



Efficacy of Homoeopathic Medicines in the Treatment of Post Measles Complaints in the Pediatric Age Group of 03 to 15 Years

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ABSTRACT

Measles is an infectious viral disease that occurs most often in late winter and spring. It starts with a fever that lasts for several days, followed by a cough, runny nose and conjunctivitis (pink eye). The rash starts on the face and upper neck, spreads to the back and trunk, then spreads to the arms and hands, as well as the legs and feet. After about five days, the rash will fade in the same order in which it appeared.

Measles is highly contagious. Infected people are usually contagious from about 4 days before the rash starts until 4 days after. The measles virus resides in the mucus in the nose and throat of infected people. When they sneeze or cough, droplets are sprayed into the air, and the droplets remain active and contagious on infected surfaces for up to two hours.

Homeopathy as a science places major emphasis on the mental state, focusing on in utero development, emphasizing the mental health of the mother during pregnancy, miasmatic influence and family history. Therefore, homeopathy can offer a complete cure, with a total treatment, thereby preventing the suppression of the disease.

The prevalence of measles in children is very high and causes great concern for the family because it does not look good cosmetically and affects the child and family psychologically as well. No permanent cure can be obtained by other means of treatment, except for the temporary relief and complications of the trouble once the effect of the medicine wears off.

Relatives, especially parents, should first be educated and ease their anxiety by explaining that this is the simplest manifestation, as it does not affect vital organs and does not cause complications that can sometimes be dangerous.

Homeopathy has a large scope in that it treats the individual as a whole and takes into account various aspects while accepting cases physical and mental. My purpose in choosing this topic was to study the different approaches used in achieving similimum and the approach that leads to a quick, gentle and permanent cure.

There are different approaches to arrive at the similimum which are as follows: - Constitutional approach considering the physical and mental aspects, Family history of cancer or tuberculosis or asthma, Intercurrent treatment depending on the miasma,

Characteristic physical features, such as distinctive location or appearance or modalities, given the mother's anamnesis during pregnancy.

KEYWORDS Measles, Post Measles, Paediatrics, Homoeopathy.

INTRODUCTION

Homeopathy is now a system of medicine with growing acceptance worldwide. Homeopathy is a specialized system of therapies based on the law of healing – Similia Similibus Curentur, which means 'let like like like'. The beginning of this new idea blossomed in the mind of Dr. Samuel Hahnemann and behaved in the minds of Dr. Herring, Dr. Kent, Dr. Boeninghausen, Dr. Farrington and many others to reach the current state.

Homeopathy means a system of treatment based on the similarity of the patient's symptoms and the symptoms obtained by proving medicines on healthy people. The basic concept of disease is that all natural diseases are caused by a disruption of the individual's vital force, resulting in abnormal sensations and functions manifesting as signs and symptoms on both the mental and physical planes. This picture of the disease, which we call the totality of symptoms, is the only guide for the doctor to choose a similimum - a remedy. Homeopathy is therefore a system of medicine that places more importance on the sick individual than the disease itself.

Homeopathy has been used with great success for many infectious diseases including measles for 200 years worldwide. For most individuals, measles is a relatively mild illness and can serve as a beneficial process for a child's development. However, in some individuals the disease can be quite severe, leading to permanent brain damage or death. When considering any prevention methodology, you need to know your child's basic level of health and what other support options they have. Vaccination has its level of risk depending on the age of the child. The older the child, the less impact the vaccine will have because the immune system will be more developed and able to respond more easily. Homeoprophylaxis offers another option.

Homeopathic medicines can be used preventively for measles or in active cases. In active cases, homeopathic remedies are selected according to the symptoms. Accordingly, even though several people can contract measles, each of them may need a different medicine because their symptoms may vary.

Every disease is cured by homeopathy has always been a misconception among masses and novices alike. Only those diseases which fall within the scope of homeopathic curability are curable but others are incurable.

Hence the need to select this dissertation work to clarify the various aspects necessary to deal with measles.

