Balaram Jana
Human Pathology

Reading excerpt

Human Pathology
of Balaram Jana
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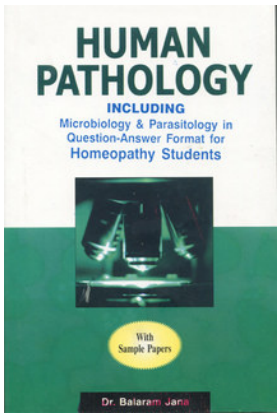

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PATHOLOGY

DISCUSSION FOR LEARNING

I *Pathology-Defmiüon.*

II Mode of Teaching.

III Disease of pathology in Allopathy and Homoeopathy.

IV What are the benefits, we can get from the knowledge of Pathology.

V "Where the Homoeopathic Pathology ends, the Allopathie Pathology begins"-Explain.

VI Why we should study the Pathology ?

Q. 1.1. What is Pathology ?

Pathology is defined as that branch ofbiological science which deals with the subject—study of disease in a systemic way and considers disease from all aspects; e.g., the cause of the disease, the course of the diseases, its diagnostic signs and symptoms, biochemical and structural changes and the complications that may occur, with the disease.

It is also defined *as a branch ofmedicine concerned with the study of cause, nature and evolution of the diseases and the changes in Anatomy, Physiology, and Chemistry resulting from there in.*

In short it is a *'Science of disease'.*

Q. 1.2. What are its Province ?

Pathology is the study of disease and one of the basic medical Science. Its essential foundations are derived from the study of the normal that is *Anatomy* and *Physiology*. Its province is extremely broad, for it deals simultaneously with the structural changes found in the organs of the diseased persons both before and after death, with the functional disorders

4. FOR CORRECT HOMOEOPATHIC PRESCRIPTION

Q. 1.13. How does the knowledge of Pathology help us directly to make a correct homoeopathic prescription ?

1. FOR INDIVIDUALISATION AND EVALUATION OF SYMPTOMS

The basis of homoeopathic prescription is *"Individualisation"* which again depends on correct evaluation of symptoms. In the process of evaluation, the exciting, maintaining and fundamental causes of diseases are of suprème importance and thcreafter the rare, uncommon, peculiar and characteristic symptoms of the patiënt. In all cases, wc gct somc common symptoms of the disease and a few characteristic symptoms of the patiënt. Homoeopathic prescription depends mostly on these characteristic symptoms. The knowledge of pathology helps us to differentiate betwccn common and uncommon symptoms of the disease and peculiar characteristic symptoms of the patiënt.

Examples : In a case of *Pneumonia*—fever, cough, dyspnoca, hurricd respiration, rusty sputum, consolidation of lungs etc. are all common symptoms of the disease, but we cannot prescribe on these common symptoms alone, so we should observe the patiënt for the individualising symptoms.

Suppose, a *Pneumonia* patiënt is very much thirsty specially for ic> cold drinks, the patiënt vomits after eating or drinking, is unable to lie on left side and there is burning all over the body. With all these symptoms we can safely prescribe *Phosphorus* for that case.

But suppose the patiënt is absolutely thirstless even with 104°-105° F temperature his tongue is absolutely dry, there is aggravation of all the symptoms in the evening and the stool is loose—the charactcr of which is constantly changing. All these symptoms undoubtedly indicale *Pulsatilla* for that case. Simiiarly, if the tongue of the patiënt is absolutely clean with constant nausea ratling sound in chest, we should think of *Ipecac*. Thus, we seefive pneumonia patients may require five different medicines. If we prescribe for the common symptoms of pneumoniat wc may rarcly bc ablc to cure a case for which homoeopathy is not to blame.

existing. The essential lesion is massive caseasion. There are numerous caseousfoci scattered although the lobe of the lung which developes due to spread via lymphatics and partly through broncholar tree. The caseous foei later on becomes confluent so that ultimately the whole lobe is converted into structureless caseous mass. The area may show breakdown at places forniation of small acute cavities with raggesd necrotic wall.

The lumph glands are also enlarged and casecus. There is no evidence of fibrosis in cut section and then plcura is not much thickened. The discasc runs a dramatic course and death is invariably due to massive tuberculous loxin.

Microscopically :

Caseation is extensive infiltration of epitheloid cells and lymphocytes. Giant cells are usually absent and there is no fibrobleastic proliforation. Caseous nccrosis is 80 perfect that even elastic tissue stain does not reveal presence of such tissue in contrast to fibrocascous type.

