



TO STUDY HAHNEMANN'S CONCEPT OF INTERMITTENT FEVER

Dr. Sandip S. Gurchal¹, Dr. Amita Shrivastava², Mr. Chandrakant Bhimrao Patil³

¹. M.D. (Homoeopathy), Associate Professor, Department of Repertory.

². Bsc, DHMS, Homeopathy, RMO, Department of Obstetrics and Gynaecology.

³. Bachelor of Arts.

Shri Chamundamata Homoeopathic Medical College & Hospital, Jalgaon - 425001 (M.S.) INDIA

E-mail: sandipgurchal0@gmail.com¹, animeshamita70@gmail.com², chandupatil3110@gmail.com³

ABSTRACT:

There's continuously addressing to the homeopathy for its scope, avoidance, control and treatment of Discontinuous fever. We know that Discontinuous fever can be cured by nearly any cure; but we had not learnt what Remedy-Dose-Repetition will remedy a given case of fever. For reason that within the cases where the Characteristic indications are not shown; the common indications that are demonstrated; are common to nearly each cure and to the Discontinuous fever. So it is very difficult in chasing up a Remedy-Dose-Repetition to create understanding free from fever and its impacts but likewise the therapist i.e. Culminate Homeopathic clinician will certainly chase up a number of these genuinely characteristic side effects that the afterward may indeed be totally needing and which they are demonstrated at their clinic amid the hope that the what cure is extraordinarily embraced to a given case.

The all encompassing thought in homeopathy is interesting. Treat the man as a entire. The intellect, the body and the crucial constrain is one and are blended with each other. When a understanding comes for his affliction, homoeopaths take up the side effects of the entire man. The indications coming from the inside man i.e. from central unsettling influences i.e. a Psycho-Neuro-Endocrino-Immunological (P.N.E.I.) unsettling influence. For assessment of side effects we got to discover out the said exceptional, impossible to miss, characteristic indications which are individualizing a given case for making a adjust medicine. The TIME paroxysms are about customary and clear and TIME Methodology is one of the foremost imperative modality.

KEYWORDS: Intermittent Fever, Hahnemann's Concept, Homeopathy and Homeopathic Medicine.

INTRODUCTION:

This is said by Dr.Hahnemann in truism 83 of the organon i.e. 'The individualizing examination of a case of malady requests of doctor nothing but opportunity from bias and sound faculties, consideration in watching and constancy in following the picture of the disease.' Lastly, science needs to and tries to clarify the marvels in nature, some of the time it succeeds, and in some cases it cannot. But that does not cruel that, when science cannot clarify the marvels is off-base. There are millions and millions of normal wonders which science cannot explain.

The more we need to know approximately a human cell; its nature and its work. We discover that the complexity and issue is much more than what we thought of. We are clinician, we treat cases, and we watch numerous things and assortments of marvels. Whereas doing researches we discover that homeopathic potentised medication in tall potencies causing changes within the enzymatic frameworks of Rats; changes within the immunological level of creatures, where scientifically there's no plausibility of an iota of the matter to stay within the power.

REVIEW OF LITERATURE:

Irregular FEVER

An assault of intestinal sickness or other fever, with repeating fever scenes isolated by times of ordinary temperature.

Intermittent fever: Raised temperature is show as it were for a few hours of the day and gets to be ordinary for remaining hours, e.g. intestinal sickness, kala-azar, pyaemia, or septicemia. In intestinal sickness, there may be a fever with a periodicity of 24 hours (quotidian), 48 hours (tertian fever), or 72 hours (quartan fever, showing Plasmodium malariae). These designs may be less clear in travelers.

MALARIA

Malaria may be a vector-borne irresistible illness caused by protozoan parasites and is characterized by Intermittent Fever. It is far reaching in tropical and subtropical locales, counting parts of the Americas, Asia, and Africa. Each year, there are roughly 515 million cases of jungle fever, murdering between one and three million individuals, the lion's share of whom are youthful children in Sub-Saharan Africa. Malaria is commonly related with destitution, but is additionally a cause of poverty and a major prevention to financial development.