REVIEW OF LITERATURE

Vaccination is a difficult choice. On the one hand, it is aimed at preventing serious diseases whose mere name scares us, such as polio or tetanus; on the other hand, we tend to instinctively reject the idea of injecting pathological material into young children. In 1796, Jenner tested his smallpox vaccine, and in 1799, Hahnemann used the homeopathic Belladonna as a preventative against scarlet fever. Conventional medicine followed disease prevention efforts in a manner similar to that used by Edward Jenner. Due to the lack of systematic studies, homeopathy has never been established as a scientific and effective method of disease prevention.

The side effects of injecting "live" bacteria and viruses are evident, but due to huge government support and the lack of other alternatives, experimental work on vaccination has continued. Later attempts at vaccination were with killed pathogens. Currently, vaccines are "attenuated" or consist only of "antigenic proteins". But even then, adverse reactions to conventional vaccines are not uncommon, and the effectiveness of many vaccines is still being questioned.

In Adverse Effects of Vaccines: Evidence and Causality, reviewed by an Institute of Medicine committee, the National Vaccine Information Center (NVIC) reported that more than 1,000 vaccine studies found strong evidence for 14 health outcomes— including seizures, encephalitis and fainting. — this can be caused by some vaccines. The Institute of Medicine admitted: "Vaccines are not without side effects or 'adverse effects.' For the majority (135) of potential vaccine-related side effects examined, there was insufficient evidence to conclude whether the vaccines caused the side effect or not.

In the last few decades, there has been a dramatic resurgence of homeopathy around the world. This growth with increasing awareness of the ill effects of conventional vaccination has made many people look for alternatives to conventional vaccination.

Burnett was the first homeopath to strongly warn against the dangers of vaccination. He believed that vaccination creates a disease state, not a state of disease to protect against, but rather a similar low chronic state of ill health; downloaded miasma.

He argued that inoculation, as practiced by Pasteur and Jenner using material doses, would ultimately end in disaster because it was a temporary protection. A non-individual dose according to the strength of the individual and brings long-term chronic consequences. Burnett warned of individual responses to specific vaccines based on individual susceptibility as early as 1884. In the recent August 2011 IOM report on vaccine adverse effects under the heading of susceptibility, they clearly state that "individuals with certain characteristics are more likely to suffer certain adverse effects from particular immunizations." Lately, modern medicine has really realized the importance of individual characteristics for the evaluation of adverse effects of vaccination.

Burnett also noted that vaccination actually increases mortality because, in addition to the resulting vaccinosis, if a person also contracts the disease that the prophylaxis was supposed to prevent, they are more likely to die from the disease than if they had just caught the disease. without vaccination. In their research published in Human and experimental toxicology, Neil Z Miller and Gary S Goldman found a positive correlation between the number of vaccine doses in the first year of life and a nation's increasing infant mortality rate (IMR). The U.S. childhood immunization schedule lists 26 vaccine doses for infants younger than 1 year—the most in the world—yet 33 countries have lower IMRs. The author concludes by noting "Closer scrutiny of correlations between vaccine doses, biochemical or synergistic toxicity, and IMR is necessary".

Measles:

Measles (also known as rubella — not to be confused with rubella) is an infection of the respiratory system caused by a virus, specifically a paramyxovirus of the genus Morbillivirus. Morbilliviruses, like other paramyxoviruses, are enveloped, single-stranded, negative-sense RNA viruses. Symptoms include fever, cough, runny nose, red eyes, and a generalized, maculopapular, erythematous skin rash, the symptom for which measles is best known.

Measles is spread by breathing (contact with fluids from the nose and mouth of an infected person, either directly or by aerosol transmission), and is highly contagious – 90% of non-immune people who share living space with an infected person catch it. The asymptomatic incubation period occurs nine to twelve days after initial exposure. The contagious period has not been definitively established, some say it lasts from two to four days before, to two to five days after the onset of the rash (i.e. a total of four to nine days of contagiousness), while others say it lasts from two to four days before the full by the disappearance of the rash.

Signs and symptoms



Skin of a patient after 3 days of measles infection.



Presentation of "Koplik spots" on the third day before the eruption, indicative of an incipient outbreak of measles.