5. Acute **Miliary Tuberculosis** :

This results from rupture of caseous lung or glandular focus into blood vessels showing numerous bacilli in circulation when the foei ruptures into a branch of pulmonary artery we get miliary tuberculosis of lung only whereas when the rupture occurs into a trubutary of pulmonary vein — generalised miliary tuberculosis occurs.

Both lungs shows numerous tubercles scattered throughout the lung and they are of uniform size. To start with they are translucent and greyish white in colour bui when caseation supervencs this becomes opaque and yellow. There is no congestion around these tuberculosis s and there is no evidence of fibrosis of lung tissue. The disease is invariable fatal and is associated with numerous tubercic in other visceras like spleen, intestine, liver, brain etc. Usualcomplication of which is that the patiënt dies of tuberculous meningitis.

Microscopically: There is area of multiple scattered tubercic in the inter alvcolar septum. Alveoli themselves are altogethcr free. The tubercic in the septum do not show any giant cell and fibroblastic prolifcration is absent.

H. Mali-mant Tumours of Lung

imarv : (I) Rnmchogcnic carcinoma.
(2) Sarcoma vcry r.:rc.

B. Secondary : (1) Secondary carcinoma of lung.
(2) Sarcoma.
(3) Malignam melanoma.
(4) Chorion epiihelioma.
(5) Hyper nephroma.

21. BRONCHOGENIC CARCINOMA

The incidcnce of Bronchogenic carcinoma of lung is probabTy far more than that was considered so long. In the past many of these tumours were diagnosed as sarcoma. But the improved technique of examination has shown conclusively that their nature is carcinoma.

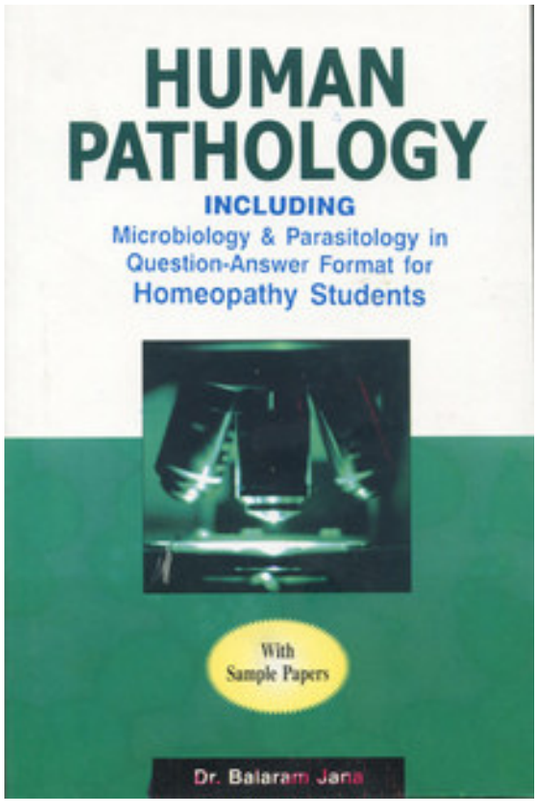
Of the various predisposing factors excessive smoking is the most important. It is also believed that diseases like influenza, tubcrculosis etc. may also predispose.

Hilar type : Commonest type appears as large greyish white growt'n arising from bronchial wall near the hilum of the lung. The lumph glands are also involved due to metastasis and enlarged glands along with growth casts shadow in X-Ray. It is origin from the concluded from the fact that there is either fibrous thickening in the bronchial wall (Annular type of growth) or rarely there may be white roughening of bronchial mucosa. The growih often projects into the lumen of bronchus as papillary mass precipitating obstruction or bronchocele.

Peripheral type of growth : This is evident as a small circumscribcd mass in the extreme periphery of the lung almost subpleural in posilion. The growth occurs from the lining mucosa of finerramification of bronchial tree. This type is ideal for surgical removal. The lung tissue surrounding the growth shown small nedules which are to be considercd at secondary metastasis wilhin the lung tissue as a result of lymphatic spread.

Miliary type: Small multiple scattcred nodules of growth which rc-semble very much miliary tubcrculosis of lung. The exact differcntiaüon can be made by microscopical examination only.

Diffuse pneumonie type of growth: Such picture is scen when ihe growth within the lung spread very rapidly eithcr by way of lymphatics or following the wall of bronchial tree througrfout the entire lobc of the hing. The individual masses of growth becomes conflucnt later on so that it resembles the picture of pneumonie consolidation.



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Bacteriology, Parasitology, General Pathology and Spot Light.

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