



International Journal of Allied Medical Sciences and Clinical Research (IJAMSCR)

IJAMSCR | Volume 2 | Issue 4 | Oct-Dec- 2014
www.ijamscr.com

Research article

Health research

Achlorhydria and cirrhosis of liver

Prof.D.N.Tripathi

Retired Principal and Head of the Dept. of Surgery; S.C.B. Medical College, Cuttack,753007.;Member of the Editorial Board. IJAMSCR

*Corresponding author: D.N.Tripathi,

E-mail id:

ABSTRACT

When a person suffers from repeated indigestion he goes to a doctor for help who examines him and gives a prescription. In medical practice it is a common occurrence to think of the ailment as peptic ulcer due to hyper-acidity and prescribe at first an alkaline drug. But a person with achlorohydria gets no relief and he is advised to continue it for days and months as a resistant case of a very active duodenal ulcer. An achlorohydria patient usually gets now and then due to helicobacter infection diarrhea with loss of protein digestion resulting in weight loss and discomfort. To order for a Fractional Test Meal is a hard task as such facilities do not exist in even Medical College Hospitals and all doctors are biased that such a condition mentioned in text books do not really exist. He visits some more doctors but the verdict remains the same. Ultimately after some years he is an established case of cirrhosis liver. Failure of protein digestion with severe loss of nutrition and body mass has reached its end. Even some have done gastro jejunostomy.

Keywords: watery diarrhea, Hashimoto's Thyroiditis.; proton pump inhibitors; Atrophic gastritis; Heidelberg pH capsule and radio; gastric polyposis, carcinoma stomach; Fractional Test Meal.

INTRODUCTION

Cirrhosis of liver in achlorhydria appears very slowly never suspected or noticed by the doctor who examined him, The patient who was taking four meals a day starts taking less and less food due to protein indigestion, weight loss and a partial loss of liver function as the full amount of food fails to reach the liver. Liver distributes the digested food as vital nutrients day and night. There after he started taking three meals a day and later two meals a day. When the food reached the stomach digestion was slow and incomplete, protein altered by infection. This stale protein enters the duodenum where also there is slow passage downwards through the entire length of small

and large gut. Abundance of bacteria in the entire small and large as also in the stomach make life a burden with appetite gone. The liver also fails to get proper amount of nutrition both in quality and quantity, with poisonous infected food added to handle.

Our society has today reached a stale mate. The Indian Medical Council and the Health Minister in Delhi must now look to it; Fractional Test Meal must be introduced in each hospitals free and entrusted to a bio chemist who must get it freshly prepared from quality makers that pass freely after testing from a previous boiled mass that passes through four layers loosely woven muslin as given in the book Clinical

Methods by Hutchison and Hunter we read in 1943. liver filters everything that enters body, such as food, drinks, and medicine. After intestines break these down into basic substances, liver then separates the toxins from the useful substances. Then, body gets rid of the toxins, while the liver sends the nutrients and vitamins into bloodstream for body to use. But some people's livers are damaged and don't work the way they should, which can be a cause of hepatic encephalopathy. Liver disease (also called cirrhosis) can happen for a variety of reasons. These include alcohol abuse, hepatitis B or C, and fatty liver disease. More than 8 million people in the United States are at risk of cirrhosis, and more and more people are hospitalized for cirrhosis each year. If liver is damaged, it can't filter out everything it's supposed to. That means that toxins can build up and get into brain. The buildup of these toxins in the brain leads to hepatic encephalopathy in many people with cirrhosis. In fact, nearly half of all people who have cirrhosis may also have hepatic encephalopathy. liver filters everything that enters body, such as food, drinks, and medicine. After intestines break these down into basic substances, liver then separates the toxins from the useful substances. Then, body gets rid of the toxins, while the liver sends the nutrients and vitamins into bloodstream for body to use. We have made no provision to have a Fractional Test Meal in any patient any where in any city and town. Let us arrange it now and today. We start with a Heidelberg capsule for estimating acidity with an assisted technician to run the daily show in Specified laboratory with Heidelberg pH capsules under Head of Bio-chemistry Dept. The Fractional Test Meal must be done somewhere in every district, city, and towns. It is easy to make an oat meal quickly cooked for a technician.