The classic signs and symptoms of measles include four-day fevers [4 D] and the three Cs—cough, coryza (head cold), and conjunctivitis (red eyes)—along with fever, anorexia, and rashes. Fever can reach up to 40 °C (104 °F). Koplik's spots in the mouth are pathognomonic (diagnostic) of measles, but are not often seen, even in true cases of measles, because they are transient and may disappear within a day of an outbreak.

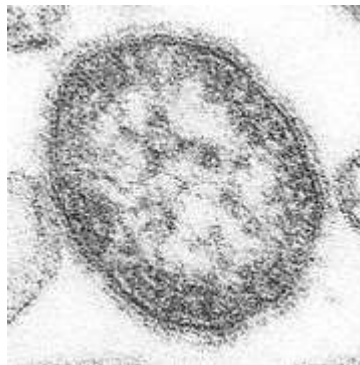
The characteristic rash of measles is classically described as a generalized, maculopapular, erythematous rash that begins several days after the onset of fever. It starts at the back of the ears and spreads to the head and neck after a few hours before spreading to cover most of the body, often causing itching. A measles rash appears two to four days after initial symptoms and lasts up to eight days. The rash is said to "get dirty", changing color from red to dark brown before disappearing.

Complication

Complications of measles are quite common, ranging from mild and less severe complications such as diarrhea to more severe ones such as pneumonia (either direct viral pneumonia or secondary bacterial pneumonia), otitis media, acute encephalitis (and very rarely SSPE - subacute sclerosing panencephalitis) and corneal ulceration (leading to corneal scarring). Complications are usually more severe in adults who catch the virus. The mortality rate for measles pneumonia in the 1920s was around 30%.

Between 1987 and 2000, the mortality rate in the United States was 3 deaths from measles per 1,000 cases, or 0.3%. In underdeveloped countries with high rates of malnutrition and poor health care, the mortality rate is as high as 28%. In immunocompromised patients (eg, people with AIDS), the mortality rate is approximately 30%.

Cause



Electron micrograph of measles virus

Measles is caused by measles virus, a single-stranded, enveloped, negative-sense RNA virus of the genus Morbillivirus in the family Paramyxoviridae. Humans are the natural hosts of the virus; no other animal reservoirs are known to exist. This highly contagious virus is spread by coughing and sneezing through close personal contact or direct contact with secretions.

Risk factors for measles virus infection include the following:

Children with immunodeficiency due to HIV or AIDS, leukemia, alkylating agents, or corticosteroid therapy, regardless of immunization status

Travel to areas where measles is endemic or contact with travelers to endemic areas

Infants who lose passive antibodies before the age of routine immunization

Risk factors for severe measles and its complications include the following:

Malnutrition

Basic immunodeficiency

Pregnancy

Vitamin A deficiency

The measles virus is highly contagious. Measles is spread by droplet transmission from the nose, throat and mouth of someone who is infected with the virus. These droplets are sprayed when an infected person coughs or sneezes. Among unimmunized people exposed to the virus, more than 90% will become ill. An infected person is highly contagious for four days before the rash appears until four days after the rash appears. The measles virus can remain in the air (and still cause illness) for up to two hours after an infected person has left the room.

Diagnosis

A clinical diagnosis of measles requires a history of fever lasting at least three days with at least one of the three Cs (cough, coryza, conjunctivitis). Observation of Koplik's spots is also diagnostic of measles.

Alternatively, laboratory diagnosis of measles can be made by confirming positive measles IgM antibodies or by isolating measles virus RNA from respiratory samples. In patients in whom phlebotomy is not possible, saliva can be collected for salivary measles-specific IgA testing. Positive contact with other patients known to have measles adds strong epidemiological evidence to the diagnosis. Contact with any infected person in any way, including semen through sex, saliva or mucus, can cause infection.

