***START OF PART 2***

2. Refer to a center doing Porta-caval

shunt surgery

3. Palliative Peritoneo-femoral shunt.

* Development of repeated or large ascites eventually leads to liver cell failure & hepatic coma. So keep the relatives warned.
* On successful diuretic therapy, the patient should lose 1/2 kg body weight everyday.

**CHRONIC ALCOHOL WITH TREMORS**

1. Stop Alcohol + Give High protein Nutritious Diet

**For withdrawal symptoms**

2. inj. Neurobion 2 cc IM x daily x 10(B1 B2 B3= 2H-5)

3. Cap Becosules 1 bd x 30 (B complex = 2H-6)

4. Tab Librium 2 mg bd x 15 days (Chlordiazepoxide = 4 D-2) OR Tab Calmpose 5 mg tds x till

tremors are controlled. (Diazepam = 4D-3)

5. Inj Lopez/ Ativan 1 mg slow IV (Lorazeparn = 4D-4) for acute symptoms

**If Memory and Intellect are affected**

6. Tab Neuracetam 1 tds x 30 (Piracetam = 4G)

**If Liver is enlarged or Cirrhotic**

7. Tab Essentiale 2 tds (Phospholipids = 1D-3 & 4)

8. Syr. Delphicol 2 tsp tds x diluted in water x before meals (Sorbitol + tricholin = 1D-2)

9. Tab Liv52 2 tds (Ayurvedic Liver support = 1D-1)

10. For Alcoholic cirrhosis, - Tab lViboliv 500 mg bd (Metadoxine ) For Liver protection

**If impending hepatic coma**

i.e. Altered sensorium ,drowsiness, deep jaundice, insomnia, flapping tremors.

1. No Protein diet

2. Stop all diuretic, sedatives and Hepatotoxic drugs.

3. Cap Neomycin 1 g 6 hrly x 7 days (Intestinal antibiotic = 7J)

4. Syr Lactulose 30-50 ml/hr. orally (to reduce Ammonia absorption 1G- to Hospital.

5. Do not treat in clinic. Refer immediately to Hospital.

**If Acute alcohol intoxication**

First rule out Organo-phosphorus Poioning (smell + pinpoint pupils). Also rule out Head Injury, and Hepatic coma.

1. I.V. 25% glucose x 4 amps x stat (For Hypoglycemia)

2. Ryle's tube & stomach wash

3. I.V. 5% dextrose 1000 ml + 1 amp M.V.I. or Polybion (2-9) For Vitamin B1 and B-complex

4. Inj Rantac 2 ml (50 mg) IV stat (Antacid = 1B-1)

4. Inj, Viboliv 300 mg 2 vials in 5% Dextrose, IV (Metadoxine - For Liver protection)

5. If violent,

Inj. Largactil 2-4 cc IM

OR Inj Serenace 5 mg IM (4E-1)

6. If Unconscious, Inj 20% Mannitol 100ml slow IV drip.

IF patient does not become conscious, refer to a Hospital.

* If you car persuade one alcoholic to get rid of the addiction, and extend his active life by a few years, you will be saving one full family from disaster. So though such advise is often futile, Don’t give up.

**WORM INFESTATIONS**

Passing worms in stools, Perianal itching, Flatulence, Colicky pains, Anorexia, Anemia.

**Dosages of Broad spectrum Antihelminthics: (1E-1 to 7)**

1. Tab Mebendazole 100 mg bd x 3 days.

2. Tab Zentel 400 mg x single dose (Albendazole)

3. Tab Combantrin 250 mg x 3 Tabs single dose (Pyrantel)

4. Tab Dewormis 150 mg > single dose (Levamisole)

5. Tab Sta-500 1 Tablet x single dose (Mebendazole + Levamisole)

**For Tape worm infestation**

Tab Niclosan 500 mg x 4 tabs stat in morning, on empty stomach. Then, 2 tabs daily x 6 days if H. Nana infestation. (Niclosamide = 1E-1I 1) or -Tab Albezole 400 mg x 1 bd x 3 days (Albendazole 1E-2)

**For Thread worm infestation**

T. Albendazole 400 mg x bd x 3 days (1E-2) or T. Mebex 100 mg x bd x 15 days (1E-1)

**For Round worm infestation**

Piperazine Citrate 30 ml at bedtime on 3 consecutive days. (75 mg/kg body wt./day) or any of the broad spectrum anthelmintics.

