.

• Saddle sac appearing in pregnant women is noticed in ill- treated false pain pregnant women after delivery. So I concluded this is a mere a physiological Imbalance of female hormones during gestation period.

• By defining whirlwind an idea of preparing electricity on a commercial way by using modified wind mill concept and by watching jagannath puri shrine rice

Preparation encouraged me to postulate extension of thermo - dynamics third law. An idea of using full 5000" c by making use of converging mirror focal disc with universal insulator and super conductor concept has been prepared.

• Problem of why kedareshwar temple destroyed during big flooding time- made me to postulate formula of motion.

Above said factors will help developing countries in their socio- economic status, health improvements of countrymen.

Finally I am remembering statement of punnykoti Kannada version to all genuine medical faculties and physics faculty members to please consider me sympathetically.

Reference:
1. Devidson's Medicine
2. Harrison's Medicine

Thanking you all

Abstract*: Chicken gunniea fever is a viral infection caused by mosquito's bites and the treatment is only symptomatic. It is having high fever, muscular pain, joints pain. The pain is intractable; pain with high fever is lasting long period. Now and then we are facing epidemic /endmic spreading of chikunngunny throughout whole country, irrespective of age, sex, caste, and creed.*

Date of Submission: 13-05-2019 Date of acceptance: 30-05-2019

Introduction

Our country has huge population of illiterates, poor hygienic conditions, and weaker economical conditions. These are all factors which are favorable conditions to spread infection. Throughout year entire community / village / country will be affecting by chikungunny epidemic/endemic. So there is no actual line of treatment. We are treating chikungunny fever according to symptomatic conditions. It is a unhealthy process an d economically burden/physiclogical burden/ physical burden on an individual / community / village / state/ country. If the patient treated with IV drips along with antipyretic, analgesic medicines, symptoms will be reduced but on the part of the health of the patient it is very troublesome treatment and time consuming.

Materials and Methods: SMIORE ACH

To cure symptoms of chikungunny fever, it wwill take more than six months or more to get rid of all thise symptoms from that individual patient. As a general patio nerd I had faced all consequences because we do not have sufficient amount of medicine and preventive measures to control . lf chikungunnya disease. As I have faced one severe epidemic outbreak of Chikungunya w hen I was working as a primary health center doctor.

The primary health center wherein I was working is having more than 25 thousand population. Due to this epidemiocity, more than 60% of the population of **PHC** had has been suffered from Chikungunya. At that time in our **PHC,** analgesic /antipyretic medicines were not available to meet out the demand. But I was having only ferrous sulphate tablets. Suddenly my memory recalled, a née how ferrousulphate works as a chelating agent, moreover in some patient

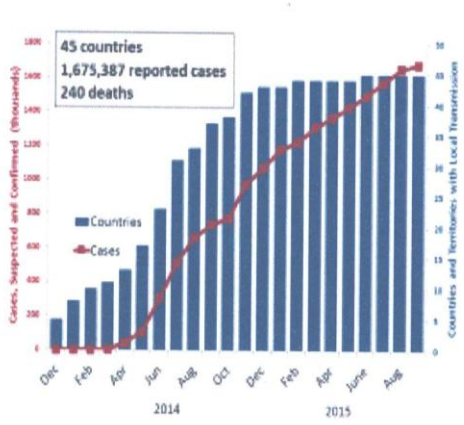
Study Design: Prospective open label observational study
Study Location: SMIORE Arogya Community Health Centre, Sandur
Study Duration: 2006 to 2009
Study Size: 25 Thousand App. (100 Praticed) 2 members lab report attached.
Subjects and Selection Method: Targeted population visiting hospital PHC & ACHC sandur
Inclusion Criteria: Not Suggested
Exclusion Criteria: No such as

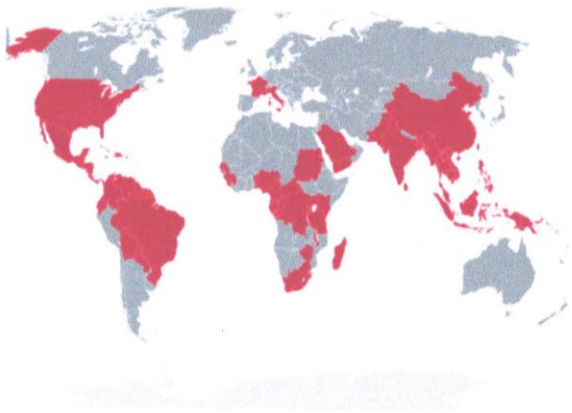
It will have joint pains as side effects of. So I started the treatment with 1.antipyretic drug 1bd for 5 days 2.0ne ferrous sulphate tablets 1bd for 5 days. Within five days, entire population affected by Chikungunya has been r recovered with no residual symptoms. Till now all are feeling well because I am in regular touch with that PHC population. For the last 15 years I am treating the Chikungunya patients with the said above treatment. This is economically viable. There is no residual effect / there are no bed ridden cases. All patients are e happy to whom I have given the treatment.

Conclusion

So this is my heart feeling appeal to the genuine faculty members, think it over and proceed to save the nations' economy and heath of an individual country fellow men.Now more happiest person in my medical field because by chance community / village / state / country if suffered from this fever, if Chikungunya epidemic occurs I am having capacity to treat my whole population without hampering anybody's' economical condition /health of an individual patients. All genuine medical faculty members may so please consider my views which has come out of my experience and it can be contracted by health provider team with proper guidance

Incidence Space:





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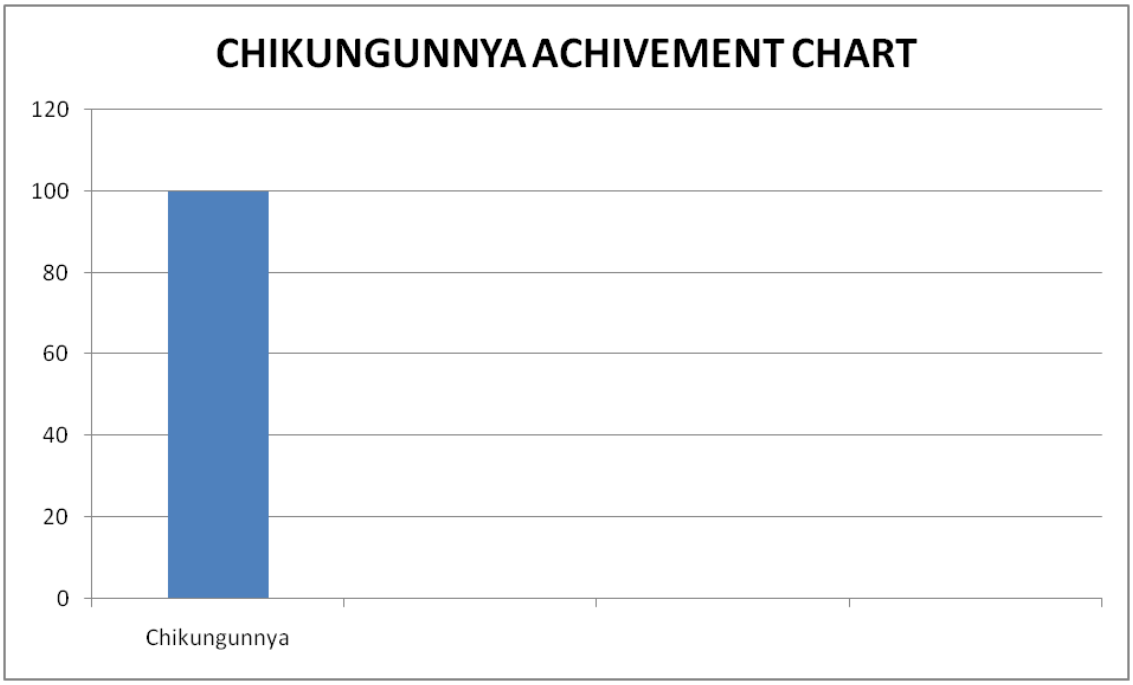


100% Achieved.

Reference

1. Devidson's Medicine
2. Harrison's Medicine

Thanking you all

SUPPORTIVE CASE STUDIES:

1. NAME: MRS. PUSHPA W/O J.BADI **DATE: 07/09/2017**

AGE: 55

SEX: FEMALE

Chief Complaints: fever with chills - three days body pain jo ints pain unable to walk.

Present history: Ever temperature of 102 degree f with chills. Sever body pain, intractable joints pain and she is unable to errect and bed ridden. Pain in bigger joints and as well as small joints are more for that reason she is unable to walk and sit and she is unable to eat also due to pain in the jo ints

Past history: IV fluids with antipyretic along with taxim gm given for three days. Fever and chills subsided but she is unable to walk and sit for the last three month. viral antipyretic given daily but symptoms doesn't subsided. After three months

Family history: nothing significant.

Investingation:

Blood Test: cbc, widal, dengue, mp, chinken gunnia.
Serelogically proved chiken gunniea positive.

Treatment: patient came to me with same chill complaints, I started the following treatment.

1. Tab: Zerodol .O BID * 5 Day
2. Tab: Rantac 150mg one BID * 5 Days (before food)
3. Tab: Livogen (150mgs of elemental iron) one BID * 5 Days.

After 5 days 80% of the symptoms disappeared and patient is unable to walk, move around herself without any bodies assistance. Another next five days treatment patient is *free* from symptoms and carrying her own works.

Conclusion: this is my clinical experience that initial treatment with above same treatment patient will be 100% normal without no residual effects and any residual effect. Post- treated patients also respond well with this treatment without having any residual effects.

SMIORE's AROGYA COMMUNITY HEALTH CENTRE
Kudligi Road, Sandur-583119, Ph : 94814 66034, 08395 260304
LABORATORY TEST REPORT

