



## **Treatment of dengue fever by homoeopathic medicine.**

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### **ABSTRACT :**

A fever (dengue fever, DF) that can be aggravated by fluid leak, shock, and bleeding (dengue haemorrhagic fever, DHF) is caused by a flavivirus and arbovirus that is spread by Aedes mosquitoes (especially Aedes aegypti and, to a lesser extent, Aedes albopictus and Aedes Polynesians). Homoeopathy is a special field of medicine that emphasises the uniqueness and clinical similarities of each patient. It treats a man's sickness as a distinct entity.

**KEYWORDS:** Homoeopathy, Dengue, Dengue shock syndrome

### **INTRODUCTION :**

Epidemics of dengue fever are temperature-dependent, just as those of malaria. Higher temperatures hasten the development of Aedes mosquito larvae and their adult emergence. The daily temperature range may also have an impact on the spread of the dengue virus; a smaller range is associated with a higher risk of transmission. Temperatures below 15 °C or above 36 °C significantly decreased mosquito feeding. In a Rhesus dengue model, virus replication can take place in as little as 7 days at temperatures of >32–35°C, takes 12 days at 30°C, and is not consistently observed at 26°C. According to studies on dengue in New Caledonia, the temperature at which mosquitoes develop most quickly increases their feeding frequency, and their extrinsic incubation period is shortest at 32°C. Peak relative humidity is a reliable indicator of dengue outbreaks, along with temperature. In the peer-reviewed literature, there is less evidence linking dengue epidemics to precipitation, presumably because the mosquito vector relies more on man-made breeding grounds than on natural water bodies. For instance, increased access to a piped water supply has been connected to dengue epidemics in some studies, perhaps as a result of the increased residential water storage that goes along with it. Nevertheless, a number of studies have demonstrated that rainfall can be used to predict when dengue epidemics will occur. The geographic range of Aedes mosquitoes and the current dengue outbreak coincide significantly. The relevance of factors other than environment to disease incidence is demonstrated by the existence of Aedes in wide areas of North and South America and Africa without dengue endemicity. However, if there is little or no reduction in greenhouse gas emissions, coupled climatic-epidemiologic modelling predicts significant changes in the relative vectorial capacity for dengue by the end of this century. By 2100, the number of individuals exposed to A. aegypti globally could nearly double, from 4 billion to 8 billion or more, as a result of the combined effects of climate change and population expansion. <sup>(1)</sup>

### **PATHOPHYSIOLOGY**

Within two to three days of an infected bite, the virus starts to spread in the blood. Patients experience 4-5 days of viraemia. The cytokine response is reflected in malaise.

The development of a severe immunopathological response (DHF) in some individuals, typically those who have already been infected, is thought to be caused by antibody-dependent enhancement. Heterologous antibodies are non-neutralising and promote viral uptake, increasing the infected cell mass. Vasoactive cytokines are part of the exacerbated inflammatory response that results in fluid leaks. Contrary to Ebola, blood vessel structural damage is not a characteristic. People rarely experience more than two episodes of dengue. <sup>(2)</sup>

### **SIGN AND SYMPTOMS**

DF—up to 80% of infants and children have no symptoms, making it challenging to distinguish it from other fever-causing conditions. Adults tend to experience more severe symptoms; after 4–7 days of incubation, sudden fever, headache, muscle discomfort, and rash (macular erythema with petechiae on extensor surfaces) appear. These symptoms quickly advance to prostration, back pain, and abdominal pain. After 2–7 days, defervescence appears; it may settle and return (saddleback fever pattern). An extended period of weariness and, occasionally, depression may come after a recovery. Other

symptoms include moderate mucosal bleeding (severe in some situations, such as with a peptic ulcer that has already developed), subcapsular splenic haemorrhage, hepatitis, and neurological symptoms (which could be caused by cerebral oedema or viral encephalitis).

The early signs of DHF (dengue shock syndrome) resemble a moderate illness. Significant symptoms, including decreased perfusion, central cyanosis, sweating, and other shock-related symptoms, frequently appear at defervescence (when, noticeably, the virus load is declining rapidly). Platelets disappear; petechiae form; mucosal surface bleeding and spontaneous bruises also occur. There is a fluid leak (higher haemoglobin, pleural effusions, and ascites). With support throughout the critical period (fluid therapy, etc.), mortality is around 1% for illnesses lasting 7 to 10 days. Death rates without assistance can increase by 50%. Encephalopathy, hepatic failure, renal failure, and dual infections (parasitic illness and gramme-negative sepsis) are complications.<sup>(2)</sup>

#### **DIAGNOSIS:**

- Clinical—DF is difficult to recognise from other childhood febrile disease causes, and even in shock, DHF can mimic yellow fever. Low platelets, abnormal LFTs, and leucopenia are all very typical.
- Viral detection: It is possible to perform tests for viral RNA or NS1 antigen, which are more accurate than serology in the early stages of sickness. It is useful in the first 3 days of the illness or if an IgM test result is negative in the first 6 days.
- Serology: Because of the cross-reactivity between distinct flaviviruses, serology is less precise than PCR. Different dengue serotypes can be differentiated in early infection thanks to neutralisation testing. Only a spike in acute/convalescent titre, such as that seen in IgM antibody capture (MAC)-ELISA for IgM (more specific to dengue complex), which is detected by day 6 of sickness and lasts for 30-90 days, can be used to prove an acute infection.<sup>(3)</sup>

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### **HOMOEOPATHIC MANAGEMENT**