Signs and symptoms

Abdomen fills up with fluid, (ascites), Accelerated heartbeat, Altered personality (as blood toxins build up and affect the brain), Bleeding gums, Body and upper arms lose mass, Body can not process alcohol, drugs and food, Confusion, Dizziness, Fluid buildup on ankles, feet and legs (edema), Hair loss, Higher susceptibility to bruising, Loss of libido (sex drive), Memory problems, fever, infection, muscle cramps, nose bleeds,

Breathlessness, Stools black or very pale, Urine darker, Vomiting blood, staggering gait.

Cirrhosis is an abnormal liver condition in which there is irreversible scarring of the liver. The main causes are sustained excessive alcohol consumption, viral hepatitis B and C, and fatty liver disease - however, there are many possible causes. People with cirrhosis may develop jaundice (yellowing of the skin, eyes and tongue), itching and extreme tiredness. For cirrhosis to develop long-term, continuous damage to the liver needs to occur. When healthy liver tissue is destroyed and replaced by scar tissue the condition becomes serious, as it can start blocking the flow of blood through the liver. Cirrhosis is a progressive disease, developing slowly over many years, until eventually it can stop liver function (liver failure). May develop Encephalopathy and die. The liver carries out several essential functions, including the detoxification of harmful substances in the body. It also purifies the blood and manufactures vital nutrients. If cirrhosis is mild the liver can make repairs. What are the signs and symptoms of cirrhosis? A symptom is something the patient feels and reports, while a sign is something other people, including a doctor or a nurse may detect. For example, pain may be a symptom while a rash may be a sign. Symptoms are not common during the early stages of cirrhosis. However, as scar tissue accumulates the liver's ability to function properly is undermined. The following signs and symptoms may occur: Blood capillaries become visible on the skin on the upper abdomen

Fatigue, Insomnia, Itchy skin, Loss of appetite, Loss of bodyweight, Nausea, Pain or tenderness in the liver, Red or blotchy palms, Weakness. The following signs and symptoms may appear as the disease progresses: Abdomen fills up with fluid, (ascites), Accelerated heartbeat, Altered personality (as blood toxins build up and affect the brain), Bleeding gums, Body and upper arms lose mass, Body can not process alcohol, drugs and food, Confusion, Dizziness, Fluid buildup on ankles, feet and legs (edema), Hair loss, Higher susceptibility to bruising, Loss of libido (sex drive), Memory problems, fever, infection, muscle cramps, nose bleeds, Breathlessness, Stools black or very pale, Urine darker, Vomiting blood, staggering gait

Irrespective of the cause, achlorhydria can result as known complications of bacterial. The slowing of the body's basal metabolic rate associated with hypothyroidism. These disorders has no known effect in the treatment of achlorhydria.

CONCLUSION

Diluted with water 8-12 times from 4 to 10 ml after each meal at least twice daily. Surgical procedures mentioned there is a matter of choice and I have nothing to comment. Less than one percent of my cases have been referred to Kohli in the past for

surgical advice, and chase all tumors out of the body. We had never seen a single case of Helicobacter infection after a regular administration of HCl acid with food. Neither we see carcinoma or polyposis common here, though mentioned elsewhere. My problem is to prevent cirrhosis of liver though some suffer from Irritable Bowel Syndrome. Every patient must have access to a legitimate test in the way given earlier for right diagnosis. Millions of people die of Cirrhosis of liver due to wrong diagnosis.