Date : 07-9-2017

Name	Mrs. Pushpa		Age	55 Yrs	Sex : M/F
Ref by	Dr. C.G. Reddy		LAB ID NO:		
TEST	Observed value	NORMAL RANGE	TEST	Observed value	NORMAL RANGE
HAEMATOLOGY			**BIO-CHEMISTRY**		
HAEMOGLOBIN :	grm/dl	M-15 to 17, F-12 to 15 gms/dl	F B S	mg/dl	70-100 mg/dl
TOTAL COUNT :	cells/cumm	4000-11000cells/cumm	P P B S	mg/dl	80-140 mg/dl
DC: NEUTROPHILS :	%	40-75	R B S	mg/dl	80-150 mg/dl
LYMPHOCYTES :	%	20-45, 0-6yrs:40-75%	GRBS	mg/dl	80-160 mg/dl
MONOCYTES :	%	2-10%	HBA1c	mg/dl	5.2-7.2 Prgnt women 4.5 – 6.0
EOISNOPHILS :	%	0-6%	Mean value	mg/dl	80-160 mg/dl
BASOPHILS :	%	0-2	**RENAL PROFILE**		
ESR :	mm/1hr	M 0-15 mm/1hr F-0.20 M-	UREA	mg/dl	20-40mg/dl
PLATELET COUNT :	lak/cumm	1.5 – 4.5 lak/cumm	Creatinine	mg/dl	0.7 -1.4mg/dl
A E C :	cells	40-440 cells	S URIC ACID	mg/dl	2.4-7.0 mg/dl
BLEEDING TIME :	minutes	2-8 minutes	**LIPID PROFILE**		
CLOTTING TIME :	minutes	8-15 minutes	CHOLESTEROL	mg/dl	< 200mg/dl
Preipheral Smear for MP :			H D L	mg/dl	40-80mg/dl
BLOOD GROUPING Rh TYPING:			L D L	mg/dl	80-130mg/dl
SEROLOGY			V L D L	mg/dl	30-40mg/dl
MP PF&PV	Negative	IDV Tri-Dot 1&II	TRIGLYCERIDES	mg/dl	50- 150 mg/dl
WIDAL :	Negative	HBsAg	**LIVER FUNCTION TEST**		
		VDRL	BILIRUBIN TOTAL	mg/dl	0.8-1.4 mg/dl
S TYPHI "O"		HCV	BILIRUBIN DIREC	mg/dl	0-0.6 mg/dl
S TYPHI "H"		RA FACTOR	INDIRECT BILI	mg/dl	0-0.4 mg/dl
A H		CRP	SGOT	U/L	<40U/L
B H		ASLO	SGPT	U/L	<40U/L
Typhi Dot		Chikun IgM POSITIVE	TOTAL PROTEINS	g/dl	6.6-8.3 g/dl
DENGUE IgG&IgM	Negative	**Cardic Enzyme**	ALBUMINE	g/dl	3.5-5.0 g/dl
Dengue NS 1	Negative	TROP I	Alkaline phoshatase	U/L	50-150 U/L
URINE TEST			**Serum Electrolytes**		
Albumin			Sodium Na+	mmol/L	135-145 mmol/L
Sugar FUS:	PPUS:	RUS:	Potassium K+	mmol/L	3.5-5.0 mmol-L
Microscopy :			Chloride Cl-	mmol/L	94-110 mmol/L
			Ionic Calcium Ica	mg/dl	4.0-4.8 mg/dl
Bile Salt			**Prothrombin Time**		
Bile Pigment			Prothrombin Time		9.5 – 13.5 Sec
Ketone Bodies					
Pregnancy test			INR Valve		
Stool Test			APTT		20-36 Sec
Reducing Substances			**Sputum for AFB**		
Occult Blood			1st Sample		
Microscopy :			2nd Sample		
			Microscopy :		

Lab technician

2. NAME: MR. SHAIKSHAVALI LAB TECH (SMIORE ACHC SANDUR)
DATE:02/09/2017
AGE: 35
SEX: MALE

Chief Complaints: Fever with chills – One Day
Body pain joints pain unable to walk

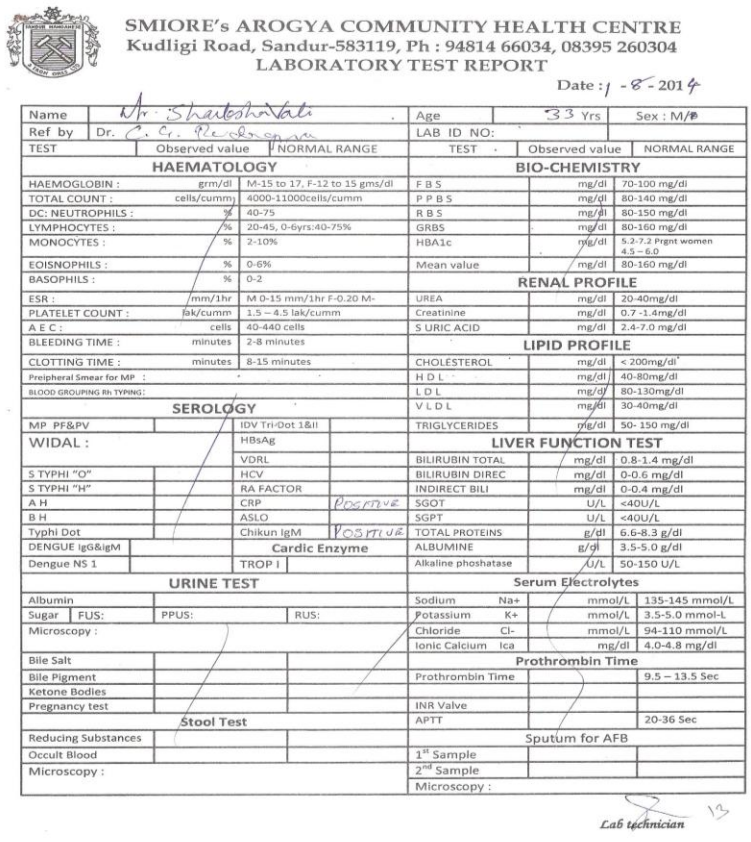
Present History: Patient came with sever body pain with high fever with unable to walk patient looks like exhausted**.**
Past History: Nothing significant

Family History: Nothing significant

Investigation:
Blood Test: CBC, Widal, Dengue, MP, Chikungunya
Serlogically proved chikengunniea positive.

Treatment: patient Early in the morning ours about 10 AM patient comes to me with same above side signs and symptoms and treatment started as below return treatment. By evening on the same day about 5 PM patient come to me saying that 50 % sign and symptoms recovered and able to do his work. Below retendered treatment is advised for another few days.
1. Tab: Zerodol .O BID * 5 Day
2. Tab: Rantac 150mg one BID * 5 Days (before food)
3. Tab: Livogen (150mgs of elemental iron) one BID * 5 Days.

After 5 days 80% of the symptoms disappeared and patient is unable to walk, move around herself without any bodies assistance.
Conclusion : this is my clinical experience that initial treatment with above same treatment patient will be 100% normal without no residual effects and any residual effect.



SMIORE's AROGYA COMMUNITY HEALTH CENTRE
Kudligi Road, Sandur-583119, Ph : 94814 66034, 08395 260304
LABORATORY TEST REPORT

Date : 1 - 8 - 2017

Name	Mr. Shaikshavali	Age	33 Yrs	Sex : M/F
Ref by	Dr. C. Cr. Pleckanavar	LAB ID NO:		

TEST	Observed value	NORMAL RANGE
HAEMATOLOGY		
HAEMOGLOBIN :	grm/dl	M-15 to 17, F-12 to 15 gms/dl
TOTAL COUNT :	cells/cumm	4000-11000cells/cumm
DC: NEUTROPHILS :	%	40-75
LYMPHOCYTES :	%	20-45, 0-6yrs:40-75%
MONOCYTES :	%	2-10%
EOISNOPHILS :	%	0-6%
BASOPHILS :	%	0-2
ESR :	mm/1hr	M 0-15 mm/1hr F-0.20 M-
PLATELET COUNT :	lak/cumm	1.5 – 4.5 lak/cumm
A E C :	cells	40-440 cells
BLEEDING TIME :	minutes	2-8 minutes
CLOTTING TIME :	minutes	8-15 minutes
Peripheral Smear for MP :		
BLOOD GROUPING Rh TYPING:		
SEROLOGY		
MP PF&PV		IDV Tri-Dot 1&II
WIDAL :		HBsAg
		VDRL
S TYPHI "O"		HCV
S TYPHI "H"		RA FACTOR
A H		CRP POSITIVE
B H		ASLO
Typhi Dot		Chikun IgM POSITIVE
DENGUE IgG&IgM		**Cardic Enzyme**
Dengue NS 1		TROP I
URINE TEST		
Albumin		
Sugar FUS:	PPUS:	RUS:
Microscopy :		
Bile Salt		
Bile Pigment		
Ketone Bodies		
Pregnancy test		
Stool Test		
Reducing Substances		
Occult Blood		
Microscopy :		

TEST	Observed value	NORMAL RANGE
BIO-CHEMISTRY		
F B S	mg/dl	70-100 mg/dl
P P B S	mg/dl	80-140 mg/dl
R B S	mg/dl	80-150 mg/dl
GRBS	mg/dl	80-160 mg/dl
HBA1c	mg/dl	5.2-7.2 Prgnt women 4.5 – 6.0
Mean value	mg/dl	80-160 mg/dl
RENAL PROFILE		
UREA	mg/dl	20-40mg/dl
Creatinine	mg/dl	0.7 -1.4mg/dl
S URIC ACID	mg/dl	2.4-7.0 mg/dl
LIPID PROFILE		
CHOLESTEROL	mg/dl	< 200mg/dl
H D L	mg/dl	40-80mg/dl
L D L	mg/dl	80-130mg/dl
V L D L	mg/dl	30-40mg/dl
TRIGLYCERIDES	mg/dl	50- 150 mg/dl
LIVER FUNCTION TEST		
BILIRUBIN TOTAL	mg/dl	0.8-1.4 mg/dl
BILIRUBIN DIREC	mg/dl	0-0.6 mg/dl
INDIRECT BILI	mg/dl	0-0.4 mg/dl
SGOT	U/L	<40U/L
SGPT	U/L	<40U/L
TOTAL PROTEINS	g/dl	6.6-8.3 g/dl
ALBUMINE	g/dl	3.5-5.0 g/dl
Alkaline phoshatase	U/L	50-150 U/L
Serum Electrolytes		
Sodium Na+	mmol/L	135-145 mmol/L
Potassium K+	mmol/L	3.5-5.0 mmol-L
Chloride Cl-	mmol/L	94-110 mmol/L
Ionic Calcium Ica	mg/dl	4.0-4.8 mg/dl
Prothrombin Time		
Prothrombin Time		9.5 – 13.5 Sec
INR Valve		
APTT		20-36 Sec
Sputum for AFB		
1st Sample		
2nd Sample		
Microscopy :		

Lab technician

DENGUE FEVER

Author:*Dr. C G RudrappaChief Medical Officer, SMIORE Arogya Community Health Center, Sandur (Post) - 583119Bellary (Dist), Karnataka (State), India.*

Abstract:

Dengue fever is a vector born disease viral infection caused by mosquito biting. ie, dengue fever presents with.

1. DENGUE FEVER
2. DENGUE HAEMORRHAGIC FEVER
3. PRESENTS WITH DENGUE SYNDROMES.

DHF & DENGUE fever is having high potentiality to cause various health hazardous & high morbidity / high mortality. As our country is developing country, ignorance / illiteracy / poor economical status & poor hygienic conditions are the entire factors which are helpful in spreading infection.

If timely diagnosing treatment have not taken place, morbidity & mortality is high .now we are having specific diagnostic approach to diagnose the disease has early possible but thing is that no proper line of treatment. Virus doesn't responding to any particular antibiotics. We have to take all symptomatic measurements to save the lives of patient.

Introduction:

Dengue fever is there throughout country either in the form of epidemic / endemic irrespective of caste / creed / sex / educational level / regional level .if the disease is spreading in the epidemic form in high temperature zonal area then spreading factor of the disease is more & virus grows in multiple proportions . In such cases every parameters of preventive / curative measures are not sufficient. If it goes behind the control then it is very risky factor on an individual / economy / community and so on.

Study Design: Prospective open label observational study

Study Location: SMIORE Arogya Community Health Centre, Sandur

Study Duration: 2006 to 2009

Study Size: 1 Thousand App. (10 Practiced) 2 members lab report attached.

Subjects and Selection Method: Targeted population visiting hospital PHC & ACHC sandur

Inclusion Criteria: Not Suggested

Exclusion Criteria: No such as

In such situation symptomatic treatment morbidity / mortality rate is high as we are not having proper antibiotics to control vitamin conditions in such events.