#### ***EUPATORIUM PERFOLIATUM***

A chill that is preceded by thirst and that lasts through the fever. Vomiting can be brought on by eating or drinking and can happen either before or after a chill or fever. violent headaches and bone pain. The paroxysms were invariably accompanied by a bruised chest sensation. Typically, the paroxysm is not complete, and the sweating stage is inhibited. Catarrhal fever, along with additional symptoms like bilious vomiting.<sup>(4)</sup>

#### ***GELSEMIUM SEMPERVIRENS***

with a chill, especially along the spine that extends upward, and frequent urination. Heat. Fever paroxysms typically recur between 3 and 5 in the afternoon. Fever, dizziness, prostration, lack of thirst, and a quiet pulse Usually there is not a lot of perspiration.<sup>(4)</sup>

#### ***RHUS TOXICODENDRON***

Apathetic; anxious; trembling. Typhoid, sordes, loose bowels, a dry, brown tongue, and extreme restlessness Chilly, with a dry cough and agitation on occasion. urticaria when it's hot. He felt chilly, as if someone had thrown cold water over him, then hot and inclined to extend his limbs.<sup>(5)</sup>

#### ***ACONITUM NAPELLUS***

Most often very full, firm, and accelerated; rarely tiny, thready, or unnoticeable, the blood vessels feel cold. Attacks start off most severe in the nights after lying down, frequently with heated cheeks and constricted pupils. Either by uncovering or by touching. Internal chilliness, coupled with dry, hot skin and a need to be exposed. Internal heat is common, along with anxiousness and hot cheeks during a chill. From the feet up to the chest, trembling. Most of the time, the dryness and burning on my face and head were accompanied by a strong need for cold beverages. Continued outside with a tendency to disclose. At the same time, one is burning with chilly shivers. With a feverish restlessness and a need to expose. Laid on are components. A persistent, somewhat acidic odour that mostly permeates covered body regions is present.<sup>(6)</sup>

#### ***ARSENICUM ALBUM***

Weak, little, yet substantially accelerated; frequently unnoticeable, completely lacking, or intermittent. Fast in the morning, slow in the evening chilly or burning sensation in the blood vessels. Indistinct, concurrent, or alternating (and heat). Nothing eases the morning pain. Inside and heated externally. likewise shaking after each drink. Lacking thirst. a frigid exterior accompanied by cold, clammy sweat. Many concurrent conditions that were previously of only marginal consequence now become more severe during the chill and heat). Coldness throughout the body or in sick areas. Shivering at night, with limbs ripping and nervous restlessness inside dry and scorching. Dry in the evening and at night, with regular but small drink cravings. Every night, as if with hot water. after the fever has broken and all symptoms—including accompanying ones—have vanished. A constant thirst throughout.<sup>(6)</sup>

#### ***BELLADONNA***

persistent, dry, and unbearably hot (with thirst), with only head sweating in between. Internal coolness and external scorching heat alternate with internal heat and anxiety. Coldness in the extremities and heat in the head.<sup>(4)</sup>

**BRYONIA ALBA**

After the noon snooze, there is a chill followed by mental bewilderment. Evening chills, along with thirst and flushed cheeks; a chill, along with head heat and thirst; internal heat; craving for cold beverages and a feeling that the blood is on fire; not often without thirst; heat in the head and, in particular, a hot, parched face; sweat even when moving very little and in chilly weather; especially in the morning, sweat.<sup>(4)</sup>

**CANTHARIS VESICTORIA**

The cold stage is the most prominent, followed by thirst. Sweat those smells like urine.<sup>(4)</sup>

**CHINA OFFICINALIS**

Throughout the day, there were periods of coldness and cold sweats. Thirsty from the cold; unable to warm up in bed in the evening. After drinking, his chill grew, yet he is still forced to drink continuously. Heat has a propensity to uncover Even when someone was delirious, the heat persisted. As soon as the body is covered during sleep, it immediately begins to perspire. perspiration after being awakened at 3 a.m. with thirst; no perspiration on the feet or the head, other than where he is lying on the cheek. sweat on the hands and face. Intermittent fever, without constitutional cachexia, except general weakness and anaemia; the paroxysm is fully developed, the three stages of chill, fever and sweat are fully marked; preceding the chill there is violent thirst, often violent temporal headache; there is an interval between the chill and fever, but rarely any gastric disturbance; during the fever there is generally thirst, sometimes unnatural hunger; an interval between the fever and sweat; the sweat is profuse, debilitating, with thirst; during the apyrexia great debility, ringing in the ears, feeling of emptiness in stomach, soreness over the spleen and liver, with many symptoms characteristic of the drug.<sup>(4)</sup>

**IPECACUAHNA**

External coldness and shivering (even in the absence of thirst), fever that usually sets in after 4 p.m., followed by sweat While the other hand is heated, the first is cold. Intermittent fever, which is distinguished by continuous nausea, especially when the fever and chill are present; raging headache; intense thirst; however, anything consumed causes vomiting.<sup>(4)</sup>

**NUX VOMICA**

Heat with thirst (typically); chill with backache on the slightest motion and blue nails; starts as early as 3 a.m. Heat both before and after the chill. Though the sweat is rather modest, it soothes the discomfort. Intermittent fever, expecting paroxysms, morning chill, with blue nails, yawning, and backache—sometimes combined with fever. During the fever, you must be covered up; there is mild perspiration.<sup>(4)</sup>

**CONCLUSION :**

The successful results of the homoeopathic management of the current episodes may serve as a catalyst for patients to choose homoeopathy to treat similar dengue fever cases.

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