**For Hydatid Cyst**

Tab Albendazole 12 mg/kg/day x 1 month

**General instructions:**

• Wash hands, nails & perianal area with soap and water, after passing stools.

• In villages, avoid open air defecation.

• Wash vegetables thoroughly before cooking or eating,

• Use boiled or filtered water for drinking

* As Family Doctors, make it a point to deworm every school going child under your care, once a year.
* Very Important: treat all family members, including servants, to eradicate the worms completely. Especially thread worms.
* Anthelmintics must be given to every child with pain around umbilicus, Itching around anus, anemia and failure gain weight.
* Majority of anemia in rural population are partly or wholly due to Hookworm infestation. So every patient of moderate to severe anemia must be given anthelmintic.\
* Always repeat the anthelmintic after 10 days to eradicate worms completely.

**EPIGASTRIC PAIN**

1. Avoid chillies & sour food, smoking & alcohol.

2. Stop irritant drugs like NSAlDs,, if patient is taking them.

3. Gelusil MPS 2 tsp tds x 5 days (Antacid = 1A)

4. Tab Histac 150 tag bd x 5 days (Ranitidine = 1B-1 to 2)

5. Tab Baralgan 1 tds if spasmodic pain (1L)

**If pain is not relieved completely**

Ask for investigations –

1. Gastroscopy

2. Ba Meal (if Gastroscopy is not available)

3. Stool examination

4. Ultrasonography

5. S. Amylase and Lipase

6. ECG

**If there is mucus or E. Histolytica in stools**

Tab Flagyl 400 mg x tds x 7 days. (Anti amoebic = 1F) or Tab Secnil 1gm x 2 tabs single dose or Tinidazole or combination drugs (1F)

**If Liver is palpable and tender**

- Is there Jaundice? Infective Hepatitis?

- Is there C.C.F? Heart murmur, neck veins or edema?

- If not, ask for ultrasonography of Liver & GB.

**DUODENAL ULCER**

**Instructions**

1. Bland diet. No chillies/Sour/Fried foods. More of Milk.

2. Avoid strong Tea & coffee. IF taken, take with some food, not on empty stomach. Also, avoid very hot and very cold Liquids.

3. Smoking 6. Alcohol - strictly prohibited.

4. Avoid gastric irritant drugs like Aspirin, All NSAIDs (Ibuprofen, Diclofenac, Oxyphenbutazone etc.), Steroids.

5. Have regular meals. Avoid periods or starvation - take small snacks in between.

6. Avoid late night duties, Take regular sleep and adequate rest - avoiding mental tensions & taking tranquilisers in acute phase.

**Drug Treatment**

1. Digene 2 tsp tds x till all symptoms disappear (Antacid = 1A)

2. Tab Ranitidine 150 mg bd x 8 wks (1B = 1 & 2) or Tab Famotidin 40 mg H.S.

x 8 wks or Cap Omeprazole 20 mg OD (in morning) x 4 wks. or Cap Pantop. 40 mg OD x 4 wks.

3. Tab Alprazolam 0,25 mg HS 10 days i.e during acute exacerbation (Tranquiliser = 4D-8)

4. Cap Becosules 1 OD x 30 (B-complex = 2H-6)

5. Additional drugs that may be added:

i) Syr. Sparacid 1 gm/ 5 ml. Qid x 15 minutes before meals x 4wks. (Sucralfate = 1, B3/3) For a protective layer over the ulcer.

ii) T. Anitrenyl 1 Qid x if colicky pain (Oxyphenonium = 1 B 3/1)

6. If Gastroscopy has shown H, Pylori Infection in biopsy, then Triple therapy (see below)

**After wks., repeat Gastroscopy, It the ulcer is healed**

Stop treatment. IF disease is long standing or recurrent, advise maintenance therapy for 6 months to 1 year to prevent recurrence.

