



Scope of Homoeopathic Medicines in the Management of Acute and Sub-Acute Fever

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ABSTRACT:

Objective: The study was conducted to evaluate the Scope of homeopathic medicines in the treatment of acute and subacute fever.

Introduction: Fever is an increase in body temperature that exceeds normal daily variations and occurs in connection with an increase in the hypothalamic set point. It is one of the most common reasons for medical consultations worldwide. Studies have shown that antipyretic treatment provides only symptomatic treatment of fever. Controlling fever with antipyretic treatment will reduce but not eliminate the harmful effects of fever. Homeopathy is a holistic system of medicine where the individual patient with his particular characteristics and not the fever must be considered. If the patient is treated according to the objective and subjective symptoms, the patient can be cured at any stage of the fever.

Material and methods: 30 cases (17 men; 13 women) with a clinical picture of acute and subacute fever were collected from the inpatient OPD of all age groups. Total acute fever was determined using individualizing signs and each case was scored using its own scoring table. Each case was followed daily for 15 days or until remission was achieved, whichever occurred first.

Results: Out of 30 cases analyzed, 28 cases improved and 2 cases showed slight improvement. A significant change in score from baseline was observed ($p < 0.05$). The most frequently indicated drugs were Hepar Sulfur (n=4), Arsenicum Album (n=3), Belladonna (n=3), Kalium Bichromicum (n=3), Nux Vomica (n=3), Mercurius Solubilis (n=3) & Pulsatilla (n=3).

Conclusion: This study suggests the usefulness of homeopathic medicines in treating cases of acute and subacute fever. Further studies may be conducted in the treatment of fever associated with malignancy or pathological conditions such as chronic kidney disease, lupus, etc., and the most common drugs indicated for fever in these conditions..

KEYWORDS: Acute & Sub-acute fever, Symptomatology, Homoeopathy and Homoeopathic Medicine.

INTRODUCTION:

Fever is an increase in body temperature that exceeds normal daily variations and occurs in conjunction with an increase in the hypothalamic set point. The maximum normal oral temperature is 37.2 °C (98.9 °F) at 6 am. and 37.7 °C (99.9 °F) at 4:00 p.m.; these values define the 99th percentile for healthy individuals. Therefore, A.M. temperature >37.2 °C (>98.9 °F) or P.M. a temperature > 37.7 °C (99.9 °F) would define a fever.

Based on fever management guidelines provided by authorities such as the World Health Organization (WHO) and the Critical Care Society and the Infectious Diseases Society of America (IDSA), an equivalent rectal temperature $\geq 38^{\circ}\text{C}$ (100.4°F) or an axillary temperature $\geq 37.5^{\circ}\text{C}$ (99.5 °F) indicates fever in both adults and children. However, compared to older children and adults, infants and young children experience higher and longer-lasting fevers and greater temperature fluctuations. In the geriatric group (>65 years), who are likely to have lower body temperatures, IDSA defines fever as a single oral temperature >100°F (>37.8°C); or (2) repeated oral temperatures >99°F (>37.2°C) or rectal temperatures >99.5°F (>37.5°C); or (3) a temperature increase of >2°F (>1.1°C) above basal temperature.

Fever is one of the most common clinical signs managed by health care providers and pediatricians. It is part of about 30% of children's health care visits and occurs in up to 75% of seriously ill adults.

Fever has been a prominent feature of disease since ancient times. The febrile response is controlled by the central nervous system through endocrine, neurological, immunological and behavioral mechanisms.

An increase in temperature after infection is a natural defense mechanism. Conventional treatment consists of using antipyretics such as Aspirin, Paracetamol, Calpol, etc., which confuse the immune system with what to do, because the body wants to raise the temperature so that bacteria and viruses do not survive, but the drugs stop the mechanism and work the reverse way. Homeopathy is based on natural laws. Dr. Hahnemann defined acute diseases as rapid disease processes of abnormally deranged vital forces, which tend to end more or less quickly, but always in a reasonable time. He further says that the exciting causes of acute febrile diseases are the transitory explosion of latent psora.

