

GALLIC ACIDUM: CASE REPORTS

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SUMMARY

Gallic acid (C₇H₆O₅) is a derivative of Tannic acid, obtained from galls or Oak apples. It is a well known astringent. It has been found effective in pulmonary hemorrhage in patients with H/O Tuberculosis in past.

INTRODUCTION

It was first proved by Dr. D.S. Kimball with 1 grain of the 1/20th tribulation (amer.) Homoeopathic Observer, 1972. P-523. A case is recorded in which the application of an ointment containing Gallic acid, or the insertion of a tannin suppository for piles, caused an attack resembling hay asthma, with an eruption of Urticaria (H.W., xxviii. 502). The experience was repeated several times before the cause was found out. This is sufficient to show that Gallic acid is truly homoeopathic to pulmonary cases, in which it has been largely used by the old school as well as the new. In pulmonary hemorrhage, and in the excessive expectoration and the night-sweats of phthisis it has been found of especial service. Marcy, of New York, has recorded the case of a young lady who had a cavity in the left lung, with copious purulent expectoration, night-sweats, evening fever, pulse 130. Under the prolonged use of Gallic acid IX she recovered her normal health except that the left lung remained dull and she had great shortness of breath on the slightest exertion. Her flesh, strength, and general appearance were as when she was in perfect health. Bayles says it rapidly checks secretions, gives general tone to the stomach, increases appetite and removes

constipation. This last must be a homoeopathic effect. Gallic acid is used in popular practice to check excessive menstruation. Prominent symptoms in the proving are: Weakness with irritability. Excessive dryness of mouth and throat. Sense of contraction of anus. Jerking of limbs. Itching of skin.

The pathogenesis of lesser known drug whose complete drug picture is not available, need to be clinically verified for qualifying its validity and reliable therapeutic use. Clinical verification of drug helps in confirmation of available data and also adds the pathogenesis of the drug by the additional symptoms which may be included after subsequent verification.

RESPIRATORY SYMPTOMS AS AVAILABLE IN LITERATURE

(ALLEN) Pain in right lung lessened on lying down, at 9 P.M. (third day); not so severe on rising on the morning; increased by coughing and full inspiration (fourth day). [* I inhaled Aconite to relieve it, as I had suffered ten months previous from congestion and inflammation of the lungs, more especially the right one, which was subdued by the timely administration of appropriate remedies in the incipient stage, though the effects lasted some time.*] The pain somewhat increased in the evening (fourth day). Some aching in the middle and upper part of the lungs, more in the left, extending through the muscles of the neck and right shoulder, and down the upper portion of the right one, which was subdued by the timely administration of appropriate remedies in the incipient stage, though the effects

lasted some time.*] The pain somewhat increased in the evening (fourth day). Some aching in the middle and upper part of the lungs, more in the left, extending through the muscles of the neck and right shoulder, and down the upper portion of the spine, especially on moving and turning the head, in the morning (third and fifth days). Before and after rising in the morning, felt soreness in the right lung on gaping and coughing, and after a full inspiration (fifth day).

(BORICKE) Plain in lungs; PULMONARY HAEMORRHAGE; excessive expectoration. Much mucus in throat in the morning. Dry at night.

(CLARCKE) Plain in right lung, lessened on lying down 9 p.m., not so severe in morning, worse by coughing, yawning and full inspiration. (Cavity in left apex, purulent expectoration.) Some aching middle and upper part of lungs, more in left, extending through muscles of neck and right shoulder and down upper part of spine, worse moving and turning head, morning.

Central Council for research in homoeopathy, has undertaken clinical verification of gallic acid. Here is the report of two interesting cases of Haemoptysis treated with Gallic acid.

CASE REPORT I

Ms. R.V. 42 yrs. F came to the O.P.D. with the complaint of chest pain for 6 months. The pain was on right side below the right nipple. Pain was dull aching in character. Pain was increasing during deep inspiration and on sitting and radiating towards back. There was H/O fever with the tendency to slight increase during evening. There was H/O mild cough also.

For the last two days patient was having Haemoptysis, the color of the blood was bright red. Appetite of the patient was diminished and

there was H/O constipation with hard stool for 3 days. Flatulence also increased.

On general examination patient was slightly pallor, face ill looking, complexion dark, lean thin built, tongue was clean. There was no cyanosis, jaundice etc. and lymph glands were not palpable.

Pulse was 84/minute, R.R. was 20/minute. Temp. 37.1° C, B.P. 120/80 mm of Hg. No abnormality was detected on systemic examination.