Malaria is one of the foremost common irresistible infections and an gigantic open wellbeing issue. The infection is caused by protozoan parasites of the sort Plasmodium. As it were four sorts of the plasmodium parasite can contaminate people; the foremost genuine shapes of the illness are caused by Plasmodium falciparum and Plasmodium vivax, but other related species (Plasmodium ovale, Plasmodium malariae) can too influence people. This bunch of human-pathogenic Plasmodium species is more often than not alluded to as intestinal sickness parasites.

Malaria parasites are transmitted by female Anopheles mosquitoes. The parasites increase inside ruddy blood cells, causing indications that incorporate indications of frailty (light headedness, shortness of breath, tachycardia etc.), as well as other common side effects such as fever, chills, queasiness, flu-like sickness, and in serious cases, coma and passing. Intestinal sickness transmission can be decreased by avoiding mosquito chomps with mosquito nets and creepy crawly repellents, or by mosquito control measures such as showering bug sprays interior houses and depleting standing water where mosquitoes lay their eggs.

Although a few are beneath advancement, no immunization is as of now accessible for jungle fever; preventative drugs must be taken ceaselessly to diminish the chance of disease. These prophylactic sedate medications are frequently as well costly for most individuals living in endemic zones. Most grown-ups from endemic ranges have a degree of long-term repetitive contamination additionally of fractional resistance; the resistance diminishes with time and such grown-ups may become vulnerable to extreme intestinal sickness on the off chance that they have went through a noteworthy sum of time in non-endemic zones. They are emphatically prescribed to require full safeguards on the off chance that they return to an endemic region. Jungle fever contaminations are treated through the utilize of antimalarial drugs, such as quinine or artemisinin subsidiaries, in spite of the fact that medicate resistance is progressively common.

History

Malaria has contaminated people for over 50,000 a long time, and may have been a human pathogen for the whole history of our species. Undoubtedly, near relatives of the human jungle fever parasites stay common in chimpanzees, our closest relatives. References to the interesting occasional fevers of jungle fever are found all through recorded history, starting in 2700 BC in China. The term jungle fever begins from Medieval Italian: malaaria "terrible discuss"; and the malady was once in the past called ague or swamp fever due to its affiliation with swamps.

Scientific thinks about on intestinal sickness made their to begin with critical progress in 1880, when a French armed force specialist working within the military clinic of Constantine Algeria named Charles Louis Alphonse Laveran observed parasites for the primary time, interior the ruddy blood cells of individuals enduring from jungle fever. He in this manner proposed that intestinal sickness was caused by this protozoan, the primary time protozoa were distinguished as causing illness. For this and afterward revelations, he was granted the 1907 Nobel Prize for Physiology or Pharmaceutical. The protozoan was called Plasmodium by the Italian researchers Ettore Marchiafava and Angelo Celli. A year afterward, Carlos Finlay, a Cuban specialist treating patients with yellow fever in Havana, to begin with proposed that mosquitoes were transmitting malady to and from humans. However, it was Britain's Sir Ronald Ross working within the Administration General Hospital in Calcutta who at last demonstrated in 1898 that intestinal sickness is transmitted by mosquitoes. For this work Ross gotten the 1902 Nobel Prize in Medicine.

The to begin with viable treatment for intestinal sickness was the bark of cinchona tree, which contains quinine. This tree develops on the inclines of the Andes, basically in Peru. This normal item was utilized by the occupants of Peru to control intestinal sickness, and the Jesuits presented this hone to Europe amid the 1640s where it was quickly acknowledged. Be that as it may, it was not until 1820 that the dynamic fixing quinine was extricated from the bark, separated and named by the French chemists Pierre Joseph Pelletier and Joseph Bienaim Caventou.

Although the blood arrange and mosquito stages of the jungle fever life cycle were distinguished within the 19th and early 20th centuries, it was not until the 1980s that the idle liver shape of the parasite was watched. The revelation of this inactive shape of the parasite at last clarified why individuals might show up to be cured of jungle fever but still backslide a long time after the parasite had vanished from their bloodstreams.