1. Tab Ranitidine 150 mg HS 6 months or Tab Fannotidin 20 mg x 6 months, or cap Omeprazole 10 mg OD x 6 months,

2. Avoid all stress factors, irregular meals, late nights, starvation, smoking alcohol, & irritant drugs

**If Ulcer is not healed after 8 wks**

1. Change the cJru used e.g. If Ranitidine was given, give Omeprazole.

2. Add-Tab Sucralfate 1 g Qid x before meals x 4 wk.

3. Tab - Pylocid 1 bd x 4 wk (Colloidal Bismuth = 1B 3-4)

4. If Ulcer does not heal, Refer for surgery

**If Ulcer heals but recurs frequently**

Ask For H. Pylori in Gastroscopic Biospy or Breath test. If H. Pylori are present advise Triple therapy.

Pylokit 1 Kit daily x 7 days (B-4-2 = Lansoprazole + Clarithromycin + Tinidazole)

**Other Combinations:**

1. Omeprazole + Arnoxycillin +Tinidazole

2. Lansoprazole + Amoxycillin + Tinidazole

3. Pantoprazole + Amoxycillin Tinidazole

(Ref: B-4)

Each kit or combipack contains 3 tablets for the morning and 3 tablets for the night i.e one day’s dose.

* Most cases of duodenal ulcer will be cured by Medical Treatment. Only recurrent and complicated cases (e.g Pyloric stenosis or bleeding) will require surgery.
* A Gastric ulcer is potentially malignant. So, Biopsy and follow up with Gastroscopy is very essential and operation is advisable.

**PAIN IN RIGHT HYPOCHONDRIUM**

**Evaluate the patient on the following lines**

1. Is the pain related to food? If it is relieved by food, it is most likely a duodenal ulcer.

2. If there is tenderness under the costal margin on deep inspiration, think of chronic Cholecystitis.

3. If Liverp is palpable & tender, look for jaundice (infective hepatitis), intercostal tenderness (amoebic hepatitis) and signs of C.C.F. i.e breathlessness, murmur, neck vein engorgement and edema.

4. If gall bladder is palpable with or without jaundice, refer to a surgeon for investigations.

Treatment od duodenal Ulcer, Infective Hepatitis & C.C.F is discussed elsewhere

**AMOEBIC HEPATITIS**

1. Bed Rest.

2. T.400 mg x tds x 10 days or T. Tinidazole 1 g x bd x 3 days.

High Dose Flagyi: 12 Tabs of Flagly 400 mg + Digene 60ml (antacid) + Tab or Inj Siquil are given orally or through Ryle's tube x on 2 successive days.

3. lnj. Dehydroemetine 60 mg (2 cc) 1M x daily x 10 days under strict Bed Rest and ECG check up.

4. Ultrasonography for Amoebic Liver abscess. If abscess is formed, Refer to a Physician for aspiration of abscess.

**PAIN TN RIGHT ILIAC FOSSA**

When there is pain & tenderness in right illiac fossa {R.I.F), Think of Appendicitis and Amoebic colitis. Fever, Tachycardia, loss of appetite or vomiting suggest appendicitis.

**If Pain & tenderness are severe**

**Give:**

• Inj Gentamycin 80 mg IM (Antibiotic = 7A)

• Inj Tramadol 2 cc or Voveran 3 cc IM (Analgesic = 3A) and refer the patient to a surgeon.