Investigation were carried out in the laboratory. Patient was having less Hb (10.6 g/dl), increased E.S.R. (45 mm after one hour). Eosinophils are normal towards higher side (6%). In stool, urine and sputum for AFB : no abnormality was detected. X-ray chest P.A. view was advised which showed right costophrenic angle and both hiler shadows hazy.

Gallic acid in 30 potency to be taken three times a day was prescribed for seven days. Eighth day patient reported back. Patient was looking cheerful. Pain was diminished, mild cough was still present. Occasional blood streaks was there during coughing. Appetite was improved. There was no H/O fever. Again Gallic acid 30 tds was prescribed for a week.

Patient reported back on 16th day of her treatment, there was no H/O chest pain, Haemoptysis, fever. Appetite was improved. There was no constipation and stool was normal. There was no H/O flatulence. Only slight cough was still persistent. Placebo was prescribed for a week to be taken three times a day.

On 24th day of treatment patient reported with no symptoms except occasional cough. Investigations were carried out. Except slight anemia all the tests were within normal limits. Hb was (11 g/dl), E.S.R. (20 mm after one hour.) and Eosinophils (4%). Again placebo prescribed to be taken three times a day for a week.

Patient was approached after 10 days of her visit. She was having any type of symptoms. Again patient was followed up for 6 months. She was having no complaints.

CASE REPORT II

Mr. D. Prasad, 35 M came to O.P.D. with complaints of Haemoptysis and weakness for seven days, chest pain and cough since 3 years. Chest pain was on right side and dull in character and having aggravation during deep inspiration. There was cough with expectoration. Sputum was thick white. There was as low grade fever with slight aggravation in the evening, loss of weight. Patient had history of pulmonary tuberculosis 6 years back.

On general examination patient was lean, dark complexion anemic. There was no oedema, cynosis, jaundice, Lymph glands was not palpable. Pulse rate was 96/minute, B.P. 120/80 mm. Respiratory rate 24/minute and there was occasional rates at apex of lungs on auscultation.

Following investigation were carried out in the laboratory with the result as follows

| | | |
|----------------|---|---|
| Blood | : | Hb. 10.6 gm/dl, TLC 6300/ cumm DLC N-76%, L 20%, E 3%, M 1% ESR 46 mm after 1 hour |
| Urine | : | NAD |
| Sputum for AFB | : | negative |
| Throat swab | : | grams + ve cocci present |
| X-ray chest | : | within normal limit. |

Gallic acid in 30th potency to be taken three times in a day was prescribed for seven days. Patient reported back on 5th day. Cough was less, and there was no history of Haemoptysis, low grade fever were still present. Placebo to be taken three times a day was prescribed. Patient reported back on 13th day. There was no chest pain, no Haemoptysis, cough further decreased

but sputum was profuse as white in colour. Again placebo was prescribed. Then patient reported on 28th day of his treatment. There was mild fever with aggravation evening. Cough was further less. Gallic acid 30 to be taken twice daily was prescribed. Patient reported again after taking medicine for 12 days. Except occasional cough no other complaint was there. Appetite improve. Weight of patient was increased by 2 kg. Placebo was prescribed for 7 days. Further patient was followed for three months and he was having no symptoms. After 3 months investigation were reported. Weight of patient was increased by 4 Kg. ESR decreased from 46 to 12 mm/1st hour. Haemoglobin increased from 10.6 to 11.5 gm/dl. RR was 20/minute. Chest was clear.

INFERENCE

Symptoms of pain in chest on right side is mentioned by Allen T.F. and Clarke J.H. but no side is mentioned in William Boericke. In our cases pain was on right side. Pain increases by coughing and deep inspiration is mentioned by both Allen T.F. and Clarke J.H. but William Boericke has mentioned nothing as about it. In our case, pain increase during deep inspiration and on sitting.

Symptoms of fever is mentioned neither by William Boericke nor by Clarke J.H. Both of them have mentioned phithits in clinical. Allen T.F. has mentioned fever and this was present in our case also. In our case mild cough was also present. Above mentioned cases reflect that Gallic Acid is a good medicine for Haemoptysis and it need to be further verified.

REFERENCES

1. Clarke. J.H. : A dictionary of Practical Materia Medica. Vol. 1
2. Boericke William : Pocket manual of Homoeopathic Materia Medica
3. Allen T.F. : The encyclopedia of pure materia Medica, vol IV.