RESEARCH PAPER

Clinical Profile and Treatment Outcomes of Patients Receiving Electropathy

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ABSTRACT

Background:
Electropathy is described in this clinical record as a treatment approach used across a range of acute and chronic conditions. The records contain heterogeneous diagnoses, individualized combinations of preparations, variable follow-up intervals, and clinical, laboratory, or imaging observations. A structured description is needed without assuming that temporal improvement establishes treatment efficacy.

Objective:
To describe the clinical profile, recorded treatment approaches, and documented follow-up outcomes among 124 patients receiving Electropathy, and to present an exploratory subgroup analysis of paired liver-related laboratory measurements.

Methods:
This retrospective descriptive study used 124 numbered patient records. Demographic details, diagnoses, treatment entries, baseline findings, follow-up information, and recorded outcomes were summarized descriptively. For the preliminary liver subgroup, paired baseline and follow-up measurements were analysed using a two-sided Wilcoxon signed-rank test. The available preliminary calculations included total bilirubin in 10 paired records and AST and ALT in 9 paired records each.

Results:
The records covered a broad range of presentations, including febrile and infectious illnesses, respiratory and ear-nose-throat conditions, gastrointestinal and hepatobiliary disorders, urinary/renal conditions, and other medical complaints. Follow-up narratives described symptom changes and, in selected cases, changes in blood counts, biochemical tests, microbiology, or imaging. In the preliminary liver subgroup, total bilirubin decreased from 4.33 ± 2.21 to 0.75 ± 0.27 mg/dL (n=10; p=0.00195); AST decreased from 344.16 ± 424.25 to 37.01 ± 11.15 U/L (n=9; p=0.00391); and ALT decreased from 418.33 ± 542.00 to 45.18 ± 20.25 U/L (n=9; p=0.00391). These analyses are exploratory and are not representative of all 124 patients.

Conclusion:
The 124-case series describes patients receiving Electropathy for diverse clinical conditions. In a preliminary liver-disease subgroup with paired measurements, total bilirubin, AST, and ALT decreased at follow-up, with Wilcoxon signed-rank p-values below 0.01 for each parameter. These findings represent observed pre–post changes and do not establish a causal treatment effect. The uncontrolled design, clinical heterogeneity, and variable follow-up limit conclusions about effectiveness and safety.

Keywords: Electropathy; case series; clinical profile; treatment outcomes; liver function tests; retrospective study; exploratory analysis

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Introduction

Clinical case series can describe the characteristics of patients seen in practice, the interventions recorded, and the outcomes documented during follow-up. They are particularly useful for identifying the range of presentations and the completeness of clinical records. However, without a comparison group and consistent outcome definitions, a case series cannot determine whether an observed change was caused by a particular treatment. Symptoms may improve because of the natural course of illness, supportive measures, concurrent conventional treatment, regression to the mean, or other factors.

The Electropathy case table contains 124 numbered patient records. The entries vary substantially in diagnosis, baseline investigations, treatment combinations, and follow-up documentation. Some records include serial laboratory measurements or imaging, while others primarily document symptoms and clinical impressions. This heterogeneity requires a cautious descriptive approach rather than a single pooled estimate of treatment success.

The present study describes the recorded clinical profile and outcomes of all 124 cases and presents a preliminary secondary analysis of paired liver-related laboratory measurements where numerical pre-treatment and follow-up values were available. The purpose is descriptive and hypothesis-generating; it is not to establish comparative effectiveness or causality.

Materials and Methods

Study design and data source

This was a retrospective descriptive study based on a case table containing 124 numbered records. Each numbered record was treated as one case for the purpose of this manuscript. The data source included case history, age and sex where recorded, consultation date, diagnosis, baseline findings, treatment entries, follow-up observations, and a narrative outcome field.

Study population

The study included all 124 records in the study table. No additional patients were inferred from the existence of multiple files, and duplicate case counts were not added. Because the source records were not generated using a uniform prospective protocol, completeness differed across variables and cases.