**If Pain & tenderness are mild Give:**

• Cap Norflox 500 mg tds x 5 (Antibiotic = 7A)

- Tab Fasigyn-D5 1 bd 3 (Anti Amoebic = 1F-2)

• Tab Anafortan 1 till pain (Antispasmodic = 1L)

• Foment over R.I.F.

* If localised tenderness in R.I.F. persists after a course of antibiotic and antiamoebic, then clinical diagnosis of chronic appendicitis is almost certain.
* In acute case, High WBC count > 10,000/cu.mm. suggests acute appendicitis, RBCs in urine suggests ureteric colic, and E. Histolytica in stool suggests amoebic colitis.

**COLICKY PAIN IN ABDOMEN**

Commonest causes of abdominal colics seen in General practice are - ureteric colic and small or large intestinal colics.

**Ureteric (Renal) Colic**

Should be suspected when there is intermittent, colicky pain, on one side of abdomen, anywhere from renal angle to groin\_ Diagnosis is almost certain if pain radiates to groin, testis or perineum„ and if associated with dysuria or hematuria.

**Small intestinal Colics**

Are always felt around umbilicus (as it is a referred pain) and is commonly due to worms. But if a central colic does not subside with anti spasmodics, but increases progressively keep in mind intestinal obstruction, especially when there is abdominal distension & bilious vomiting.

**Large intestinal Colics**

Are cramplike pains or colics and may occur anywhere along the colon. Most common sites are L.I.F. i.e. sigmoid colon, R.I.F. i.e. caecum and RHC/LHC i.e, hepatic or splenic flexures, They are

usually associated with mucus in stools, and local tenderness, and are passing motions.

**Biliary Colic**

Should be suspected when colic occurs in RHC. Tenderness under Rt. Costal margin and Jaundice if present, are very suggestive. Otherwise, it could be a colic from duodenal ulcer or colon.

**Lower abdominal Colics in females**

Should make you think of Dysmenorrhoea if patient is in premenstrual or menstrual period. Threatened abortion if H/o Amenorrhoea and ruptured ectopic pregnancy if severe tenderness & pallor.

**URETERIC (RENAL) COLIC**

1. Inj. Voveran 3 cc 1M stat (strong Analgesic = 3B) Or Inj Tramadol 2 cc 1M

2. Inj. Cyclopam 2 cc I.V./.1M (Anti. spasmodic = IL-1) or Inj Anafortan 2 cc IM (1L-6)

3. Tab Anafortan 1 tds x till pain subsides (IL)

4. Tab Cystone 2 tds x (Ayurvedic for stones)

5. Cital 1 tsp in a glass of water x tds (Urine Alkaliniser = 7C-6) or Barley water (Kissan) 1 glass tds

6. Plenty of water and fluids.

7. Inj. Perinorm or Emeset 2 cc IM (Antiemetic = 1K - 1) if there is vomiting.

8. I.V. Fluids = 1000 ml DNS if fluid intake is not sufficient.

9. Send Urine For RBCs, collected during colic.

**If pain is very severe**

1. Inj. Anafortan 2 cc 1M may be repeated.

2. Inj. Morphine 1 amp 1M or I.V (Analgesics = 3B, morphine is the most preferred) or Inj Fortwin 30 mg IM/IV

3. Ind Atropine 1 amp I.V.

4. If colic persists, Give Hydrotherapy or refer to a surgeon.

5. Ask for - Urine Exam, X-ray KUB & ultrasonography.

**Hydrotherapy**

I.V. 1000 ml 5% dextrose, given as a fast drip. At the end of the drip, Give

- Inj. Lasix 1-2 amps I.V (Diuretic to force urine flow)

- Inj. Anafortan 2 cc 1M (for pain and relaxation of ureter)

Repeat for 3 consecutive days. Then repeat K.U.B. X-ray, If stone has not moved, and pain persists, Refer to urologist for stone removal or Lithotripsy.

* Wherever you suspect ureteric colic, collect urine during or after the colic. Presence of RBCs confirms your diagnosis, even if a small stone or crystal may not be seen on X-ray.
* If there is significant tenderness over the abdomen, then it is not a ureteric colic.