In developed countries, most children are immunized against measles by age 18 months, usually as part of the three-component MMR vaccine (measles, mumps, and rubella). Vaccination is generally not given earlier because enough measles immunoglobulins (antibodies) acquired by the placenta from the mother during pregnancy may persist to prevent the vaccine viruses from being effective. The second dose is usually given to children between the ages of four and five to boost immunity. Vaccination rates were high enough that measles was relatively uncommon. Even a single case in a college dorm or similar setting will often encounter a local vaccination program in case any of the exposed people are no longer immune. Adverse reactions to vaccination are rare, the most common being fever and pain at the injection site. Life-threatening side effects occur in less than one per million vaccinations (<0.0001%).

In developing countries where measles is highly endemic, WHO doctors recommend giving two doses of the vaccine at six and nine months of age. The vaccine should be given regardless of whether the child is infected with HIV or not. The vaccine is less effective in HIV-infected infants than in the general population, but early treatment with antiretroviral drugs can increase its effectiveness. Measles vaccination programs are often used to provide other child health interventions such as malaria-proof bedding, anti-parasitic drugs and vitamin A supplements, helping to reduce child deaths from other causes.

Unvaccinated populations are at risk of disease. Northern Nigeria's traditionally low vaccination coverage declined further in the early 2000s when radical preachers promoted the rumor that polio vaccines were a Western plot to sterilize Muslims and infect them with HIV. Measles cases increased significantly and hundreds of children died.[29] It may also have been related to the other health promotion measures mentioned above that are often used with the vaccine.

Therapy

There is no specific treatment for measles. Most patients with uncomplicated measles recover with rest and supportive care. However, it is important to seek medical attention if the patient becomes more ill, as complications may develop.

Some patients develop pneumonia as a result of measles. Other complications include ear infections, bronchitis and encephalitis. Acute measles encephalitis has a mortality rate of 15%. While there is no specific treatment for measles encephalitis, antibiotics are required for bacterial pneumonia, sinusitis, and bronchitis that can follow measles.

All other treatment is symptomatic with ibuprofen or acetaminophen (paracetamol) to reduce fever and pain and, if necessary, a fast-acting bronchodilator for cough. As for aspirin, some research has suggested a correlation between children taking aspirin and the development of Reye's syndrome. Some research has shown that aspirin may not be the only drug associated with Reye's, and even antiemetics have been implicated, with the association between

aspirin use in children and the development of Reye's syndrome being tenuous at best, if not non-existent. However, most health authorities still warn against using aspirin for any fever in children under 16.

The use of vitamin A in treatment has been investigated. A systematic review of studies of its use found no significant reduction in overall mortality, but it did reduce mortality in children under two years of age.

Homeopathic medicines and treatment of measles

Homeopathy treats the whole person. This means that homeopathic treatment focuses on the patient as a person and also on his pathological condition. Homeopathic medicines are selected after a complete individualized examination and analysis of the case, which includes the patient's medical history, physical and mental constitution, etc.

The following homeopathic remedies have been found effective in many cases of measles:

Aconite.

Aconite is one of the first remedies for measles; that is, while it is assumed to be measles and a hard, croupy cough is present. Ferrum phosphoricum is similar to Aconite in many ways and will take its place where restlessness and anxiety are needed. It is somewhat doubtful whether Aconite will ever be strictly indicated in any disease dependent upon a poisoned or infected condition of the blood, as it shows no signs of such a condition in its pathogenesis; but it may be indicated in catarrhal irritation, sneezing, etc., before it can be fully determined that it is measles. In catarrhal conditions Aconite ceases to be useful after the exudation has taken place, and so in measles; it would cease to be useful after he had corrected the fever, an eruption would appear, and the disease would be diagnosed as measles. Ferrum phosphoricum will perhaps be a better remedy if the chest is affected along with catarrhal symptoms.

Gelsemium.

Gelsemium is on the whole a more useful remedy in the commencement of measles than Aconite; that is, it is more often indicated; he is very cold, fever is a prominent symptom, the child is stupid, apathetic, does not want to be disturbed; there is a watery coryza which rubs the upper lip and nose, and there is a harsh, barking, spasmodic cough, with pains in the chest and hoarseness. Gelsemium also acts on the skin, and may be continued with benefit after the appearance of the eruption; there is itching and redness of the skin and the resulting definitely unpleasant eruption. It hurts the limbs a bit and can be compared to Dulcamara, but is rarely mistaken for that drug. Gelsemium has more coryza, Dulcamara hurts more. Both can be useful in an undeveloped eruption; Gelsemium in pain in base of brain, high fever and passive cerebral symptoms; Dulcamara when emerging from damp, cold air, rainy weather or sudden changes. Belladonna may be indicated in measles, when sore throat is present, and cerebral excitement suggests this remedy, together with dampness and heat; but it corresponds more to scarlet fever.