Variables and outcome assessment

Variables of interest were demographic characteristics, recorded diagnoses, documented Electropathy preparations or combinations, baseline clinical/laboratory/imaging findings, follow-up observations, and the outcome as described in the source record. Outcomes were not retrospectively converted into a single success/failure endpoint because the records used different definitions and follow-up windows. Missing follow-up information was treated as undocumented, not as treatment failure or success. Treatment names and abbreviations are retained as recorded; the source material does not provide a standardized pharmacological characterization of every preparation.

Preliminary liver subgroup analysis

A secondary exploratory analysis was performed on paired liver-related laboratory values that had been extracted for the preliminary analysis. The parameters were total bilirubin (mg/dL), AST (U/L), and ALT (U/L). The reported paired sample sizes were 10 for total bilirubin and 9 each for AST and ALT. A two-sided Wilcoxon signed-rank test was used for paired observations. The resulting values are labelled preliminary because the subgroup was small, diagnoses and follow-up intervals varied, and the analysis was not a prespecified primary endpoint of the overall case series.

Statistical analysis

The overall case series was summarized descriptively. No overall cohort-wide p-value was calculated because the 124 records included different diagnoses and non-equivalent outcomes. The liver subgroup p-values refer only to the stated paired subsets and should not be extrapolated to the full cohort. No comparative treatment effect was estimated. Statistical significance was considered at $p<0.05$ for the exploratory tests, with emphasis placed on the small sample size and clinical limitations rather than p-values alone.

Results

Overall case series

The case table contained 124 numbered records. Recorded presentations were heterogeneous and included febrile and infectious illnesses (including enteric/typhoid and viral febrile presentations), respiratory and ear-nose-throat complaints, gastrointestinal conditions, hepatobiliary and liver-related disorders, urinary and renal conditions, and other medical or musculoskeletal complaints. Some records included more than one diagnosis or an incidental imaging finding. Because diagnostic labels overlapped and were not independently adjudicated, a single mutually exclusive diagnosis distribution was not used as a definitive estimate.

Demographic and clinical details were variably documented. Many records included age and sex, but some fields were absent or unclear. Baseline assessments ranged from symptom descriptions and physical findings to complete blood counts, liver biochemistry, pancreatic enzymes, glucose/HbA1c, thyroid function, microbiological tests, and imaging. Not all patients had the same investigations or a defined follow-up interval.

Table 1. Demographic data completeness and available summary (preliminary extraction).

Characteristic	Available records	Summary
Numbered cases	124/124	124 unique case numbers in the clinical records
Age	95/124	Mean 37.4 years; SD 14.0; median 38; range 6–67 years

Sex	99/124	Male 62; female 37; sex not recorded/unclear in 25 records
Follow-up/laboratory data	Variable	No uniform follow-up schedule or laboratory panel

Figure 1. Age distribution among records with usable age (n=95).

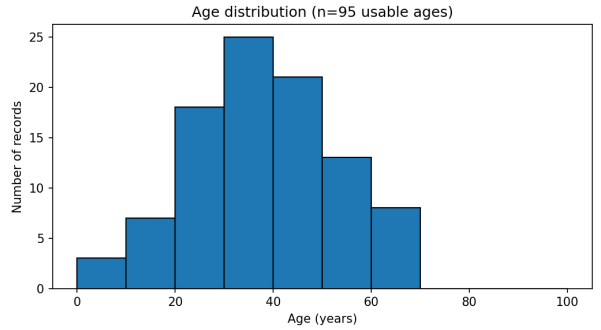
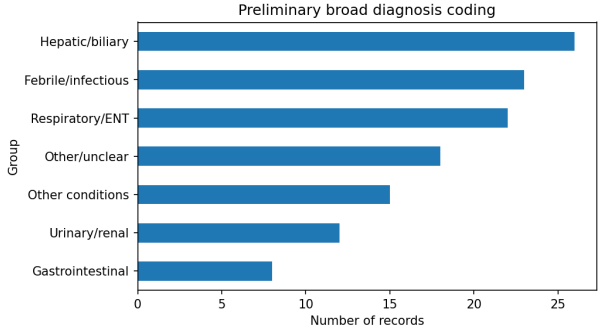


Table 2. Preliminary broad diagnosis-group distribution based on case-label coding.