By using homeopathic solution preparing by dengue fever positive blood by trituration method. We can prevent disease of an individual / community etc...,

By gave drops of 3 times for 3 days, is most effective preventing & cuing the dengue fever.

If triturated solution is given during the time of disease advanced phase & concomitantly using allopathic medicines. Gives 100% progress within a day or to. Patients will getrid off all symptoms of dengue fever & patient terms negativee serologicaly for dengue fever in 3 to 4 days.

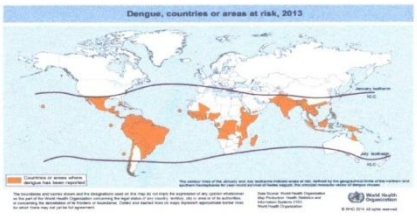
Conclusion

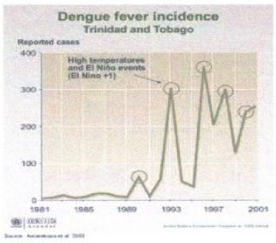
As such this is a reliable source of treatment where in morbidity / mortality rate is zero with 100% successful. By this treatment we can control the disease without affecting economy of an individual's / country.

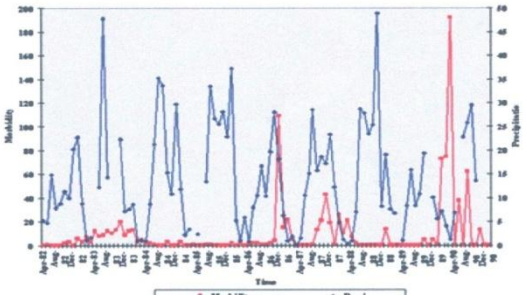
It is my earnest request to you all my genuine medical faculty members to consider my medical opinion.

My heart feeling appeal all my senior, genuine legends of medical faculty members & to have a sympathetic note on me sirs..,

Incidence Space:







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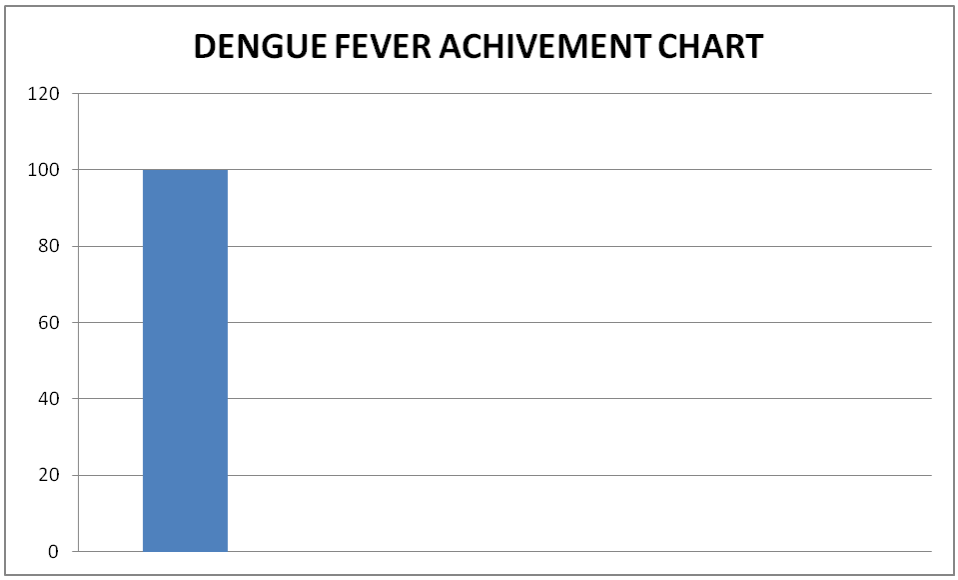

100% Achived.

Reference:

1. Devidson's Medicine
2. Harrison's Medicine

Thanking you all

NAME: MR. MD ISHQ LAB TECH (SMIORE ACHC SANDUR)
DATE:23.01.2016
AGE: 45
SEX: MALE
Chief Complaints: Fever with chills – Five Days
Body Pains with bone breaking pain which is intolerable, agonizing pain.
Present History: Patient came with sever body pain with high fever with unable to walk. Patient looks like exhausted and highly feverish with swatting.
Past History: Nothing significant

Family History: Nothing significant

Investigation:

Blood Test: CBC, WIDAL, DENGUE, MP, CHIKANGUNiYA DONE.

SERELOGICALLY PROVED Dengue NSL POSITIVE.

Treatment: early in the morning ours about 10 AM patient comes to me with same above said signs and symptoms and treatment started as below written treatment.

1. Iv ns one bottle (450ml)
2. Inj: Paracetamol amp iv
3. Inj: Rantac amp iv
4. lnj: xone 1gm iv (slowly, ATD) along with this.

Triturated solution of dengue fever blood sample given. Five drops three to four times a day for five days along with above mentioned allopathhic medicines. Within first day treatment more than 40%signs and symptoms recovered and within third day of treatment patient turns negative serologically. Further five days of treatment plate late count is about 3 lacks cells. Within five days of treatment patient is 100%recoved

conclusion: this is my clinical experience and evidence to prove the dengue fever treatment is 100% result oriented, most economically viable and not time consuming.

SMIORE's AROGYA COMMUNITY HEALTH CENTRE
Kudligi Road, Sandur-583119, Ph : 94814 66034, 08395 260304
LABORATORY TEST REPORT

Date 23-9-2015

Name	Mr. M.R. Ishwar	Age	45 Yrs	Sex : M/F
Ref by	Dr. C.G. Ruckmangada	LAB ID NO:		

TEST	Observed value	NORMAL RANGE
HAEMATOLOGY		
HAEMOGLOBIN :	grm/dl	M-15 to 17, F-12 to 15 gms/dl
TOTAL COUNT :	cells/cumm	4000-11000cells/cumm
DC: NEUTROPHILS :	%	40-75
LYMPHOCYTES :	%	20-45, 0-6yrs:40-75%
MONOCYTES :	%	2-10%
EOISNOPHILS :	%	0-6%
BASOPHILS :	%	0-2
ESR :	mm/1hr	M 0-15 mm/1hr F-0.20 M-
PLATELET COUNT :	lak/cumm	1.5 – 4.5 lak/cumm
A E C :	cells	40-440 celis
BLEEDING TIME :	minutes	2-8 minutes
CLOTTING TIME :	minutes	8-15 minutes
Preipheral Smear for MP :		
BLOOD GROUPING Rh TYPING:		
SEROLOGY		
MP PF&PV	Negative	IDV Tri-Dot 1&II
WIDAL :		HBsAg
		VDRL
S TYPHI "O"	1:160	HCV
S TYPHI "H"	1:160	RA FACTOR
A H	Negative	CRP
B H	Negative	ASLO
Typhi Dot		Chikun IgM
DENGUE IgG&IgM	POSITIVE/IgG	**Cardic Enzyme**
Dengue NS 1	POSITIVE	TROP I
URINE TEST		
Albumin		
Sugar FUS:	PPUS:	RUS:
Microscopy :		
Bile Salt		
Bile Pigment		
Ketone Bodies		
Pregnancy test		
Stool Test		
Reducing Substances		
Occult Blood		
Microscopy :		

TEST	Observed value	NORMAL RANGE
BIO-CHEMISTRY		
F B S	mg/dl	70-100 mg/dl
P P B S	mg/dl	80-140 mg/dl
R B S	mg/dl	80-150 mg/dl
GRBS	mg/dl	80-160 mg/dl
HBA1c	mg/dl	5.2-7.2 Prgnt women 4.5 – 6.0
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RENAL PROFILE		
UREA	mg/dl	20-40mg/dl
Creatinine	mg/dl	0.7 -1.4mg/dl
S URIC ACID	mg/dl	2.4-7.0 mg/dl
LIPID PROFILE		
CHOLESTEROL	mg/dl	< 200mg/dl
H D L	mg/dl	40-80mg/dl
L D L	mg/dl	80-130mg/dl
V L D L	mg/dl	30-40mg/dl
TRIGLYCERIDES	mg/dl	50- 150 mg/dl
LIVER FUNCTION TEST		
BILIRUBIN TOTAL	mg/dl	0.8-1.4 mg/dl
BILIRUBIN DIREC	mg/dl	0-0.6 mg/dl
INDIRECT BiLi	mg/dl	0-0.4 mg/dl
SGOT	U/L	<40U/L
SGPT	U/L	<40U/L
TOTAL PROTEINS	g/dl	6.6-8.3 g/dl
ALBUMINE	g/dl	3.5-5.0 g/dl
Alkaline phoshatase	U/L	50-150 U/L
Serum Electrolytes		
Sodium Na+	mmol/L	135-145 mmol/L
Potassium K+	mmol/L	3.5-5.0 mmol-L
Chloride Cl-	mmol/L	94-110 mmol/L
Ionic Calcium Ica	mg/dl	4.0-4.8 mg/dl
Prothrombin Time		
Prothrombin Time		9.5 – 13.5 Sec
INR Valve		
APTT		20-36 Sec
Sputum for AFB		
1st Sample		
2nd Sample		
Microscopy :		

Lab technician

AME: MR. MANJUNATH.R **DATE:10/7/2015**
AGE: 29 YEARS **SEX: MALE**

Chief complaints: -fever, with chills 2 days,
Body aches with breaking joint pains, vomiting. Black stool defecation.

Present history: patient come with same above said symptoms. With fever &chills vomiting lethargic and loss of appetite with relapsing events, then blood sample taken & detected NSL strongly positive DHF by serologically. Now ihad ask the patient are you want to be shifted to higher authority or can i take risk? I was thinking that patients condition is going to deteriorated & asked the patient let me have a chance to treat this disease?. Thinking that if i permit him to go for higher center for treatment, patient's lifespan will be reduced *i* time may allow sacrificing his life. One day has been given to him to decide with continuing iv fluids symptomatically. Next day morning agreed to give have a treatment here. As early as by 9:00 am blood sample has taken & centrifuged. Blood was boiled to the extent of to turn solid form. Then triturated in various potencies & given orally 10 drops 3 to 4 times a day a long with allopathic drugs & iv fluids. In the evening hours on that sa me day more than 50% signs /symptoms recovered. On consecutive days treatment 100% recovery archived and patient turns negative for NSL dengue serologically. Till today that is from 10/07/2015 till today that is 26/02/2019 is keeping good health this is hasn't relapsed.

Past history: patient is suffering from high fever with chills and joint pains with vomiting, loss of weight, uneasiness. Blood sample reveals serologically NSL highly positive DHF then patient shifted to asha hospital bellary when his platelet count was 92000 thousa nd for cubic millimeters of blood, patient was treated symptomatically & condition of the patient
Deteriorated for then shifted to micu for 3 days, his platelet count was 5000 per coml. & AB+ plasma given, day by day platelet count was improve & discharge 7 days,

Family history: nothing significant.

Investingation: blood test : cbc, dengue widal Mp done in SMIORE arogya community health center, Sandur and patient turns to strongly positive for NSL dengue and plate late count below 1lacks cells

Treatment: treatment has given as said in present history.