Euphrasia.

When the catarrhal symptoms greatly predominate, Euphrasia may be used. Pungent tears flow from the eyes with a red and swollen conjunctiva. The cough is dry and very hoarse, and there is an intense throbbing headache, which subsides when the eruption appears. An irritating discharge from the eyes will differ from Allium cepa. The photophobia from Euphrasia is worse in artificial light, and the brightness of the eyes is characteristic despite the catarrhal state.

Pulsatilla.

A little later, symptoms of Pulsatilla disease may appear. The fever subsided or disappeared completely. There is coryza and profuse lacrimation. Cough is still dry at night but eases a bit during the day. The child sits down to cough. There are many predispositions to earaches and sometimes stomach upsets. For catarrh of the digestive tract and diarrhea, Pulsatilla will be useful. The eyes agglutinate and the discharge is purulent. Kali bichromicum is so similar to Pulsatilla in many respects that it may be mentioned here, as the two remedies seem to differ only in intensity. Kali bichromicum has pustules developing on the cornea. The throat is swollen and there is catarrhal deafness. It causes an eruption that closely resembles measles. It comes very well after Pulsatilla when the patient develops more intense symptoms. Measles associated with ear symptoms and swollen nodes especially requires Kali bichromicum and it is one of our best remedies for laryngeal disease with hoarse dry cough. Dr. Jousset recommends Viola odorata for coughs. Sulfur is an excellent remedy for measles. It is useful where the skin is gray and the rash does not ooze or is purplish when it appears.

Album Arsenic.

In measles which does not have a favorable course, in the malignant type, or in black or hemorrhagic measles, we have two or three important remedies. The first of these is Arsenicum. There will be loss of strength, diarrhoea, delirium, restlessness and weakness, petechiae and general typhoid symptoms. The stools are particularly offensive and exhausting. Arsenicum can save the patient in these conditions. Dr. Arsenicum is considered by Gaudy of Brussels to be almost specific for measles. He says his tenure is short and wonderful. It is prophylactic and curative and is one of the best means to eliminate all the consequences of the disease. It corresponds to the insidious phenomena of severe measles epidemics. Crotalus may also be indicated in the form known as black measles. Also, Baptisia with her leg and bow can prove useful. Lachesis is the fourth remedy for these conditions. The individual symptom of each drug will differentiate them, but all four should be carefully studied in these low measles states.

Stramonium.

When the eruption does not come out properly or when it suddenly disappears and severe symptoms appear, there are several drugs that play the most important role. Stramonium is one of them. In case you request it, you will find these symptoms: no rash; the child is hot, restless and screams as if frightened when falling asleep; there are convulsive movements and the face is red. Cuprum is indicated in convulsions due to the subsidence of an eruption. She has the same terror on waking, but her symptoms are more violent than Stramonium's, and her face, instead of being red, is rather bluish. Zincum has the same awakening from sleep as if frightened, but with Zincum there is great weakness, the child seems too weak to erupt. Bryonia is useful when chest symptoms occur after retardation or recession of the eruption. Too slow development of an eruption with chest symptoms calls for it. Antimonium tartaricum is another remedy for delayed or repulsed eruption. There will be great difficulty in breathing, rattling of mucus, bluish or purplish face, drowsiness and twitching.

Bryonia.