Diagnosis:

Malaria presents with symptoms such as fever, shivering, joint pain, vomiting, anemia (due to hemolysis), hemoglobinuria, and convulsions. There might be a sensation of tingling in the skin, especially when it comes to malaria caused by p. Falciparum malaria is a severe and potentially fatal form of malaria that is caused by a parasite that infects red blood cells. The typical symptom of malaria is the occurrence of sudden coldness, followed by rigor, fever, and sweating, which lasts for four to six hours and repeats every two days. Vivax and p. Ovale infections, while every three for p. Malariae: P. Falciparum can experience recurrent fever, occurring every 36-48 hours, or a less intense and continuous fever. The exact reasons for this phenomenon are not well-known, but it is believed to be connected to elevated intracranial pressure, which can lead to severe brain damage in children with malaria. Malaria has been discovered to have detrimental effects on cognitive abilities, particularly in children. It leads to a significant decrease in red blood cell count during a time of rapid brain growth and can also cause harm to the brain. This neurological damage occurs as a result of cerebral malaria, which poses a greater risk to children.

Severe malaria is predominantly due to p. Malaria is a parasitic disease that typically develops 6-14 days after infection. If left untreated, severe malaria can lead to coma and even death—it poses a greater risk to young children and pregnant women. Enlarged spleen, severe headache, cerebral ischemia, enlarged liver, low blood sugar, and red blood cells in the urine may be symptoms of this condition. In cases of renal failure, blackwater fever can occur, resulting in the release of hemoglobin from broken red blood cells into the urine. Severe malaria can escalate rapidly and lead to death within a few hours

or days. In the most extreme cases of the illness, the death rates can reach as high as 20%, even with intensive care and treatment. In regions where malaria is endemic, the effectiveness of treatment is often subpar, and the overall fatality rate for all cases of malaria can reach as high as one in ten. Chronic malaria is observed in both *P. Vivax* and *P. Ovale*, but not in *P. Falciparum* malaria is a severe and potentially fatal form of malaria that is caused by a parasite that infects red blood cells. In this case, the disease can resurface months or even years later, as a result of dormant parasites residing in the liver. When describing a case of malaria as cured by observing the absence of parasites in the bloodstream, it is important to note that this observation can be misleading. The longest time span documented for a *P. Vivax* infection is 30 years old. Approximately one in five of *P. In temperate regions, cases of vivax malaria occur when hypnozoites, dormant forms of the parasite, are activated during the following year after a mosquito bite.*

Causes:

A plasmodium sporozoite moves through the cytoplasm of a mosquito midgut epithelial cell in this false-color electron micrograph.

Parasites that cause malaria.

Malaria is caused by tiny organisms called protozoan parasites, specifically belonging to the genus plasmodium, which are part of the apicomplexa phylum. In humans malaria is caused by Plasmodium. Falciparum, *P. Malariae*, *P. Ovale*, *P. Vivax* and *P. Knowlesi*: *P. falciparum* is the primary cause of malaria infection and accounts for approximately 80% of all cases, as well as 90% of malaria-related fatalities. Parasitic plasmodium species can also infect birds, reptiles, monkeys, chimpanzees, and rodents. There have been recorded cases of human infections caused by various types of malaria, including *P. Knowlesi*, *P. Inui*, *P. Cynomolgi*, *P. Simiovale*, *P. Brazilianum*, *P. Schwetzi* and *P. Simium*, however, with the exception of *P. These are mostly of limited public health significance. While avian malaria can be fatal to chickens and turkeys, it does not result in significant financial losses for poultry farmers. Unfortunately, due to human error, this invasive species has caused the decline of the native birds of Hawaii, which have adapted to its absence and lack the ability to defend against it.*

Scientific experiments.

Optimal-it will accurately identify falciparum malaria down to 0.01% parasitemia and non-falciparum malaria down to 0.1%. Paracheck-pf has the capability to detect even the tiniest amount of malaria parasites, down to 0.002%, but it cannot differentiate between falciparum and non-falciparum malaria. Parasite DNA or RNA can be identified using a technique called polymerase chain reaction. This method is more precise than microscopy. However, it is costly, and necessitates a specialized laboratory. Furthermore, the levels of parasites in the blood are not always directly related to the progression of the disease, especially when the parasites can attach themselves to the walls of blood vessels. Consequently, it is crucial to create more sensitive and low-tech diagnostic tools to identify even the slightest presence of parasites in the field.