Homeopathy is a holistic system of medicine where a person is treated as a whole based on their individualizing symptom characteristics. He is an individual patient with his own peculiarity an idiosyncrasy and not a fever to be considered. If the patient is treated according to the objective and subjective symptoms, the patient can be cured at any stage of the fever. The theory of the cause or name of the disease is not considered.

Therefore, an observational study was conducted to determine the range of homeopathic medicines in the treatment of acute and subacute fever. A secondary aim of the study was to understand the clinical entity of acute and subacute fever with respect to its signs and symptoms, for which each case was individualized to create a summary of acute symptoms. The acute totality was created according to the guidelines given in the 6th edition of the Organon of Medicine, emphasizing the characteristic physical generals along with the characteristic details and accompanying condition. In this study, the important characteristic symptoms of each individual case and indicated drug were correlated.

REVIEW OF LITERATURE:

Fever is one of the oldest clinical indicators of disease in mammals and one of the most common reasons for medical consultation worldwide. However, its meaning is assumed to be clear and universally understood, when in reality the interpretation is often uniquely personal. The definition of fever in the nursing and medical literature varies widely, with it mostly being defined or operationalized as simply an increase in body temperature.

CONCEPTUAL ANALYSIS OF FEVER In the sixth century BC, fever was considered the main symptom of disease. Fever was symbolized as localized heat in inflammation. At the time of Hippocrates, fever was explained by the theory of the four humours: blood, phlegm, black bile and yellow bile. Yellow bile was associated with the element of fire, so fever was thought to be caused by an excess of yellow bile. However, fever was considered a healthy symptom because the increase in temperature would flush the infection out of the body. In the 17th century, when Harvey discovered that blood circulates in the body, the concept of fever changed dramatically. Physicians believed that fever arose in bodily fluids due to fermentation and putrefaction or due to friction with increased blood flow. By the middle of the 19th century, most of these diseases were grouped under the general term "fever" because fever was considered synonymous with infectious disease. Fever was thought to be associated with death. Therefore, they were often isolated to protect the community. As a result, fevers became feared and therefore required intervention. With the discovery of antipyretic drugs in the late 19th century, practitioners began to advocate their use to treat fever. This practice continues to this day, despite a new understanding of the complexities and benefits of the febrile process. Fever is now considered "a cause of disease, not a reaction to it"

PREVALENCE AND ETIOLOGY OF ACUTE AND SUBACUTE FEVER

According to a study conducted in seven community hospitals in six different states of India between April 2011 and November 2012, 1564 patients aged >5 years with febrile illness for 2-14 days were included in an observational study, malaria was diagnosed in 17% and among these 54 % had Plasmodium falciparum. Dengue was diagnosed in 16%. Bacteremia was found in 8% and among them Salmonella typhi or Salmonella paratyphi accounted for 35%. Leptospirosis in 7% and chikungunya in 6%.

Important causes are as follows:

1. Infection: bacterial, viral, rickettsial, fungal, parasitic, etc.
2. Neoplasms: Fever may be present in any neoplasm, but commonly in hypernephroma, lymphoproliferative malignancies, carcinoma of the pancreas, lung and bone, and hepatoma.
3. Vascular: Acute myocardial infarction, pulmonary embolism, pontine hemorrhage, etc. 4. Traumatic: Crushing injury.
5. Immunological:
 - A. Collagen disease, SLE, rheumatoid arthritis
 - b. Drug fever C. Serum sickness
6. Endocrine: thyrotoxicosis, Addison's disease.
7. Metabolic: Gout, porphyria, acidosis, dehydration.
8. Hematological: Acute hemolytic crisis
9. Physical factors: Sunburn, radiation sickness. Miscellaneous: Fictive fever, usual hyperpyrexia, cyclic neutropenia.

EFFECT OF TEMPERATURE CHANGE ON HOST AND PATHOGEN

A study was conducted in 2016 to present evidence that an increase in temperature during fever affects the way the infection proceeds, for both the host and the pathogen. Although the many effects of fever on the immune system have been known for a long time, recent studies have shown an effect on several infectious processes. The results were promising, as new modes of regulation were described, especially in RNA molecules. This is especially important because during the course of many infectious diseases the body develops a fever.