C**onclusion:** this is my clinical experience that this is the most worst case i have met with1 treatment was started. And within three days of above said treatment patient turns serologically negative for dengue. I had treated more than 100s of dengue positive amongst them this is the worst case to handle, even tho ugh I achieved my goal by rendering patient's blood negative for dengue fever. Is a happiest person in medica l field that has treating dreaded complicated disease with all comfortable? It is most socio- economically viable treatment for dengue disease without hampering disadvantages to patient health.

SMIORE's AROGYA COMMUNITY HEALTH CENTRE
Kudligi Road, Sandur-583119, Ph : 94814 66034, 08395 260304
LABORATORY TEST REPORT

Date :10-7-201

Name	Mrs Manjunath. R		Age	28 Yrs	Sex : M/F
Ref by	Dr. C.S. Ravi Shankar		LAB ID NO:		
TEST	Observed value	NORMAL RANGE	TEST	Observed value	NORMAL RANGE
HAEMATOLOGY			**BIO-CHEMISTRY**		
HAEMOGLOBIN :	13.9 gm/dl	M-13 to 17, F-12 to 15 gms/dl	F B S	mg/dl	70-100 mg/dl
TOTAL COUNT :	9700 cells/cumm	4000-11000cells/cumm	P P B S	mg/dl	80-140 mg/dl
DC: NEUTROPHILS :	44 %	40-75	R B S	mg/dl	80-150 mg/dl
LYMPHOCYTES :	42 %	20-45, 0-6yrs:40-75%	GRBS	mg/dl	80-160 mg/dl
MONOCYTES :	04 %	2-10%	HBA1c	mg/dl	5.2-7.2 Prgnt women 4.5 - 6.0
EOISNOPHILS :	10 %	0-6%	Mean value	mg/dl	80-160 mg/dl
BASOPHILS :	— %	0-2	**RENAL PROFILE**		
ESR :	— mm/1hr	M 0-15 mm/1hr F-0.20 M-	UREA	mg/dl	20-40mg/dl
PLATELET COUNT :	0.37 lak/cumm	1.5 – 4.5 lak/cumm	Creatinine	mg/dl	0.7 -1.4mg/dl
A E C :	cells	40-440 cells	S URIC ACID	mg/dl	2.4-7.0 mg/dl
BLEEDING TIME :	minutes	2-8 minutes	**LIPID PROFILE**		
CLOTTING TIME :	minutes	8-15 minutes	CHOLESTEROL	mg/dl	< 200mg/dl
Peripheral Smear for MP :			H D L	mg/dl	40-80mg/dl
BLOOD GROUPING Rh TYPING:			L D L	mg/dl	80-130mg/dl
SEROLOGY			V L D L	mg/dl	30-40mg/dl
MP PF&PV	Negative	IDV Tri-Dot 1&II	TRIGLYCERIDES	mg/dl	50- 150 mg/dl
WIDAL :		HBsAg	**LIVER FUNCTION TEST**		
		VDRL	BILIRUBIN TOTAL	mg/dl	0.8-1.4 mg/dl
S TYPHI "O"	1:160	HCV	BILIRUBIN DIREC	mg/dl	0-0.6 mg/dl
S TYPHI "H"	1:160	RA FACTOR	INDIRECT BILI	mg/dl	0-0.4 mg/dl
A H	Abs. Pos	CRP	SGOT	U/L	<40U/L
B H	Negative	ASLO	SGPT	U/L	<40U/L
Typhi Dot		Chikun IgM	TOTAL PROTEINS	g/dl	6.6-8.3 g/dl
DENGUE IgG&IgM	Positive	**Cardic Enzyme**	ALBUMINE	g/dl	3.5-5.0 g/dl
Dengue NS 1	Positive	TROP I	Alkaline phoshatase	U/L	50-150 U/L
URINE TEST			**Serum Electrolytes**		
Albumin			Sodium Na+	mmol/L	135-145 mmol/L
Sugar FUS:	PPUS:	RUS:	Potassium K+	mmol/L	3.5-5.0 mmol-L
Microscopy :			Chloride Cl-	mmol/L	94-110 mmol/L
			Ionic Calcium Ica	mg/dl	4.0-4.8 mg/dl
Bile Salt			**Prothrombin Time**		
Bile Pigment			Prothrombin Time		9.5 – 13.5 Sec
Ketone Bodies					
Pregnancy test			INR Valve		
Stool Test			APTT		20-36 Sec
Reducing Substances			**Sputum for AFB**		
Occult Blood			1st Sample		
Microscopy :			2nd Sample		
			Microscopy :		

Lab technician

MODIFIED METHOD OF TREATING TUBERCULOSIS

Author:
Dr. C G Rudrappa
Chief Medical Officer,
SMIORE Arogya Community Health Center,
Sandur (Post) - 583119
Bellary (Dist),
Karnataka (State),
India.

Abstract:
Tuberculosis is a bacterial infection caused by **acid -fast bacilli** called mycobacterium tuberculin which is a chronic disease with having capacity to infect each and any organ of the body if is contaminated.
It is a disease spreading by contagious method. It is air born disease which will favor the disease to spread to every knock and corner of the country. It will have a potential power to infect any organ any time whenever is contaminated.
Tuberculosis is of
1. Human species.
2. Bovine species
This is more prone to develop in immune compromised patients.

Introduction:
Tuberculosis or Koch disease - is having capacity to infect multi organs causing disastrous position to the patient's health.

Spreading factors which are helping to spread the tuberculosis is in India / Developing countries are due to;

1. Ignorance
2. Lack of health education
3. Lower social-economical conditions
4. Low illiteracy
5. Poor sanitation and poor hygienic condition and there are so many other conditions are favorable.

There is no bar to infect. It will spread irrespective of caste / creed / sex / age / religion / regional area / season.etc ....,

These are factors which are favoring to spread tuberculosis in India. These are factors inviting to come and visit and stay with us in India for tuberculosis is.th is the clear suicidal tendency in India.

Tuberculosis is a chronic pathological condition mostly affecting pulmonary system. Tuberculosis is having to in invadein any system as extra - pulmonary disease. Tuberculosis is of human virgin species / bovine species. Whichever the species for infection the resultant result will be the same that creating chronic pathological.

If spreading factors are poor then bacilli has a capacity to undergo dormant phase as spore formation. Whenever conditions are favorable disease will spread now and then. There will be an acute exacerbation of chronic infection.

It is having a chronic way of spreading infection. The treatment is also lengthy process and time consuming & economically costly treatment. All these favorable conditions are prevailing India / developing countries. It grow exuberantly in society.

Breach in continuity of treatment / unaffordable economical conditions / lack of education in regarding disease. All these factors play major role in treating the patients. Due to these reasons multi drug resistant disease is the major health issue in India.

Multi drug resistant tuberculosis treatment is costly / unaffordable conditions.

Now treatment of tuberculosis is affordable/ less costly / no side effects / 100% results oriented / easily offerdble & not time consuming.

According to my line of treatment is like these.....,

Preparing a solution of newly detected sputum positive tuberculosis patient's sputum by triturating method.

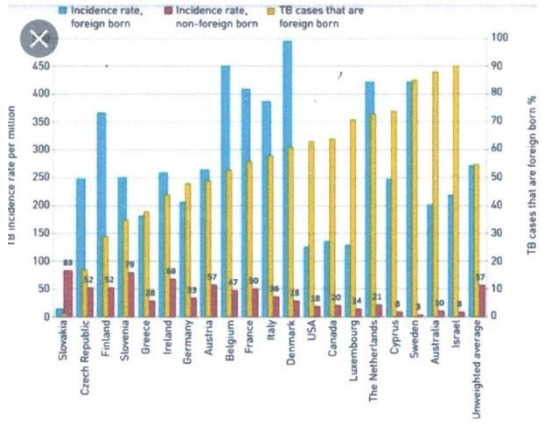
Specimen of sputum positive bacilli cultured in blood media & triturated by making in various potencies which we required can be prepared .giving to the patients orally three to four times a day along with classical line up treatment of tuberculosis by allopathic medicines. The result will be more helping in curing the disease with 100% efficacy & no side effects .easily affordable / no multi drug resistant species tuberculosis.

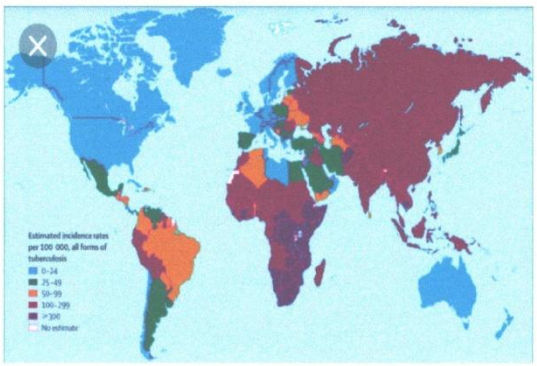
Study Design: Prospective open label observational study

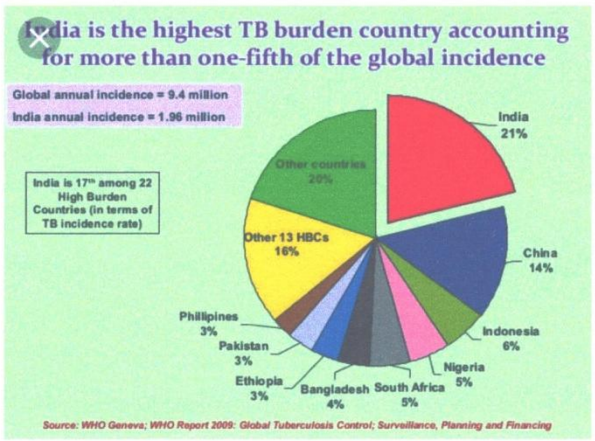
Study Location: SMIORE Arogya Community Health Centre, Sandur
Study Duration: 2009 to 2019
Study Size: (100 Praticed) 2 members lab report attached.
Subjects and Selection Method: Newly deteced sputum +ve cases, Radiological +ve cases and extra –Palmary cases – detected by RNTCP Heads
Inclusion Criteria: Not Suggested
Exclusion Criteria: No such as
By treating the tuberculosis patients with these method - we can cure the tuberculosis from individuals / commonit .....,

To all genuine medical faculty members - may consider my line of treatment of tuberculosis & have a sympathetic consideration of my openion & there by helping in good health of an individual / society / village / state / country /etc...,

Incidence Space:







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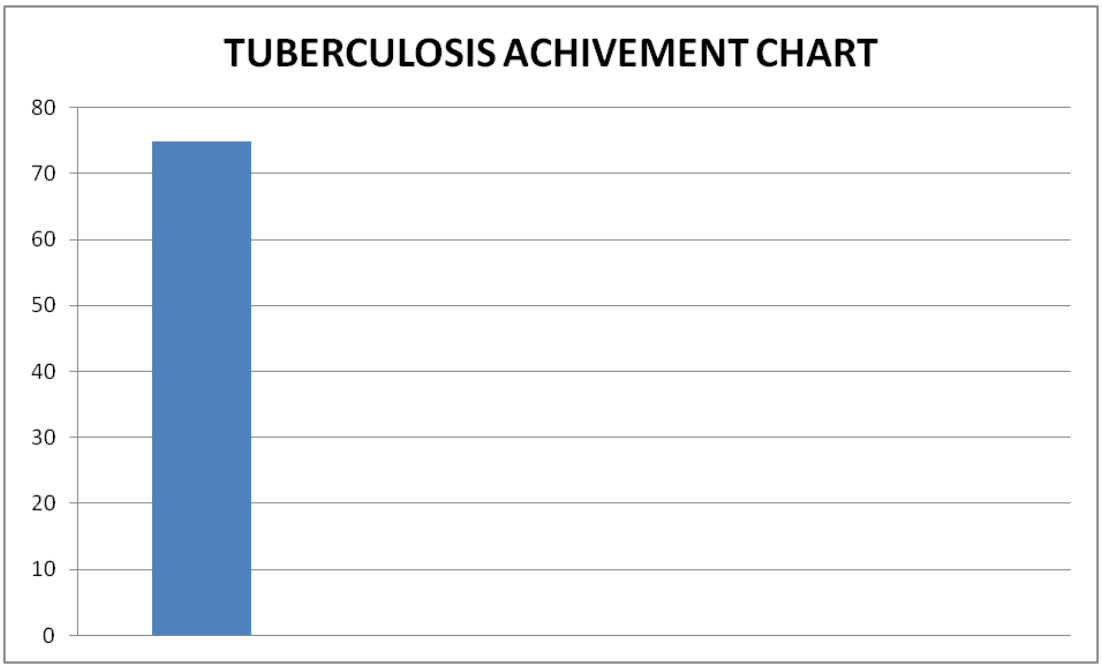


75% Achived.