This medicine is suitable when the rash appears late or has an irregular course and when it is accompanied by inflammatory diseases of the chest. The cough is dry and painful, there is soreness in the limbs and body, stitches in the chest, etc. Convulsions from suppressed measles, when the child is seized with great malaise and weakness, twitching of the muscles or individual limbs, or if the convulsions are preceded by a deep and violent cough and oppressed breathing. A number of medications may be considered for chest complications. Sticta, if there is constant dry and spasmodic cough, worse lying down and at night; it's an irritating, irritating cough. Phosphorus, with its dry, exhausting cough, with subdued breathing. Rumex with his short tickling bronchial cough worse from cold air. Drosera with its whooping cough. All of this can be indicated for measles. Sabadilla is a remedy when violent sneezing accompanied by frontal headache is among the catarrhal symptoms. It will correspond to some epidemics and should not be overlooked.

Belladonna: A fever that comes on quickly, with a red flushed face, hot skin, dilated eyes sensitive to light, and a throbbing headache, worse from shaking, all indicate this remedy. The rash is red and may be hot to the touch. Many children who need Belladonna have nightmares during fevers and talk or scream while apparently asleep.

Kali bichromicum: When this remedy is indicated for measles, cold symptoms worsen over time. Hoarseness, coughing up stringy yellow mucus, ear pain and sticky eyes may occur. Symptoms may be worse in the morning and a person feels best by staying in bed and keeping warm.

CONCLUSION:

Following the master's steps, I have given at the beginning a few cases which are incurable in modern medicine, but are amenable to homeopathic treatment.

Several cases ended treatment due to lack of knowledge or misinforming others about the homeopathic system of medicine.

To evaluate the clinical condition before and after treatment, the patient's well-being, quality of life after treatment, relief in the current whole, the way he now reacts to his family and his surroundings were used as criteria; pathological disease and symptoms caused by pathology, reduction of pathology; increase in physiological parameters such as appetite, sleep and weight, and whether apparent health is achieved.

The choice of potency and dose was made based on the sensitivity of the patient, the intensity of the symptom and the pathology he is suffering from.

1. Homeopathy is effective in treating children suffering from measles.
2. Homeopathy brings relief to patients suffering from measles in terms of frequency and intensity of attacks of inflammation of adenoids.
3. Homeopathy prevents recurrence and complications of measles.

I will conclude by saying that although improvement was found in 25 cases in this study, I still feel that more research needs to be done.

SUMMARY

30 cases were studied in detail to evaluate the effectiveness of homeopathy in post-measles treatment.

Each case was included in the study by strictly following the inclusion/exclusion criteria.

A detailed case proforma was used to maintain consistency in all cases.

Each case was analyzed and evaluated according to homeopathic principles.

Repertorization of each case was done using homeopathic software as a tool.

Medicines obtained by repertorization were further eliminated using books on Homeopathic Materia Medica. Not only the medicine but also the correct potency played a very important role in the cure.

The selection of the potency was carried out in strict compliance with homeopathic principles.

A review of the entire study was conducted and observations and conclusions were drawn.

REFERENCES/BIBLIOGRAPHY:

1. NELSON'S Textbook of Pediatrics 16th Edition
2. Essential Paediatrics – Ghai 6th edition
3. Gray's anatomy 36th edition
4. The Developing Human – Keith Moore 4th edition
5. A short textbook of E.N.T. diseases by Bhargava 6th edition
6. Clinical Anatomy - Snell's 6th edition
7. Bailey & Love's Short practice of surgery 23rd edition
8. Organon of Medicine 6th Edition
9. Lectures on Homoeopathic Philosophy by James Tyler Kent
10. Principles and Art of Cure by Homoeopathy by H.A. Robert
11. Principles & Practice of Homoeopathy part-1- Dr M.L. DHAWALE
12. Pocket Manual of Homoeopathic Materia Medica with Indian Medicine & Repertory by William Boericke
13. Materia Medica of Homoeopathic Medicines by Dr. S.R. Phatak
14. Homoeopathic Therapeutics by Samuel Lilienthal
15. Essence of materia medica – George Vitholkas 2nd edition
16. Genetic Materia Medica (Tri-miasmatic Materia Medica) by Dr. Prafull Vjayakar
17. Kent's Repertory
18. Complete Repertory
19. Homopath Software
20. www.homoeoint.org
21. www.similima.com
22. www.hpathy.com
23. www.google.co.in