Classification of fever

A) Fevers can be arbitrarily divided according to duration into:

- Acute fevers: Lasting less than 7 days. It is characteristic of infectious diseases.
- Subacute fevers: Do not last more than 2 weeks. It is characteristic of typhoid fever and intra-abdominal abscess, among others.
- Chronic or persistent fevers: Lasting more than 2 weeks. It is characteristic of chronic bacterial infections such as tuberculosis, viral infections such as HIV, cancers and connective tissue diseases. However, any cause of acute fever can become persistent or chronic if left untreated.

UNDERSTANDING THE SYMPTOMS ASSOCIATED WITH ACUTE AND SUBACUTE FEVER

A. Nature of symptoms Contrary to popular belief, studies have shown that the pattern of a fever is unlikely to be diagnostically useful, although its magnitude may.

I. Temperatures above 105°F suggest intracranial pathology, feigned fever, pancreatitis, or UTI, especially with chills.

II. If severe hyperthermia is associated with muscle rigidity, ecstasy, cocaine or other sympathomimetics, serotonin syndrome, antipsychotics, drugs with strong anticholinergic properties, and inhalational anesthetics should be considered. Other causes include thyrotoxicosis, tetanus, strychnine poisoning, and central nervous system (CNS) infections.

III. A mild fever suggests a URI or flu-like syndrome.

IV. A low-grade fever (especially associated with fatigue) may be the initial manifestation of TB, infectious mononucleosis, or hepatitis.

V. The extent of the fever may also be helpful. A narrow range of fever without spikes or chills may be seen in lymphomas such as Hodgkin's disease, lymphocytic leukemia, and hypernephroma. Drug fevers usually appear about 7 to 10 days after the first administration, but quickly reappear with the next administration.

A. Associated symptoms

1. If the fever is high and there appear to be few systemic symptoms (eg, aches, pains, malaise, back pain, fatigue), with more specific findings limited to the pharynx, abdomen, or chest, a bacterial infection is more likely. However, if the fever is relatively low-grade or less than 101.5 °F associated with systemic complaints and local findings are sparse, a viral infection is more likely.

2. Fever (>100.3°F), absence of cough, myalgia, diarrhea, absolute lymphopenia, low platelet count, and travel to affected areas should suggest SARS. Influenza syndrome is characterized by the sudden onset of cough and fever, headache, sore throat, myalgia, nasal congestion, weakness and loss of appetite.

3. Many febrile illnesses are associated with characteristic skin eruptions or rashes. Their appearance, character, distribution is often diagnostic. Measles presents with diffuse maculopapular eruptions preceded by prodromal disease. In rubella and chicken pox, the rash is vesicular and usually appears on the trunk and often begins with the onset of fever. A purple rash appears in meningococcal septicemia and measles. In shingles, the rash is distributed across the dermatome. Herpes simplex is found in the lining of the mouth and around the lips. A solitary evanescent macular lesion on the abdomen occurs in typhoid fever.

B. Physical findings.

1. An increase in heart rate of 10 beats per degree increase in temperature is common. Relative bradycardia occurs in typhoid and paratyphoid and also in mumps.

2. Dehydration may commonly occur, the thirst mechanism may be impaired, and excessive water intake with increased sweating due to heat loss may cause dehydration and salt loss. Urine is reduced in volume, may be concentrated, and mild proteinuria may be present.

3. The tongue is dry and parched. Anorexia may be present. Vomiting, constipation is not unusual. Diarrhea can accompany a fever, but it can be a specific infection of the intestine itself.

4. Delirium or a delirious state may exist even when the brain or meninges are not affected. They may be accompanied by photophobia and headache, generalized convulsions and meningism. Nausea is a common complaint, but its degree varies greatly between patients and the nature of the infection. The disposition of the patient also plays a big role. Sore throat, coryza, conjunctivitis with cough and rhinorrhea are associated with viral infection.