Reference:

1. Devidson's Medicine
2. Harrison's Medicine

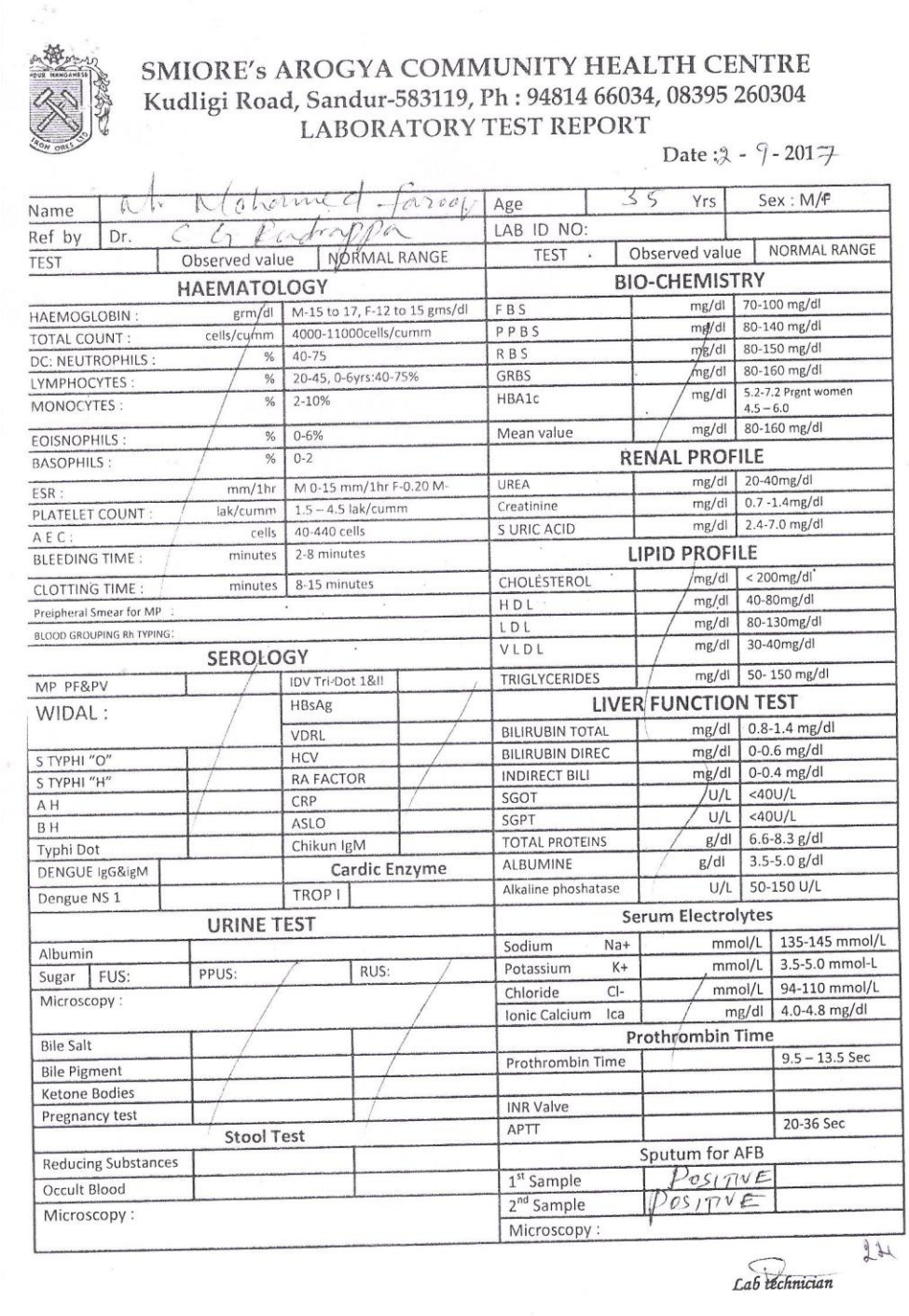
Thanking you all

NAME: MR. MOHAMMED FAROOQ **DATE:02/09/2017**
AGE: 35 **SEX:MALE**
Chief complaints: fever with cough- three month
Loss of weight, loss of hungry for three months.

Present history: patient is suffering from light fever, evening time: rise of temperature with swatting. Due to anorexia patient looses weight and lethargic. Patients sputum is blood tinged
Past history: nothing significant
Family history: nothingsignificant.
Investigation:
Blood test: cbc, sputum test
By rntcp authority---- newly detected sputum positive pulmonary tuberculosis – confirm

Treatment : treatment was started in the month of January 2019 soon after sputum positive detection as cat 1category. After completion of scheduled treatment, patient doors 1 turns negative for sputum. So cat treatment was continued ans intensive phase treatment for one month. In the month of February 15, triturated solution of sputum positive sperirnen (boiled) and given 10 drops for three to four times a day along with classic tubercular line' treatment as cat 1treatment. Patient turns negative for sputum within 8 days of time. Then no sputum, no dispend, no exertion dyspnea. Appetite improved lot and no fever.
Keeping good health.

Conclusion: this is my clinical experience that initial treatment with above sane treatment patient will be 100% normal without no residual effects.



SMIORE's AROGYA COMMUNITY HEALTH CENTRE
Kudligi Road, Sandur-583119, Ph : 94814 66034, 08395 260304
LABORATORY TEST REPORT

Date : 2 - 9 - 2017

Name	Mr. Mohamed Farooq	Age	35 Yrs	Sex : M/F
Ref by	Dr. C G Pudraffa	LAB ID NO:		

TEST	Observed value	NORMAL RANGE
HAEMATOLOGY		
HAEMOGLOBIN :	grm/dl	M-15 to 17, F-12 to 15 gms/dl
TOTAL COUNT :	cells/cumm	4000-11000cells/cumm
DC: NEUTROPHILS :	%	40-75
LYMPHOCYTES :	%	20-45, 0-6yrs:40-75%
MONOCYTES :	%	2-10%
EOISNOPHILS :	%	0-6%
BASOPHILS :	%	0-2
ESR :	mm/1hr	M 0-15 mm/1hr F-0.20 M-
PLATELET COUNT :	lak/cumm	1.5 – 4.5 lak/cumm
A E C :	cells	40-440 cells
BLEEDING TIME :	minutes	2-8 minutes
CLOTTING TIME :	minutes	8-15 minutes
Preipheral Smear for MP :		
BLOOD GROUPING Rh TYPING:		
SEROLOGY		
MP PF&PV		IDV Tri-Dot 1&II
WIDAL :		HBsAg
		VDRL
S TYPHI "O"		HCV
S TYPHI "H"		RA FACTOR
A H		CRP
B H		ASLO
Typhi Dot		Chikun IgM
DENGUE IgG&igM		Cardic Enzyme
Dengue NS 1		TROP I
URINE TEST		
Albumin		
Sugar FUS:	PPUS:	RUS:
Microscopy :		
Bile Salt		
Bile Pigment		
Ketone Bodies		
Pregnancy test		
Stool Test		
Reducing Substances		
Occult Blood		
Microscopy :		

TEST	Observed value	NORMAL RANGE
BIO-CHEMISTRY		
F B S	mg/dl	70-100 mg/dl
P P B S	mg/dl	80-140 mg/dl
R B S	mg/dl	80-150 mg/dl
GRBS	mg/dl	80-160 mg/dl
HBA1c	mg/dl	5.2-7.2 Prgnt women 4.5 – 6.0
Mean value	mg/dl	80-160 mg/dl
RENAL PROFILE		
UREA	mg/dl	20-40mg/dl
Creatinine	mg/dl	0.7 -1.4mg/dl
S URIC ACID	mg/dl	2.4-7.0 mg/dl
LIPID PROFILE		
CHOLESTEROL	mg/dl	< 200mg/dl
H D L	mg/dl	40-80mg/dl
L D L	mg/dl	80-130mg/dl
V L D L	mg/dl	30-40mg/dl
TRIGLYCERIDES	mg/dl	50- 150 mg/dl
LIVER FUNCTION TEST		
BILIRUBIN TOTAL	mg/dl	0.8-1.4 mg/dl
BILIRUBIN DIREC	mg/dl	0-0.6 mg/dl
INDIRECT BILI	mg/dl	0-0.4 mg/dl
SGOT	U/L	<40U/L
SGPT	U/L	<40U/L
TOTAL PROTEINS	g/dl	6.6-8.3 g/dl
ALBUMINE	g/dl	3.5-5.0 g/dl
Alkaline phoshatase	U/L	50-150 U/L
Serum Electrolytes		
Sodium Na+	mmol/L	135-145 mmol/L
Potassium K+	mmol/L	3.5-5.0 mmol-L
Chloride Cl-	mmol/L	94-110 mmol/L
Ionic Calcium Ica	mg/dl	4.0-4.8 mg/dl
Prothrombin Time		
Prothrombin Time		9.5 – 13.5 Sec
INR Valve		
APTT		20-36 Sec
Sputum for AFB		
1st Sample	POSITIVE	
2nd Sample	POSITIVE	
Microscopy :		

Lab technician

NAME: MR. SHIVKUMAR S/O BASAVANTH RAO BHONSLE **DATE: 20/11/2015**
AGE: 50 **SEX: MALE**

Chiefcomplaints: Feverwithcough - three months
Lossofweight, lossofhungry forthree months.
Homeostasis----fortwo months

Present history: patient come with same above said symptoms with loss of weight lethargic and loss of appetite.