REFERENCES

- [1] Manson's Tropical Diseases; Gordon Cook, 20th.edn.; W.B.Saunders, E.L.B.S. Edition.1996.
- [2] Oxford Text Book of Medicine, Vol.I & 2, 3rd.edn. 1996, Oxford Medical Publications.
- [3] Cecil Text Book of Medicine, Goldman Bennett, Vol.I & II; W.B.Saunders, Harcourt Asia 21st.Edn. 2000.
- [4] Diseases of Gastro-Intestinal Tract and Liver; Edited by Shearman Finlyason, Camillen and Carter, 3rd edn, 1997, Churchill Livingstone.
- [5] Oxford Textbook of Clinical Hepatology, vol.I & II; 1999, 2nd.edn. Oxford Medical Publications.
- [6] Gastro-Intestinal and Liver Diseases. Sleisenger and Fortran's 6th edn, 1989, vol. I & II; W.B.Saunders.
- [7] Surgery of the Anus, Rectum and Colon, by John Goligher, 5th.edn, Vol. I & II, Balliere Tindall.
- [8] Textbook of Medical Physiology; Guyton and Hall; 10th.edn. W.B.Saunders, Harcourt Asia.
- [9] Diseases of Liver and Biliary System; Shella Sherlock and James Dooley, 11th.edn.; Blackwell.
- [10] Towards Positive Diagnosis of Irritable Bowel ; A.P. Manning, W.G.Thompson, K.W.Heaton, A.P. Morris; Brit. Med. Journal, 1978, 2, 653. New Discovery on the Causes of IBS 75
- [11] W.G.Thompson, Canadian Medical Association Journal 1974; 111, 1240.
- [12] Enteric Escherichia coli Infection; Richard Guerrant; Cecil Text book of Medicine, Goldmann Bennett.
- [13] Tracey.L, Hull and Victor W.Fazio; Surgery of Toxic Megacolon; Master of Surgery, vol. II, Baker and Fischer, Lipincott.
- [14] Tony Lembo and Emeran A. Meyer; Clinical Practice of Gastroenterology, vol. I & II., p.605; Lawrence J. Brandt, Churchill Livingstone 1999.
- [15] Reviews of Medical Physiology; William F. Ganong 20th.edn. International McGraw-Hill.
- [16] Gastro-Intestinal and Hepatic Infections; Surawicz Owen Saunders 1995.
- [17] Human Nutrition and Dietetics; J.S.Ganow ^ W.P.T. James 9th.edn., Churchill Livingstone.
- [18] Textbook of Natural Medicine; Joseph E. Pizzomo Jr. and Michael T. Murray; 2nd.edn. vol. I; Churchill Livingstone, 1999.
- [19] Textbook of Surgery; Davis-Christopher, 11th. Asian edn. Saunders Igaku Shoin; 1978.
- [20] Encyclopedia of Human Nutrition, Edited by M.Sadlar et al In four volumes; Academic Press, 1997, San Diego, U.S.A.
- [21] Textbook of Natural Medicine ; Joseph Pizzorno Jr. and Michael Murray 2nd.edn. in 2 volumes; Churchill Livingstone.
- [22] Fleming Richard M; How to Bypass Your Bypass; Rutledge Book Inc. 107 Mill Plain Rd. Danbury, CT-06811, U.S.A.
- [23] Silhouettes of Chemistry; D.N.Trifonov and L.G. Vlasov, 2nd. Edn. 1987, Mir Publishers Moscow.
- [24] Gray's Anatomy, Edited by Peter L. Williams; Roger Warwick; Mary Dyson; Lawrence H. Baannister; ELBS ; 37 th Edn 1993 Jarrold Printing, Norwich.; Churchill Livingstone.
- [25] Intestinal Ischemia by Adrian Marston; Edward Arnold London, 1977.

- [26] Gastro-enterology, Clinical signs and Practice, Edited by Bouchier, Allan, Hodgson, Keighley; 2 vols. ,1991,; Saunders.
- [27] Essential Surgical Practice; by A. Cuschieri, G.R. Giles and A.R.Moosa ,3rd.edn., K.M.Verghese & co; Bombay.
- [28] New Discovery on the Causes of IBS and Flatus by Prof. D.N.Tripathi, Graphic Art Offset Press, Nuapatna,, Cuttack, 753001, INDIA.;December 2013.