Small stones in lower ureter can be removed through cystoscope. Larger stones causing Hydronephrosis, are best treated with lithotripsy (ESWL) or surgery.

**SMALL INTESTINAL** **COLIC**

1. Inj. Spasmo-proxyvon or Anafortan 2 cc IM (Antispasmodic = IL)

2. Tab Zentel 400 mg x 1 tab (any Broad Spectrum Anthelmintic = 1E-1)

3. Tab Anafortan 1 tds x till pain subsides.

**LARGE INTESTINAL COLIC**

1. Tab Flagyl 400 mg tds x 7 (Antiamoebic = 1F) or Tinidazole or secnidazole.

2. Tab Anafortanl 1 tds x till pain subsides.

3. Econorm 1 sachet x bd x 5 days (Saccharomyces Boulardii = 1J-8)

* If lower abdominal colic in a female patient does not, subside antispasmodic injection of is associated with Bleeding P.V./amenorrhoea/pallor, Tenderness, then refer the patient to a Gynaecologist.

**CHAPTER 2**

**CARDIOVASCULAR SYMPTOMS**

**Anginal Pain**

Whenever a patient complains or left side or retrosternal chest pain, left arm, shoulder or Jaw pain, first ask yourself - is it related to the heart? Was it associated with sweating?

**Suspect Angina whenever**

1. Palm's experienced on the left side of the chest or retrosternally.

2. If the pain radiates to left jaw, left shoulder or medial aspect of left arm.

3. If pain appears on exertion and disappears on rest, and

4. Confirmatory test - is the disappearance of the pain with sorbitrate.

**Immediate-treatment of Anginal pain**

1. Stop Physical activity immediately, and sit quietly

2. Tab Isordil/Sorbitrate 5-10 mg Sublingual (Isosorbide dinitrate = 6D-2) OR Tab Angised 0.5 mg Sublingual (Nitroglycerine = 6D-1) OR GTN/Nitrocin Lingual spray 0.4 mg sublingually (Nitro-glycerine spray = 6D-1)

3. ALWAYS keep sublingua1 tablets at hand - in the pocket, in the bedroom, in the bathroom and toilet, on the office table, in the travel kit etc,

4. If pain does not subside, repeat sublingual tablet after 5 minutes. If no relief after second tablet, Give 1 tab of Disprin, and refer immediate:iv to cardiologist,

**TREATMENT OF ANGINA**

**(Diagnosed I.H.D.)**

**1. General instructions**

1. Avoid Exertion:

If possible, change to a more sedentary job. In particular, avoid sudden exertions like running to catch a bus, moving furniture in house, climbing stairs in a hurry etc.

ii. Reduce weight: if overweight.

iii. Low fat diet.

iv) If smoker, must stop smoking immediately.

**2. Coronary vasodilators**

For Acute pain:

1. Tab Isordil/Sorbitrate 5-10 mg Sublingual (Isosorbide dinitrate = 6D-2) OR Tab Angised 0.5 mg Sublingual (Nitroglycerine = 6D-1) OR GTN/Nitrocin Lingual spray 0.4 mg sublingually (Nitro-glycerine spray = 6D-1)

ii) Sit quiet till pain disappears.

For 21 hr protection:

1. Tab Ismo 20 mg 1 BD (Isosorbide­5-mononitrate 6D-3) OR. Tab Imnit 30 or 60 mg OD (Slow release)
2. OR Tab Dilzem 30 mg TDS (Diltiazem = 6D-7)

**3. Anti-Thrombotics**

i) Tab Ecosprin 150 mg or 75 mg OD, after food, (Aspirin = 6E-1)

ii) In High risk cases & recent MI, add Anti-platelet agent. Tab Clopilet 75 mg OD (Clopidogrel = 6F-4) OR Tab prasudoc 10 mg OD (Prasugre = 6F-8)