Muscle pain is also common. Fever processes in children are faster than in adults. Dosage in acute illness When the most suitable homeopathic medicine is administered, the symptoms of the medicine that correspond to the symptom of the disease are called into play, whereby the first in the organism, i.e. in the feelings of life, replaces the second (weaker) principle, and thereby destroy them by overpowering them; but the other symptoms of homeopathy, which are often numerous, are by no means applicable to the case of the disease, they are not included in the play at all. The patient, who is getting better every hour, feels almost nothing, because the too small a dose required for homoeopathic use is too weak to produce other symptoms of the remedy, which are not for the homoeopathic case, in those parts of the body which are free from the disease, and consequently he can let homeopathic symptoms act only on those parts of the organism that are already most irritated and excited by similar symptoms of the disease, so that the principle of sick life can only respond to similar but stronger medical care. illness, thereby extinguishing the original illness, as stated in § 155.

CHARACTERISTIC SYMPTOMS OF COMMONLY USED REMEDIES

1. Aconitum Napellus

- The most violent attack settles at night if aconite is the remedy.
- If it is not indicated, but the drug is given anyway, it sometimes causes mischief. • The drug should only be given when the symptoms agree.
- In the first stage of typhus, the administration of Aconite is always injurious, unless due to exciting causes.
- Contraindicated in fevers that cause eruptions or are otherwise beneficial unless painful spasms and dry skin occur.

2. Arnica Montana

- It is found in scarlet fever when the eruptions do not come out.
- The body is dark, mottled and covered with red spots
- The patient is constantly turning and this mental state is followed by irritability and stupidity.
- "I don't want you, I didn't send for you, I'm not sick, I don't need a doctor".

3. Artemisia Absinthium Insomnia caused by typhus, when the base of the brain is congested.

4. Album Arsenicum

- Fever with severe thirst.
- Paroxysms of fever, returning for several days at the same hour.
- In the evening, he has unpleasant sensations in his body like a fever, and when he lies down, his head and especially his ears are hot, but his knees are cold. Sensation of ice water running through veins or boiling water running through blood vessels.

5. Bryonia Alba

- Corresponds to fevers of almost all kinds, especially rheumatic, typhoid, bilious and remittent.
- Stupid, drowsy state often occurs; or mild delirium, where the patient has the illusion of being somewhere else and "wants to go home."
- Fever with bitter taste and thirst.
- He wants to drink a lot of water when he has a cold and fever. After the fever subsides, dry cough with vomiting, shootings, and pressure in the chest.

6. Belladonna

- It is indicated for remittent fever. Fever comes on and rises rapidly to a very high temperature, sometimes 104 or 105, and falls again to nearly normal; but not with complete apyrexia.
- The first representation of Belladonna is bright red and the skin is shiny.
- Skin burns. The patient says, "It burns, doctor, it burns" in bilious or remittent fever.
- The mental symptoms that occur with fever, delirium and excitement are very often relieved by eating a small amount of light food.
- In the early stage of the fever, the delirium is very violent and irritating; but as it passes, he falls into sleep, into a sort of half-sleep, half-comatose state.
- In a few days, the patient is greatly reduced, he is greatly exhausted, he has almost paralytic weakness.
- The early part of the fever is the time of its irritation.
- The last part of the fever is its relaxation period.

- A peculiar feature that runs through Belladonna fevers of all kinds is an irresistible craving for lemons and lemon juice. High febrile state with comparative absence of toxemia. Ice cold feet. No thirst with fever.

7. Eupatorium Perfoliatum

- Known as the "Bone Combination" due to the rapid way it relieves pain in the limbs and muscles that accompany some forms of febrile illnesses such as malaria and influenza.
- Marked periodicity.
- Relaxation between 7 and 9 p.m. preceded by thirst, great pain and pain in the bones.
- Nausea and vomiting at the end of a chill or hot phase, throbbing headache.
- He knows winter is coming because he can't drink enough.
- Sweating relieves all symptoms except headache. Cracks in the corner of the mouth, yellow tongue.

8. Gelsemium sempervirens

- Wants to be held because he shakes too much.
- Pulse slow, full, soft, compressible.
- Chills.
- Phases of heat and sweat, long and exhausting.
- Dumb ague with severe muscle pain, great fatigue and violent headaches.
- Nervous chills Chilliness, without thirst, along spine; undulating upwards, from sacrum to occiput.