Past history: patient is suffering from light fever, evening rise of temperature with
Sweating. Due to anorexia patient looses weight and lethargic. Patient's sputum is blood regularly for the last two months and detected sputum positive for TB through N L C head
And treatment was started with cat 1category. Due to hepazordical treatment end in failed to

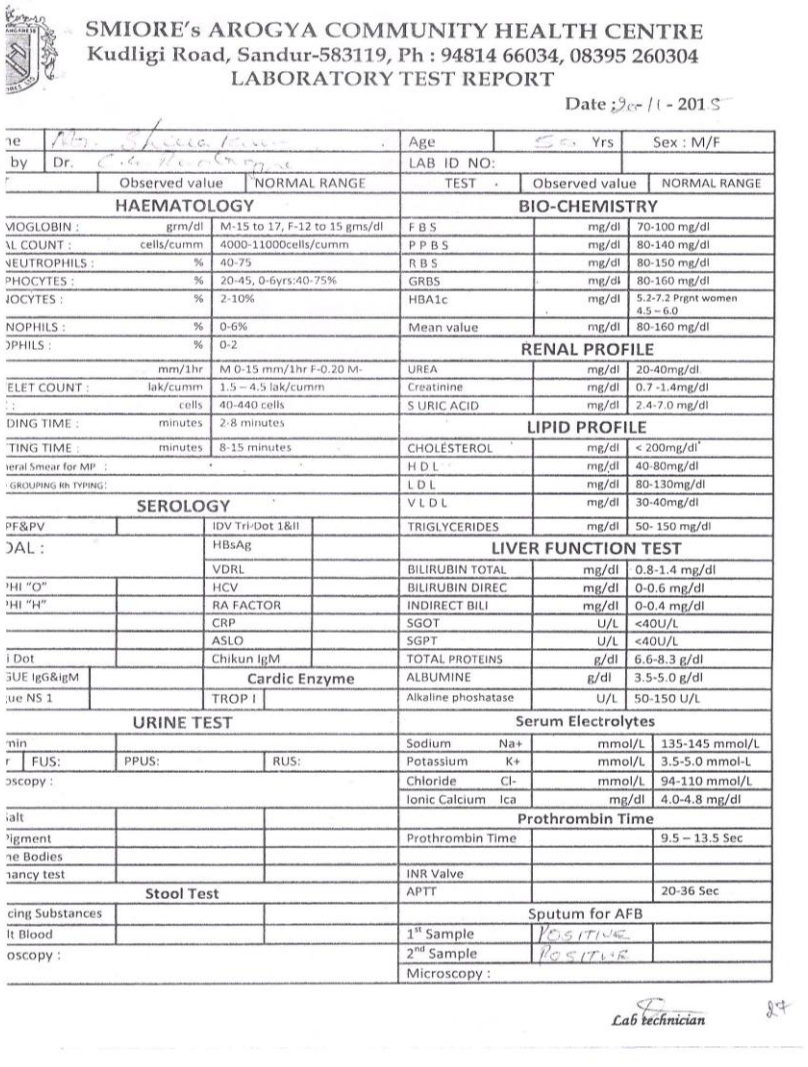
treatment

Familyhistory: nothingsignificant.
Investigation: blood test: cbc, sputum, from head as well as in our smiore arogya community health center sandur laboratory and x-ray chest pa view revealed positive for tuberculosis.

Treatment: treatment was started in the month of January 2019 soon after sputum positive detection in cat 1category. After completion of scheduled treatment patient: doesn't turn negative for sputum. So cat 1treatment was continued ans intensive phase treatment for one month. In the month of February 15 triturated so lotion of sputum positive specimen in various potencies (boiled) and given 10 drops for three to four times a day along with classical l tubercular line of treatment as category treatment. Patient: turns negative for sputum within 8 days of time. There is no sputum, no dispend, and no exceptional dyspnoca . Appetite improved a lot, no fever, and keeping good health. There is no haemptosis. patient said he had have three to four times loose motion with intolerable bad smell for the first two days then returns to normal without any anti- dysenteric treatment. Pulmonary an s well a s extra pulmonary tubercular signs and symptoms disappeared. Treatment is continuing till

conclusion: this is my clinical experience that this is the most worst case whichever I have met with treatment was restarted with cat 1category and recovering with lock excellent result

Thanking You all



SMIORE's AROGYA COMMUNITY HEALTH CENTRE
Kudligi Road, Sandur-583119, Ph : 94814 66034, 08395 260304
LABORATORY TEST REPORT

Date : 20-11-2018

ne			Age	50 Yrs	Sex : M/F
by	Dr.		LAB ID NO:		
	Observed value	NORMAL RANGE	TEST	Observed value	NORMAL RANGE
HAEMATOLOGY			**BIO-CHEMISTRY**		
MOGLOBIN :	grm/dl	M-15 to 17, F-12 to 15 gms/dl	F B S	mg/dl	70-100 mg/dl
L COUNT :	cells/cumm	4000-11000cells/cumm	P P B S	mg/dl	80-140 mg/dl
NEUTROPHILS :	%	40-75	R B S	mg/dl	80-150 mg/dl
PHOCYTES :	%	20-45, 0-6yrs:40-75%	GRBS	mg/dl	80-160 mg/dl
NOCYTES :	%	2-10%	HBA1c	mg/dl	5.2-7.2 Prgnt women 4.5 – 6.0
NOPHILS :	%	0-6%	Mean value	mg/dl	80-160 mg/dl
OPHILS :	%	0-2	**RENAL PROFILE**		
	mm/1hr	M 0-15 mm/1hr F-0.20 M-	UREA	mg/dl	20-40mg/dl
ELET COUNT :	lak/cumm	1.5 – 4.5 lak/cumm	Creatinine	mg/dl	0.7 -1.4mg/dl
:	cells	40-440 cells	S URIC ACID	mg/dl	2.4-7.0 mg/dl
DING TIME :	minutes	2-8 minutes	**LIPID PROFILE**		
TING TIME :	minutes	8-15 minutes	CHOLESTEROL	mg/dl	< 200mg/dl
eral Smear for MP :			H D L	mg/dl	40-80mg/dl
GROUPING Rh TYPING:			L D L	mg/dl	80-130mg/dl
SEROLOGY			V L D L	mg/dl	30-40mg/dl
PF&PV		IDV Tri-Dot 1&II	TRIGLYCERIDES	mg/dl	50- 150 mg/dl
DAL :		HBsAg	**LIVER FUNCTION TEST**		
		VDRL	BILIRUBIN TOTAL	mg/dl	0.8-1.4 mg/dl
HI "O"		HCV	BILIRUBIN DIREC	mg/dl	0-0.6 mg/dl
HI "H"		RA FACTOR	INDIRECT BILI	mg/dl	0-0.4 mg/dl
		CRP	SGOT	U/L	<40U/L
		ASLO	SGPT	U/L	<40U/L
i Dot		Chikun IgM	TOTAL PROTEINS	g/dl	6.6-8.3 g/dl
GUE IgG&IgM		**Cardic Enzyme**	ALBUMINE	g/dl	3.5-5.0 g/dl
ue NS 1		TROP I	Alkaline phoshatase	U/L	50-150 U/L
URINE TEST			**Serum Electrolytes**		
min			Sodium Na+	mmol/L	135-145 mmol/L
r FUS:	PPUS:	RUS:	Potassium K+	mmol/L	3.5-5.0 mmol-L
oscopy :			Chloride Cl-	mmol/L	94-110 mmol/L
			Ionic Calcium Ica	mg/dl	4.0-4.8 mg/dl
alt			**Prothrombin Time**		
igment			Prothrombin Time		9.5 – 13.5 Sec
e Bodies					
ancy test			INR Valve		
Stool Test			APTT		20-36 Sec
cing Substances			**Sputum for AFB**		
lt Blood			1st Sample	POSITIVE	
oscopy :			2nd Sample	POSITIVE	
			Microscopy :		

Lab technician

CONCEPT OF MALE BABY BIRTH

Author:
Dr. C G Rudrappa
Chief Medical Officer,
SMIORE Arogya Community Health Center,
Sandur (Post) - 583119
Bellary (Dist),
Karnataka (State),
India.

If couple wants a male baby birth this can be achieved by applying homogeneity / heterogeneity concept.

Male baby is having chromosomes. Female baby is having xx chromosomes

Every mother is having xx chromosomes in active phase and y chromosome in recessive phase and visa versa in male.

To achive male baby born.

1. Ensure mother womb should be fertile.

2. Take care of pathological conditions of mother

3. If anemic mother, correction of anemia done

Cessation of monthly circle usually ends offer fifth days of menstrual cycle.

Ensure mother womb is fertile by using various antibiotics and ferrous contains elements with complex factors at the same time take care of male partner is also potent without having any pathological disorders. Then after fifth day of cessation of bleeding, potentiate female partner with androgenic effect drugs to activate "y" chromosome of mother which is in a recessive phase.

Potentiate male partner "y" cromozome by using androgenic effective drugs.

If couple goes for sexual intercourse during this period that fifth day onwards. There is fertilization of mother ovum occure issuing male baby birth. This is how I had an opportunity of male baby birth in more than fifty couples. So this is my humble request to all genuine gynecological expert members to consider my request.

Reference:

1. Devidson's Medicine
2. Harrison's Medicine

Thanking you all

SADLE SACK

Author:
Dr. C G Rudrappa
Chief Medical Officer,
SMIORE Arogya Community Health Center,
Sandur (Post) - 583119
Bellary (Dist),
Karnataka (State),
India.

It is a physiological process of pregnant women who are having ill health; anemic condition etc. In the later trimester if health of mother is poor may get false labor pain. It is more harmful if not attended properly and if the prognosis is poor / partially treated, mother will have a stigma that she had suffered from saddle sac. If saddle sack patient is not treated properly / partially treated mother has to lose her baby, if at all baby born then the baby will have some anomalies.

It is a rare phenomenon which is according 1:100000 mother or so. This is my bidder experience in my medical practice that I have faced a mother having a saddle sack syndrome. Partially treated mother has given a birth to baby having anomalies or mother loses her baby.

According to clinical evidences it is mainly a hormonal effect which is secreted in conception period if the secreted hormone is not having enough titration, partial contraction of circular ,transverse , zigzag fibers then mother will have a this syndromes. If the contrition level of hormones is high then mother will abort. So all gynecological medical faculty members may consider my views

Reference

1. Devidson's Medicine
2. Harrison's Medicine

Thanking you all

NAME: MR.SHAIKSHAVALI S/O MEHBOOB BASHA DATE : 01/08/ 2014
AGE: 3 SEXES: MALE
Chief complaints: To have male baby birth.
Present history: he wants to have a male baby birth because already his wife had delivered two female babies' consecutive deliveries. Somehow he came to now that I may get male baby birth after taking treatment from me and asked for the same thing. I agreed and started treatment according to the needs of patient health by using antibiotics and health promoting vitamins. After completion of fifth day of monthly cycle couple has advice to come and on that day activated y chromosomes in both by administering androgenic effect. Hormones and advised to have sexual intercourse. His wife conceived on that same cycle and given male baby birth after full gestation period. Now baby is keeping good health.
Past history : had only two female baby births
Family history: nothing significant.
Investigation: blood test: cbc, pregnancy. Test positive
Treatment: As said above in present history potentirlted y chromosomes in either partner with androgenic effect hormones

Conclusion: as I belong to science faculty members and having 1000% faith in science so me can makes use the theory of heterogecity and homogeneity. I had served more-: than hundreds of families are having same problems with using above said theory .amongst these most serious case that I have cured of my goal by having male baby birth of sort. channamma w/o siddappa. Mainalli. R/o carangid to afzalpur dist Gulbarga (Karnataka state India). I came' to know that smt shobha w/o appasab. Gunari r/o gulbarga karnataka state india had having saddle sack syndrome. and due to that syndrome she had sacrificed her female baby soon aftn birth of that baby.