For convenience, prescribe a Combination like Tab Clopilet-A 1 OD or Ecosprin-AV 1 OD

iii) If aspirin Intolerance or peptic ulcer., give only Tab Clopilet 75 mg OD (Clopidogrel = 6F-4)

**4. To control Atherosclerosis: and stabilise plaques**

1. Correct the Lipid profile with a statin. Aim for S. cholesterol < 150, LDL = 70 (< 100), HDL > 40, TriglyCerides < 130; Refer Hyperlipidernia treatment - Page 27

- Tab Novastat 10 mg HS (Rosuvaskatin = 6J-11-4)

ii. Antioxidant drug

Tab ALA-100 100rng OD (Alpha Lipoic acid = 20-C) Cap Revup 1 OD (Antioxidant combinations = 20-C)

iii) Tab Metolar-XL 25 mg OD (Beta blocker = Metoprolol = 6AB-3)

OR Tab Cardace 1.25 mg OD (ACE inhibitor = 6AD-4)

**5. Adjuvant therapy**

i) Check B.P: Control Hypertension to 120/80 Hg, preferably with a Beta blocker, Tab Lopressor OR Atenolol

ii) Check Lipid profile: If high, treat hyperlipidemia

iii) Check Blood sugar: Control Diabetes very Lightly

iv) Insist on regular, gradually increased, 30 min walking exercise.

Summarising Angina treatment - Sorbitrate Aspirin, Atorvastatin, Metoprolol/Ramipril, Antioxidant.

* Angina can be atypical, with pain only in epigastrium or left lower jaw or left shoulder and arm. The confirmatory test is immediate relief with sublingual Isordil.
* If anginal pain persists even after taking sorbitrate„ think of Myocardial Infarct.
* If a toothache ni left lower molars persists even after tooth extraction, think of Angina.
* It is wiser to detect angina early and refer for investigations and, Bypass surgery, than to wait till an infarct develops. At the same time, if the patient is not willing For Bypass surgery at all, then there is no point in spending on stress test & coronary angiography. Leave him alone on medical treatment. If he is not affording the operation, Guide. the patient to get free cardiac surgery in Government schemes for BPL patients, or refer to Sathya Sai Institute at Puttaparthi (A.P.) or Bangalore (Karnataka) or such Institute nearby.

**PALPITATIONS**

Anxiety is the commonest cause for palpitations. First rule out Anemia, Hyperthyroidism, RHD, LVH and Arrhythmias. Palpate the pulse (during an attack if possible) for tachycardias & arrhythmias. If pulse race is > 90/min, look for thyroid enlargement. Then auscultate the heart for murmurs and look for heaving apex beat or Left ventricular Hypertrophy.

1. Tab Ativan 1 mg x 2-3 times/day (Tranquiliser = 4D-4) or Tab Alprazolam 0.25 mg x 2-3 times/day.

2. Tab Ciplar 10 mg tds (Propranolol = 6A-6)

3. Santevini 2 tsp bd (Tonic with Bplex = 2M-2)

4. If pale, Cap Autrin 1 OD x 2 months (Iron = 2I)

5. Instructions:

Avoid excess of tea & coffee.

Avoid alcohol & smoking.

Avoid Mental Strain.

Avoid Salbutamol in asthmatics.

**If no response to treatment**

1. Hb for Anemia

2. Serum T3, T4 and T.S.H. • To rule out Thyrotoxicosis.

3. If Diabetic, rule out Hypoglycemia attacks.

4. ECG - To rule out LVH and Arrhythmias like SVT or AF.

5. X-ray Chest for Cardiornegaly. If these tests are normal, Refer to Cardiologist.

6. Echo-cardiography for LVH, RHD and Valve lesions.

7. Holter monitor Test, if intermittent arrhythmias are suspected.

• If pulse is normal, and heart is normal, then palpitations are due to anxiety and will respond to Tranquilisers anti Beta-blockers.

