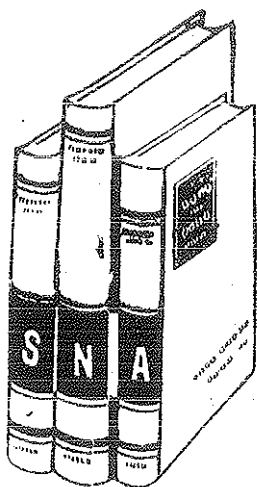


CASE STUDY



Mrs. Suguna aged 25 was admitted to one of the Medical Wards with complaints of severe dyspnoea associated with wheezing sound for three days. She was having these attacks for the past five years and was treated with some tablets. She also had "Glomectomy" (An operation where one or both carotid bodies are removed for the relief of air hunger during an attack) done a year ago. After admission a complete physical examination was done and she was diagnosed as having "Bronchial Asthma".

Bronchial Asthma is a respiratory disease characterised by dyspnoea, cough, wheezing sound and compressed feeling in the chest. This is due to spasm and temporary narrowing of the bronchioles. The breathing becomes distressed and laboured and this leads to the use of the accessory muscles of respiration. The etiological factors are heredity, allergy, repeated respiratory infection and psychological factors like anxiety, fear, worry, resentment and discord at home.

On admission, Suguna's respiration was laboured and she was struggling for breath. There was a wheezing sound too. Her pulse was 146 per minute and the respiration 54. She was nursed in a Fowler's position and oxygen was given intermittently by a nasal catheter at the rate of 1—1½ litres. Then ½ c.c. of 1 : 1000 Adrenaline was given subcutaneously by Hurst's method (injection of 1 c.c. every two minutes up to the total of 5 c.c.). "The advantage of employing this method is the avoidance of dangerous concentration of the drug in

the blood stream". Adrenaline is a bronchodilator and this relieves the dyspnoea and wheezing by relieving the bronchospasm. This drug did not show much effect on Suguna. So aminophylline 0.25 mg. was given intravenously with 200 c.c. of 25% Glucose. This drug also has similar action as adrenaline. The patient felt considerably better after giving aminophylline. The dyspnoea was very much relieved and the respiratory rate came down to 30 per minute and oxygen inhalation was discontinued. After a warm sponge and change of clothes Suguna looked very much better. She had a comfortable night's sleep with luminal ½ gramme.

After this episode Suguna did not have any severe attack. However, she did complain of mild attacks of dyspnoea between 2 a.m. and 6 a.m. at night. During these mild attacks the patient was given Isoprenaline—2 tables sublingually. When given by this method the drug gets absorbed slowly and directly into the blood stream. This has a stimulating effect on the sympathetic system and helps in relaxation of bronchial muscles. Pulvis antiasthmaticus one packet three times a day was given to avoid further attacks of Asthma. As her lungs were full, mist. cough expectorant 2 drams was given three times a day to help bring out the sputum and thick secretions. As Suguna had slight temperature and the E.S.R. was raised (first hour 59 and second hour 90). She was treated with seclopan, for three days, 4 laes O.D. To reduce anxiety and to induce sleep, luminal half gramme was given daily at 8 a.m. and 8 p.m. for four days. She was encouraged to take light diet in the

evening to avoid fullness of the abdomen which may interfere with her sleep. She was taught regular expiratory exercises. Her condition improved. She was kept occupied with reading, cotton balls making, and talking to other patients.

An attempt was made to find out the cause of Asthma in the patient. When talking to Suguna, she said that she was allergic to curds and fruits. In the hospital she was encouraged to take these food substances, but she never got any attack. Suguna's parents and grand parents were quite healthy and nobody had Asthma. So the hereditary factor was ruled out. The patient did not give history of any respiratory disease and hence repeated infection could not have lead to Asthma in Suguna. However, it was found that the patient had a psychological factor contributing to her illness. She gave a history of an unhappy family life which kept her depressed. Although she had been married for eight years, she did not have any children and her parents-in-law started ill-treating her. Her husband wanted to marry Suguna's younger sister but the parents did not allow it. One day he beat her and hurt her very badly. All these things caused mental tension in her. Gradually she developed attack of dyspnoea. Her husband disowned Suguna and she was living with her own parents. Thus both the families were quarrelling and Suguna's disease was progressively increasing. This may be the contributing factor to her illness.

One day her husband visited her in the hospital, but she did not talk to him and started crying. The

(Contd. on page 142)

BRONCHIAL ASTHMA

By

M.K. Thankamma,

Second Year Student,

C.M.C. Hospital, Vellore, Madras State.