TYPHOID FEVER

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Abstract: Typhoid fever is a bacterial infection causing various disastrous pathological condiotions to the patients, if not treated properly in proper time with proper medicate on, dosages duration etc. In India epedimicity/endemicity of typhoid fever is always in our society causing serious health problems. Now the diagnostic factor according to norm of which serological titration, above the 1:160, 1:320 and above treated as typoid fever, 1:80 of widal titration will not be considered as a typhoid fever. Even though patient presents with classical typhoid symptoms. If not treated as a typhoid in this titration patient will end in disastrous conditions irrespective of age, sex and religions since for the last 15 years I am working as a medical officer and general fractioned I had faced all disastrous conditions of the patients witching 1:80 widal titration according to my gives the patient within 1:80 titration will be moree prone to devolve classical typhoid symptoms. Which ever system is weak in his body, for example if patients renal system, heart, cns, etc if weaker then that system will the affected with sever damages.

Introduction

Patient may end with cardiac failure /acutrenal failure, paresis / paralysis. So till today I am working sincerely with patients having 1:80 titration of enteric fever with thinking that this is a classical typhoid fever rather than classical typhoid fever which is having widal titration of 1:160 and above.

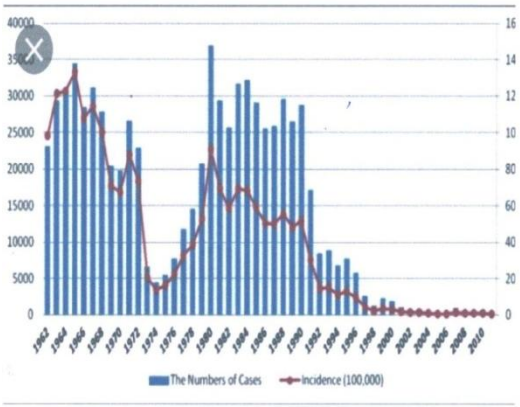
1:80 titration if not treated as typhoid fever then individuals /community will have a sever effects, economically/ physically/ and mentally. In India it is a very hazardous conditions due to multi factorial situations like illiteracy, unhygienic condition, poor preventive measures, poor socio-economical condition. Disease is spreading throughout the length of country irrespective of caste, creed so and so.

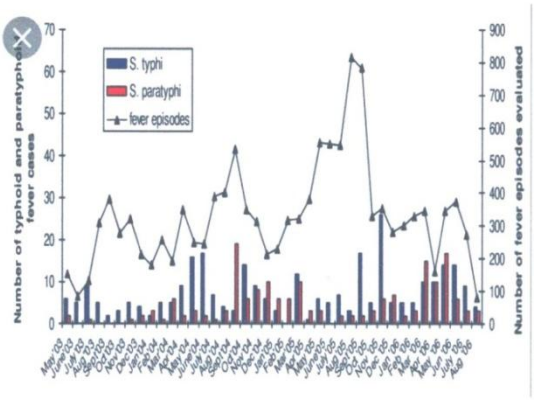
All laboratory reports of five months had been attached for to say 1:80 widal titrations is more dangerous than 1:160 and higher titration.

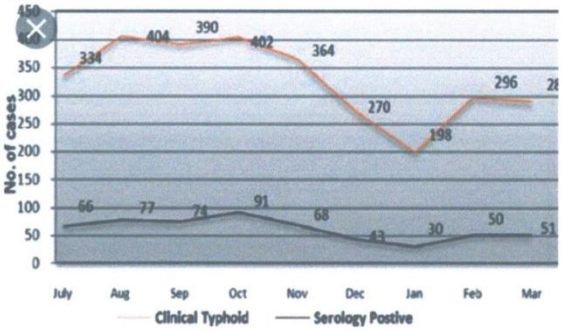
Conclusion:

So it is my sincere appeal to the genuine medical faculty members. Please consider my views. This is my sincere request to you all.

Incidence Space:







Reference

1. Devidson's Medicine
2. Harrison's Medicine

Thanking you all

NAME: MRS. PINKEY GORDGOBE W/O P SURESH **DATE:02.02.2019**
AGE: 38 **SEX:FEMALE**

Chief complaints: fever with chills.
Bone breaking pain since 2 days

present history: patient is running high fever with chills. Fever continues with intractable headache with agonizing pain throughout body for the last two days

Past history: proved gestational diabetic

Family history: nothing significant.

Investigation: blood test: cbc, widal, mp, dengue done. Widal 1:80, 1:80 positive .
Dengue positive IGg

Treatment: IV fluid ns +injection rantac amp IV, lnj xone 1gm IV along with antipyretic drug for two days. Fever subsided, plate late count raised consecutively for the last two days. Patient health condition is improving towards to normal line

Conclusion: as Iwas claimed earlier that widal 1:80, 1:80 titration value is looks latent period for typho id fever. I have attached 4 to 5 months laboratory reports along with this patient to claim my feelings regarding typhoid fever.

Thanking you

SMIORE's AROGYA COMMUNITY HEALTH CENTRE
Kudligi Road, Sandur-583119, Ph : 94814 66034, 08395 260304
LABORATORY TEST REPORT

Date : 2-2-2019

Name	Mrs. Pinkey		Age	40 Yrs	Sex : M/F
Ref by	Dr. C.G. Rudrappa		LAB ID NO:	1081	
TEST	Observed value	NORMAL RANGE	TEST	Observed value	NORMAL RANGE
HAEMATOLOGY			**BIO-CHEMISTRY**		
HAEMOGLOBIN :	12.6 grm/dl	M-15 to 17, F-12 to 15 gms/dl	F B S	mg/dl	70-100 mg/dl
TOTAL COUNT :	9,800 cells/cumm	4000-11000cells/cumm	P P B S	mg/dl	80-140 mg/dl
DC: NEUTROPHILS :	72 %	40-75	R B S	311 mg/dl	80-150 mg/dl
LYMPHOCYTES :	23 %	20-45, 0-6yrs:40-75%	GRBS	mg/dl	80-160 mg/dl
MONOCYTES :	02 %	2-10%	HBA1c	mg/dl	5.2-7.2 Prgnt women 4.5 – 6.0
EOISNOPHILS :	03 %	0-6%	Mean value	mg/dl	80-160 mg/dl
BASOPHILS :	— %	0-2	**RENAL PROFILE**		
ESR :	— mm/1hr	M 0-15 mm/1hr F-0.20 M-	UREA	mg/dl	20-40mg/dl
PLATELET COUNT :	2.45 lak/cumm	1.5 – 4.5 lak/cumm	Creatinine	mg/dl	0.7 -1.4mg/dl
A E C :	cells	40-440 cells	S URIC ACID	mg/dl	2.4-7.0 mg/dl
BLEEDING TIME :	minutes	2-8 minutes	**LIPID PROFILE**		
CLOTTING TIME :	minutes	8-15 minutes	CHOLESTEROL	mg/dl	< 200mg/dl
Preipheral Smear for MP :			H D L	mg/dl	40-80mg/dl
BLOOD GROUPING Rh TYPING:			L D L	mg/dl	80-130mg/dl
SEROLOGY			V L D L	mg/dl	30-40mg/dl
MP PF&PV	Negative	IDV Tri-Dot 1&II	TRIGLYCERIDES	mg/dl	50- 150 mg/dl
WIDAL :		HBsAg	**LIVER FUNCTION TEST**		
		VDRL	BILIRUBIN TOTAL	mg/dl	0.8-1.4 mg/dl
S TYPHI "O"	1:80	HCV	BILIRUBIN DIREC	mg/dl	0-0.6 mg/dl
S TYPHI "H"	1:80	RA FACTOR	INDIRECT BILI	mg/dl	0-0.4 mg/dl
A H	Negative	CRP	SGOT	U/L	<40U/L
B H	Negative	ASLO	SGPT	U/L	<40U/L
Typhi Dot		Chikun IgM Negative	TOTAL PROTEINS	g/dl	6.6-8.3 g/dl
DENGUE IgG&igM	POSITIVE/IGG	**Cardic Enzyme**	ALBUMINE	g/dl	3.5-5.0 g/dl
Dengue NS 1	Negative	TROP I	Alkaline phoshatase	U/L	50-150 U/L
URINE TEST			**Serum Electrolytes**		
Albumin	NIL		Sodium Na+	mmol/L	135-145 mmol/L
Sugar FUS:	PPUS:	RUS:	Potassium K+	mmol/L	3.5-5.0 mmol-L
Microscopy :	4-5 Pus cells, 6-8 Ep cells are Seen		Chloride Cl-	mmol/L	94-110 mmol/L
			Ionic Calcium Ica	mg/dl	4.0-4.8 mg/dl
Bile Salt			**Prothrombin Time**		
Bile Pigment			Prothrombin Time		9.5 – 13.5 Sec
Ketone Bodies					
Pregnancy test			INR Valve		
Stool Test			APTT		20-36 Sec
Reducing Substances			**Sputum for AFB**		
Occult Blood			1st Sample		
Microscopy :			2nd Sample		
			Microscopy :		

Lab technician

25/2/18

Sl.No.	Patient Name	Age	Sex	HB%	TC	PC	MP	Dengue	widal
1	Padma	18	F	11.5%	3000	1.42	Negative	positive	1:160 'O' 1:160 'H'
2	Obalesh	9M	M	8.2%	10.800	5.40	Negative	Nil	1:320 'O' 1:320 'H'
3	Allabakshi	26	M	14.7%	11.700	2.41	Nil	Nil	1:80 'O' 1:80 'H'
4	Parashuram	4M	M	8.8%	9.300	4.01	Nil	Negative	Nil
5	Dhanushree	2m	F	10.7%	7.800	3.16	Nil	Negative	Nil
6	Bhavani	12	F	12.7%	7.900	3.66	Nil	Negative	Nil
	27/2/18								
1	Monika	7	F	10.3%	6.200	1.76	Negative	Negative	1:160 'O' 1:160 'H'
2	Firdose	10	F	8.2%	5.200	1.66	"	"	Nil
3	Shabbir	45	M	9.6%	5.600	2.45	Nil	Negative	1:160 'O' 1:320 'H'
4	MD Aman	8M	M	8.2%	8.900	3.42	Negative	Nil	1:80 'O' 1:160 'H'
	1/3/2018								
1	Manjunath	14	M	13.2%	4.100	2.10	Negative	Negative	1:160 'O' 1:160 'H'
2	Rizwan	48	M	12.4%	5.900	1.96	Negative	Nil	1:160 'O' 1:160 'H'
	3/3/2018								
1	Sanjana V	11	F	8.5%	3000	2.26	Negative	Negative	1:320'O' 1:160 'H'
2	Swetha	13	F	12.9%	8.100	2.38	Negative	Negative	1:160'O' 1:80 'H'
3	Manjula	25	F	11.8%	7.100	1.81	Negative	Negative	1:160'O' 1:80 'H'
4	Devamma	31	F	11.2%	7.300	3.13	Negative	Negative	1:80'O' 1:160 'H'
	4/3/2018								
1	Hemanth	2M	M	8.4%	14.700	4.21	Negative	Nil	Nil
2	Nagarathana	42	F	13.1%	7.800	1.92	Negative	Nil	Nil
	6/3/2018								
1	Shambavi	8	F	8.8%	8.500	1.94	Negative	Negative	1:160'O' 1:160 'H'
2	Rajasab	70	M	13.1%	7.900	2.99	Nil	Nil	1:80'O' 1:160 'H'
3	Shabana Bee	34	F	11.6%	7.700	2.70	Nil	Negative	Nil
4	Mangala	27	F	11.4%	800	2.26	Negative	Negative	1:160'O' 1:160 'H'
5	Bhargava	7	M	9.9%	3.600	1.81	Negative	Negative	1:80'O' 1:160 'H'