• If palpitations are due to left ventricular hypertrophy, explain to the patient that the forceful beet is going to persist and he should learn to accept it.

**SYNCOPAL ATTACKS (FAINTING)**

Usually a vaso-vagal attack due to fright, Bad News, sudden pain or exertion in sun.

**During an attack**

- Make the patient recumbent, and Flat on the ground.

- Loosen Clothes around the Neck and Raise the legs.

- Feel the pulse to note the rate, rhythm and volume.

- Stimulate by splashing water or with strong smell (onion).

- Normally, the person wakes up in a few minutes.

- Do not allow him to stand suddenly.

- Ask about – Chest pain, Limb paresis, slurring of speech, and H/o Diabetes, Hypertension and Angina.

If the patient does riot wake up and becomes normal in 5 to10 minutes, think of other causes and shift to a Hospital.

1. If known Diabetic, check Blood sugar on Glucometer. If Hypoglycemia, Give 25% Glucose I to 5 ampules, till patient is awake and responding. Then give oral Glucose, Sugar or sweet. Check Blood sugar repeatedly for 24hrs.

2. If Chest pain/Sweating/Low volume pulse,

- IV RL

- Tab Aspirin 1 stat

- Tab Sorbitrate 10 mg Sublingual slat

- Inj. Efcorlin 1 vial IV. S.O.S.

- Refer to hospital or Cardiologist for ECG

3. If he has Black loose stools & pallor-? G.I. Bleeding. Refer immediately.

4. If slurring of speech or weakness of one side -? stroke. Refer immediately.

**Subsequent treatment of simple syncope**

- lnj Neurobion 1 amp 1M daily x 5 injs. (2K)

- Cap Becosules 1 bd x 15 (2C)

- Ask for: Hb, X-ray cervical spine, X-ray chest, Carotid Doppler

- ECG, 2D-Echo & Holter moniter test, for cardiac cause.

- Treat Anemia, & Cervical spondylitis if present.

**If Postural Hypotension**

(Fainted while getting lip from lying position)

• Teach the patient to stand up slowly.

- Elastic stockings to both legs, if attacks are frequent.

• T. Wysolone 1 bd x 10 - 15 days (Steroid = 9A-1)

• If taking treatment for Hypertension, - Reduce the close, or if necessary change the drug\_ And Do not give steroids,

**In Specific circumstances**

think of cough syncope, micturition syncope, & Hypersensitive carotid sinus.

* After giving injections that cause sedation, like siquil, avil or calmpose, do not allow a patient to walk home alone- he may faint & faint on the way.

**SUDDEN ONSET BREATHLESSNESS**

1. If wheezing and rhonchi

- Bronchiai asthma

2. If edema of legs, palpable Liver, murmur or prominent neck veins

- C.C.F.

3. If sudden breathlessness in an apparently healthy middle aged man

- Acute myocardial infarct with L, V, F.

4. If Emphysematous chest, poor air blast.

- Emphysema (C.O.P.D) with superadded infection or spontaneous pneumothorax

• Sudden breathlessness in a healthy man, with fine crepitations and no rhonchii, should make you suspect myocardial infarct. Ask for an ECG.

**CONGESTIVE CARDIAC FAILURE**

**General instructions**

1. Bed Rest. Sitting position with cardiac table, if dyspnoeic.

2. Oxygen by nasal catheters, if dyspnoeic.

3. Salt Free diet, Avoid heavy meals.

4. Restricted fluid intake.

5. Avoid NSAIDs.

6. H.influenza & Pneumonococcal Vaccines.

**Basic Treatment**

1. Tab Lasix ½ - 1 daily„ till edema subsides. Then 1 tab 1-2 times every week (Diuretic 86)

2. Tab Cardivas 3.125 mg BD, upto 25 BD(Beta Blocker = Carvedilol = 6AB-7)

3. Tab Candace 1.25 mg OD to BD (Ramipril = 6AD – 4)

***END OF PART 2***