9. Rhus Toxicodendron

- Chilly, as if cold water had been poured over him, followed by heat and inclination to stretch the limbs.
- Chills with dry cough and restlessness.
- Hives during heat.
- Tongue dry and brown; sordes.

Worse in damp rainy weather and after rain.

CONCLUSION:

This observational study points to the positive scope of homeopathy in treating cases of acute and subacute fever. The study was designed to study the clinical picture of fever with respect to its signs and symptoms and to determine the characteristic symptoms of various indicated antipyretic drugs. It included 30 patients from all age groups with a clinical picture of fever. These cases were studied in detail and the prescription was made considering the summary of the acute symptoms of each case. The following conclusions were drawn from the study: 0. 36% of OPD visits were children and 63% were adults, confirming the findings of Janice E. et al & Keikkas P. et al. 1. The maximum number of patients was in the age group of 21-30 years (30%) 2. Based on the symptoms, infection was found to be the most common cause of acute and subacute fever. There were 10 cases (33%) of URTI, 6 cases (20%) of acute pharyngitis, 4 cases (13%) of acute tonsillitis, 3 cases (10%) of acute frontal sinusitis, and 1 case (3%) of follicular tonsillitis, acute gastroenteritis, acute febrile illness and acute bronchitis. There were 3 cases (10%) of acute exacerbation of allergic rhinitis. 3. The pattern of fever could not be distinguished because most patients were self-medicating with antipyretics. One case, however, could be classified as a simple persistent fever because of its causative disease of overexertion (or fatigue). 4. The most common symptoms of fever found were sore throat (36%), cough (33%), stuffy nose, runny nose, sneezing (26%) and loose stools (3%). 5. The most frequently prescribed drug was Hepar Sulfur (4 cases = 13%). Followed by Arsenicum Album, Belladonna, Kalium Bichromicum, Nux Vomica, Mercurius Solubilis & Pulsatilla (3 cases each = 10%). Another significant drug prescribed was Rhus Toxicodendron (2 cases = 6%). The remaining remedies such as Kalium Carbonicum, Sepia Officinalis, Sulphur, Lycopodium Clavatum, Bryonia Alba and Arsenicum Iodatum (each 1 case = 3%) were prescribed according to the total number of symptoms. 6. The characteristic symptoms of Hepar Sulfur found were: Redness in posterior pharyngeal wall, sore throat relieved by warm drinks, sore throat aggravated by empty swallowing, and desire to cover during fever. The characteristic symptoms of Arsenicum Album found were: Weakness during fever and thirst for small amounts of water during fever. 0. The characteristic symptoms of Belladonna found were: Coldness of feet during fever, limited pulse and increased thirst during fever.

1. The characteristic symptoms of Kalium Bichromicum found were: Nasal discharge, stringy discharge and nasal congestion on alternate sides.
2. The characteristic symptoms of Nux Vomica found were: stuffy nose with discharge, snoring, sleepiness during coryza, and desire to be covered during fever.

3. The characteristic symptoms of Pulsatilla found were: Decreased thirst in fever and worsening of cough in the evening.
4. The characteristic symptoms of Mercurius Solubilis found were: Desire for cold water and desire to be covered during fever.
5. The characteristic symptoms of the other indicated medicines were as follows:

Rhus Toxicodendron- Pain in joints and eyes in fever,

Kalium Carbonicum- Worsening of cough in fever,

Sepia Officinalis- Ascending chills and coldness of feet before fever, Sulphur- Warmth of feet in fever,

Lycopodium Clavatum - evening rise of fever and burning in legs,

Arsenicum Iodatum - unsatisfactory sneezing,

Bryonia Alba - Aversion to disturbance and dry mouth with thirst with fever.

6. The dosage followed was based on individualization in each case.

7. In this study, when evaluating the ODP of each case, it was found that the use of antipyretics gave the patient only symptomatic relief for a short period of time, which agrees with the finding of Ames NJ. et al. Of the 30 cases studied, 28 cases (93%) improved, while 2 cases (7%) showed mild improvement. In both cases, cough was found to be a persistent symptom. Therefore, it was necessary to change the correction on the basis of the whole.

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