3	Lahari	6	M	9.9%	9.900	4.41	Negative	Negative	1:80'O' 1:160 'H'
4	Simreen	17	F	11.7%	5.800	2.13	Negative	Nil	1:80'O' 1:160 'H'
	15/3/2018								
1	Vasit	14	M	15.7%	2.300	2.56	Negative	Negative	1:80'O' 1:160 'H'
2	Appaji	15	M	14.4%	8.400	3.02	Negative	Negative	1:160'O' 1:160 'H'
3	Shreepad	12	M	12.2%	4.200	2.75	Negative	Negative	1:160'O' 1:160 'H'
4	Jeevan	14	M	14.4%	4.200	2.75	Negative	Negative	1:80'O' 1:160 'H'
5	Tarun	14	M	10.3%	4.900	2.50	Negative	Negative	1:160'O' 1:160 'H'
6	Abishek	14	M	13.5%	15.200	2.61	Nil	Nil	1:320'O' 1:320 'H'
	16/3/2018								
1	Mallikurjuna	58	M	12.4%	9.400	2.23	Negative	Negative	1:80'O' 1:160 'H'
2	Khadar Basha	50	M	17.0%	8.900	1.68	Negative	Nil	1:80'O' 1:160 'H'
3	Sanjana	14	F	11.1%	3000	3.01	Negative	Negative	1:160'O' 1:80 'H'
4	Anushak Reddy	14	F	11.3%	6.700	3.42	Negative	Negative	1:80'O' 1:80 'H'
5	Shankar	10	M	12.4%	3.900	2.69	Negative	Negative	1:160'O' 1:320'H'
6	Jayaprakash	14	M	10.9%	3.600	1.85	Negative	Negative	1:80'O' 1:160 'H'
7	Shrishanth	14	M	13.4%	3.800	1.96	Negative	Negative	1:80'O' 1:160 'H'
8	Chinnmai	13	M	13.6%	5.600	2.10	Negative	Negative	1:80'O' 1:160 'H'
9	Harshavardhan	14	M	11.9%	3.600	1.85	Negative	Negative	1:80'O' 1:160 'H'
10	Raviteja	14	M	14.6%	5.400	2.85	Negative	Negative	1:320'O' 1:320 'H'
	16/3/2018								
1	Swathi	5	F	9.0%	5000	2.46	Negative	Nil	NIL
	17/3/2018								
1	Saiffuddin	41	M	15.3%	7.400	2.26	Negative	Negative	1:160'O' 1:180 'H'
2	Shivakumar	14	M	13.0%	5.300	4.09	Negative	Nil	1:80'O' 1:80 'H'

3	Nagaraja	15	M	14.7%	4.600	2.21	Negative	Nil	1:80'O' 1:160 'H'
4	Srinivas	13	M	16.0%	5.200	1.43	Negative	Nil	1:320'O' 1:320 'H'
5	Yeshwanth	6	M	13.9%	9.300	3.21	Negative	Nil	1:160'O' 1:160 'H'
6	Rushed	2	F	8.4%	3000	2.49	Nil	Nil	1:80'O' 1:160 'H'
7	Bashira	29	F	9.6%	11.600	3.62	Nil	Nil	1:160'O' 1:80 'H'
8	Vikasvardan	13	M	14.2%	10.600	3.13	Negative	Negative	1:160'O' 1:160 'H'
9	Irfath	27	M	10.9%	3.900	1.96	Negative	Nil	1:160'O' 1:180 'H'
	18/3/2018								
1	Yashoda	17	F	13.1%	4.200	2.32	Negative	Negative	1:160'O' 1:320 'H'
2	Varun	18	M	14.6%	5.500	1.75	Negative	Negative	1:160'O' 1:160 'H'
3	Mujawar	67	M	10.7%	6.300	1.19	Negative	Negative	1:160'O' 1:160 'H'
4	Ittesh	11	M	10.1%	3.300	1.58	Negative	Negative	1:160'O' 1:320 'H'
5	Varda	12	M	10.9%	6.700	1.98	Negative	Negative	1:160'O' 1:160 'H'
6	Tejas	13	M	12.1%	5000	2.52	Negative	Negative	1:80'O' 1:160 'H'
7	Omkar	13	M	8.7%	3.100	2.lak	Negative	Negative	1:80'O' 1:160 'H'
8	Piyash	14	M	12.5%	900	3.27	Negative	Nil	1:160'O' 1:160 'H'
9	Nisha	12	F	12%	4.800	1.93	Negative	Negative	1:80'O' 1:160 'H'
10	Hrustish	5	M	9.7%	5.200	2.27	Nil	Nil	1:80'O' 1:80 'H'
11	MD Rehan	10	M	9.6%	5.100	1.8	Nil	Nil	1:80'O' 1:160 'H'
12	Lakshmi Devi	52	F	9.2%	3.700	2.32	Negative	Negative	1:80'O' 1:160 'H'
13	Narendra Raju	21	M	16.9%	4.300	2.1	Negative	Negative	1:80'O' 1:160 'H'
	20/3/2018								
1	Geetha	38	F	12.7%	7.900	2.67	Nil	Nil	1:80'O' 1:80 'H'
2	Suprith	15	M	13.5%	5.800	2.63	Negative	Negative	1:80'O' 1:160 'H'
3	MD Javid	6	M	12.1%	7.600	2.63	Negative	Negative	1:320'O' 1:160 'H'

4	Vikas	14	M	13.2%	3.600	2.26	Negative	Negative	1:80'O' 1:160 'H'
5	MD Abubbaker	13	M	13.6%	6.700	2.47	Negative	Negative	1:160'O' 1:160 'H'
6	Hamid	14	M	11.1%	4000	2.71	Negative	Negative	1:80'O' 1:80 'H'
7	Nishanth	10	M	12.5%	7.300	2.58	Nil	Nil	1:80'O' 1:180 'H'
8	Saniya	13	M	10.2%	6.800	2.69	Nil	Nil	1:320'O' 1:320 'H'
9	Sudeer	6	M	10.6%	3.800	2.64	Negative	Nil	1:320'O' 1:320 'H'
	21/3/2018								
1	Nandesh	7	M	11.8%	3.500	1.69	Negative	Negative	1:160'O' 1:160 'H'
	22/3/2018								
1	Sufiya	10	M	13.1%	4.200	2.15	Negative	Negative	1:160'O' 1:160 'H'
	23/3/2018								
1	Sithabai	65	F	11.2%	9.100	1.81	Negative	Negative	1:160'O' 1:160 'H'
2	Mahesh AP	15	M	13.1%	9.200	2.46	Negative	Negative	1:160'O' 1:160 'H'
3	Baldargowda	16	M	11.8%	4.800	1.64	Negative	Negative	1:160'O' 1:160 'H'
4	Kiran Kumar	15	M	12.2%	3.300	1.73	Negative	Negative	1:320'O' 1:320 'H'
5	Suma	15	F	12.6%	2.600	2.12	Negative	Negative	1:320'O' 1:320 'H'
	24/3/2018								
1	Khasim Peera	24	M	13.9%	5000	1.95	Negative	Negative	1:80'O' 1:160 'H'
2	Shekanbee	45	F	11.9%	9.800	2.80	Nil	Nil	1:80'O' 1:160 'H'
3	Arjun	16	M	13.3%	4.500	1.92	Negative	Negative	1:160'O' 1:160 'H'
4	Divith	16	M	15.0%	5.200	1.87	Negative	Negative	1:160'O' 1:160 'H'
5	Lakshmana	14	M	13.0%	6.900	3.45	Negative	Negative	1:80'O' 1:160 'H'
6	Kiran Kumar	26	M	12.8%	8.800	1.72	Negative	Negative	1:160'O' 1:160 'H'
7	Ankitha	5	F	10.0%	2.800	1.55	Negative	Negative	1:160'O' 1:160 'H'

	7/3/2018								
1	Sai Atharava	13	M	10.9%	3.800	1.60	Nil	Negative	1:80'O' 1:160 'H'
	9/3/2018								
1	MD Afzal	10m	M	11.2%	5.500	2.32	Nil	Nil	1:80'O' 1:160 'H'
2	Reshma	28	F	11.7%	7.200	3.08	Nil	Nil	1:160'O' 1:160 'H'
3	Abilash	15	M	13.0%	4000	2.34	Negative	Nil	1:80'O' 1:160 'H'
	10/3/2018								
1	Meghan	3	F	8.3%	5.200	3.13	Negative	Nil	1:80'O' 1:80 'H'
2	Kumarswamy	48	M	13.8%	5.100	2.32	Negative	Nil	1:160'O' 1:320 'H'
3	Jeevitha	9	F	11.3%	5000	2.69	Negative	Negative	1:160'O' 1:320 'H'
4	Sharath	13	M	14.9%	16.500	2.94	Negative	Negative	1:320'O' 1:320 'H'
	11/3/2018								
1	Vishwathirth	16	M	14.9%	5.200	2.02	Negative	Negative	Nil
2	Ramanna	42	M	16.2%	9.800	2.49	Negative	Nil	1:160'O' 1:160 'H'
3	Md Rehan	1 1/2	M	11.9%	13.300	7.40	Nil	Nil	1:80'O' 1:160 'H'
	12/3/2018								
1	Jeevan	9 m	M	11.1%	5.700	2.91	Negative	Nil	1:80'O' 1:160 'H'
2	Rohan	10 m	M	12.1%	6.300	2.53	Nil	Nil	1:160'O' 1:160 'H'
3	Sanjay	4 m	M	12.1%	4.300	3.10	Negative	Negative	1:80'O' 1:160 'H'
4	Charan Sai	7 m	M	11.2%	4000	1.91	Negative	Negative	1:160'O' 1:160 'H'
	13/3/2018								
1	Ameer Hamza	8	M	14.1%	4.800	2.10	Negative	Negative	--
2	Nitish Joshi	12	M	13.4%	4.100	2.34	Negative	Negative	1:80'O' 1:160 'H'
	14/3/2018								
1	MD Arshad	13	M	10.7%	4.200	1.90	Negative	Negative	1:80'O' 1:160 'H'
2	Thosif	10	M	10.4%	3.800	2.30	Negative	Negative	1:80'O' 1:160 'H'

Dr. C G Rudrappa. "Innovative Concepts of Treating." IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), vol. 18, no. 5, 2019, pp 44-66.