



From Practice - For Practice

Meulengracht's Disease

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Meulengracht's disease, or Intermittent Juvenile Jaundice, was first described by the Danish internist Meulengracht around 1900.

It is an autosomal-dominant inherited disease with elevation of the indirect bilirubin levels. It has to do with a non-hæmolytic hyperbilirubinæmia, consequent upon an inborn disorder of the intracellular bilirubin transport and of the conjugation of bilirubin to Glucuronic acid.

Symptoms: Subicterus, feeling of weakness, nausea, splenic enlargement. The osmotic erythrocyte resistance, the excretion of urobilirubino-genic bodies, the liver histology and liver function tests are normal. The prognosis is good.

Treatment:

Despite the autosomal-dominant genetics, **Isotherapy** should be tried to relieve the nausea and the subicterus:

1) SILVAYSAN capsules (fruits of Milk Thistle), one 3 times a day, plus SANUVIS drops, 1 tsp. 3 times a day and half a tablet of ALKALA T in warm water daily throughout the entire treatment programme.

2) At the same time begin with FORTAKEHL 5X 1 tablet twice a day; after 10 days switch to:

3) MUCOKEHL 5X 1 tablet once in the mornings, and NIGERSAN 5X one tablet once in the evenings, following the pattern: Mon.- Fri. MUCOKEHL/NIGERSAN, and

on Saturday and Sunday FORTAKEHL, 5X tablets.

This pattern can be followed for months. From the third week of treatment, add:

4) *THYMOKEHL* 6X suppositories, one a day before retiring to sleep, and possibly MAPURIT L capsules, one twice a day.

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