Broad diagnosis group	Cases	Percentage of 124
Hepatic/biliary	26	21.0%
Febrile/infectious	23	18.5%
Respiratory/ENT	22	17.7%
Other/unclear	18	14.5%
Other conditions	15	12.1%
Urinary/renal	12	9.7%
Gastrointestinal	8	6.5%

Figure 2. Broad diagnosis-group distribution in the 124 numbered records.



Recorded treatment approaches

Treatment entries frequently listed combinations of named preparations, drops, tablets, or syrups, with different combinations across patients and diagnoses. Some records also mentioned supportive measures such as hydration, dietary advice, rest, steam inhalation, gargles, compresses, or other symptom-directed care. The records did not establish a uniform treatment protocol, consistent treatment duration, objective adherence measurement, or complete information about concurrent conventional medicines for every case. Therefore, the relative contribution of individual preparations or supportive measures cannot be isolated.

Table 3. Summary of recorded treatment and outcome documentation.

Recorded treatment/outcome domain	Description from source records	Interpretive note
Electropathy preparations	Named preparations and combinations; formulations varied between records	No uniform protocol; component-specific effects cannot be separated
Supportive measures	Some records mention hydration, rest, diet advice, steam inhalation, gargles, compresses or massage	Not uniformly documented
Symptom outcomes	Narrative reports of reduced fever, pain, improved appetite/strength or symptom resolution	Outcome definitions and follow-up timing varied
Objective outcomes	Selected records report laboratory, microbiology or imaging changes	Available only for subsets; not a cohort-wide endpoint
Adverse events	Systematic adverse-event capture was not evident in the table	Absence of documentation is not evidence of safety

Documented follow-up outcomes

The narrative follow-up fields commonly described symptom improvement or resolution, such as reduced fever, improved appetite or strength, reduced pain, or return to usual activities. In selected cases, the records also reported changes in laboratory results or imaging. Examples in the source include increases in platelet counts during follow-up in some febrile presentations; improvement in selected liver biochemistry values; changes in lipase and leukocyte count in a pancreatitis record; and follow-up imaging observations in selected hepatobiliary or urinary/renal cases. These are individual-record observations, not controlled outcome comparisons.

Outcome documentation was not uniform. Some cases had numerical baseline and follow-up values, while others had only narrative descriptions or no clearly documented follow-up measurement. The data therefore do not support a reliable pooled recovery percentage across all 124 patients. Likewise, the absence of an adverse event in a narrative entry should not be

interpreted as proof of safety because adverse-event surveillance was not systematic.

Preliminary liver subgroup analysis

The preliminary paired analysis showed lower follow-up values for all three selected liver-related laboratory parameters. Total bilirubin decreased from a baseline mean of 4.33 mg/dL (SD 2.21) to a follow-up mean of 0.75 mg/dL (SD 0.27) among 10 paired records (two-sided Wilcoxon signed-rank p=0.00195). AST decreased from 344.16 U/L (SD 424.25) to 37.01 U/L (SD 11.15) among 9 paired records (p=0.00391). ALT decreased from 418.33 U/L (SD 542.00) to 45.18 U/L (SD 20.25) among 9 paired records (p=0.00391). These values are presented as preliminary exploratory results for the available paired subset, not as an estimate for all liver cases or the entire cohort.

Parameter	Paired n	Baseline mean ± SD	Follow-up mean ± SD	Wilcoxon p-value
Total bilirubin (mg/dL)	10	4.33 ± 2.21	0.75 ± 0.27	0.00195
AST (U/L)	9	344.16 ± 424.25	37.01 ± 11.15	0.00391
ALT (U/L)	9	418.33 ± 542.00	45.18 ± 20.25	0.00391

Table 4. Preliminary paired analysis of selected liver-related laboratory measurements. The paired sample counts and p-values apply only to the exploratory subgroup described above.

Table 5. Summary of documented outcome types across the case series.

Outcome domain	**Examples documented in selected records**	**Cohort-level interpretation**
Liver biochemistry	Paired bilirubin, AST and ALT measurements in a small subgroup	Exploratory paired analysis only; not generalizable to all 124 cases
Haematology	Selected records describe platelet-count changes during follow-up	No uniform paired dataset for all cases
Other laboratory measures	Selected records report changes in lipase, glucose/HbA1c, TSH and other tests	Different measures and follow-up intervals prevent pooling
Imaging/microbiology	Selected ultrasound, urine culture or other test follow-up reported	Narrative/selected observations; no comparator group

Discussion

This descriptive case series summarizes 124 heterogeneous records in which Electropathy preparations were documented alongside clinical assessments and follow-up observations. The main finding is that the source records contain a broad range of presentations and variable forms of follow-up documentation. Some records report symptom improvement, and a subset includes numerical laboratory or imaging changes. These observations can help describe the contents of the case series, but they should not be interpreted as evidence that the treatment caused the changes.

The preliminary liver subgroup shows statistically significant pre–post differences in total bilirubin, AST, and ALT. The size of the paired subset was small, the underlying diagnoses were not uniform, and the time between baseline and follow-up differed. Liver biochemistry may improve during the natural resolution of acute hepatitis or other transient illness, and changes may also reflect concurrent standard care, supportive treatment, changes in hydration or nutrition, or other factors. Statistical significance in an uncontrolled subset does not establish clinical efficacy or causality. The results should therefore be presented as exploratory observations that may justify a better-designed study, not as confirmatory evidence.

The records also illustrate important reporting challenges. Clinical outcomes were not defined in advance, investigations were selected according to individual cases, and follow-up completeness varied. The treatment descriptions were heterogeneous, often including multiple preparations, which makes it impossible to attribute an observed outcome to a specific component. In addition, a narrative statement that no adverse effects were documented cannot substitute for systematic safety monitoring. Serious clinical presentations in the source records require particular caution: the manuscript should clarify the role of guideline-based evaluation, referral, and conventional treatment wherever these details are known.

Future research should use a prospective protocol with clear eligibility criteria, a defined intervention description, standardized outcome measures, scheduled follow-up, documentation of concurrent treatment, and systematic adverse-event monitoring. Where appropriate and ethically feasible, a suitable comparison group and prespecified statistical plan would be needed to estimate comparative effectiveness. For liver-related conditions, diagnoses should be confirmed using standard clinical criteria, and serial laboratory tests should be collected at consistent intervals. Severe hepatitis, pancreatitis, obstructive uropathy, and other potentially serious conditions require timely evidence-based medical

evaluation and should not be managed on the assumption that an unproven intervention is effective.

Strengths and limitations

A strength of this report is that it retains the full set of 124 numbered records and distinguishes the overall descriptive case series from the small exploratory liver subgroup. The source contains several types of clinical information, including narrative symptoms, laboratory values, and imaging observations. Major limitations are the retrospective design, absence of a comparator group, heterogeneous diagnoses and treatment combinations, non-standardized outcome definitions, variable follow-up, incomplete data, uncertain documentation of concurrent care, and lack of systematic adverse-event ascertainment. The preliminary subgroup calculations are small-sample analyses and should be interpreted cautiously.

Conclusion

This 124-case series describes patients receiving Electropathy for a range of clinical conditions and summarizes the outcomes documented in their records. In the preliminary liver-disease subgroup, paired measurements showed reductions in total bilirubin, AST, and ALT at follow-up; each comparison had a Wilcoxon signed-rank p-value below 0.01. These results indicate improvement in the recorded laboratory values among the cases with paired data, but they do not prove that Electropathy caused the improvement. Because the study had no control group and included varied diagnoses, treatments, and follow-up periods, it cannot establish treatment effectiveness or safety for the full cohort. The findings should therefore be interpreted as descriptive and hypothesis-generating. Well-designed prospective studies with defined eligibility criteria, standardized outcomes, an appropriate comparison group, and systematic adverse-event monitoring are needed to assess effectiveness and safety.

Declarations

Ethics approval and consent to participate: Written consent were obtained and their privacy is also maintained as per conditions.

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Conflicts of interest: There is no known conflict of interest.

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