Treatment:

Active malaria infection with *P. Falciparum* is a medical emergency necessitating admission to the hospital. Contagion with *P. Vivax*, *P. Ovale* or *P. Malaria* can frequently be cured without requiring a hospital visit. The treatment of malaria includes both supportive care and targeted antimalarial medications. With appropriate treatment, individuals suffering from malaria can anticipate a full recovery.

Homoeopathic concept of intermittent fever.

The reason.

It is uncommon to encounter a physician who cannot, with confidence, propose a theory for the cause of intermittent or other fevers. This universal knowledge is only equaled by the variety of theories entertained, and the failures inseparable from the attempt to treat the theory of the cause, and the name of the disease, instead of the totality of the symptoms—subjective and objective presented by the patient. The natural result of this attempt to follow the teachings and practice of allopathy is the charge, so often made by our medical brethren of the opposite school that 'homeopaths are not honest in their practice,' and this charge has been more frequently based upon what they have seen of our treatment of fevers than of all other diseases combined. Allopathy affirms that intermittent fever cannot be cured without quinine, because quinine is the antidote of "marsh miasm," which is the cause of intermittent fever, and many homeopaths—departing from the law of cure, and neglecting their materia medica—honestly cherish a similar delusion. The purpose of this work is to present factual information about therapeutic practices, rather than discussing speculative theories. There is no evidence to refute the effectiveness of homeopathic treatment for this common ailment in our profession. We are unable to provide a logical explanation for sporadic or epidemic intermittent fever that can be scientifically tested, and hahnemann's one therapeutic fact holds more value at the bedside than all the theories that have been proposed.

On intermittent fever.

"intermittent fever is a neurosis Its characteristics, such as cold and warmth, are different, so their cause must also be different. The rise in temperature is a result of the sympathetic system's activity, while the drop in temperature is attributed to the spinal system's response.

Wurmb and Caspar on Int. Fever.

"We believe intermittent fever is a neurosis, whose seat is especially in the ganglionic system, and therefore only nerve remedies, and particularly such as act on the vaso-motor part, can cure."

Burt's Characteristics.

"Acute cases must always be treated by cerebro-spinal remedies, chronic cases by organic remedies."

Bale's Therapeutics, p. 609.

"Ague remedies may be divided into two classes, viz.: Quinine, Gelsemium, Eucalyptus, Nux vomica, Arsenic and Cedron, which have the power of destroying protozoa, infusoria, and cryptogamic fungi, and Eupatorium, Cornus, Salicine, Arnica, Natrum mur., and Hydrastis which have not that power, yet correspond to the periodicity of the paroxysm."

Bartlett, Salisberry, and others who maintain the cryptogamic theory have many followers in our school, and here Carbolic acid, Salicylic acid, Sulphite of Soda, etc., must be used to destroy the germs.

Grauvogl's theory of splenic congestion and constitutional divisions has many advocates. But it requires a Grauvogl to detect the constitution and splenic congestion, or a Lord, or Wurmb and Caspar, to select the cerebro-spinal or sympathetic remedy, or a Burt, Hughes, Hale, or Kafka to classify the remedies.

CONCLUSION:

I have conducted my study on various patients of different age and sex, irrespective of their religion and included those 30 patients who were consistent in their follow ups.

My work of research with the topic "Hahnemann's Concept of Intermittent Fever" has been done on the basis of standard format which is used for the research purposes. My work on this topic is just a conformation to the work what the Masters and the Stalwarts have done till the present generation. In this work of mine I have tried to understand the different stages of Fever i.e. Heat Stage, Chill Stage and Sweat Stage regarding their Time Modalities, Aggravating and Ameliorating factors, which stage is renewed by which factor, etc. this study helped me a lot to underlying dominant miasm in the particular case.

I have also learned that how can we come to the similimum with the help of Repertory and the final selection of the remedy with reference of Materia Medica. This study of my topic has taught me the time of Administration of remedy and the selection of Potency with reference to Aphorisms 236, 237 and 238.

Master Hahnemann has mentioned in his Organon of Medicine about the doses, potency and the administration of doses. Every observing physician who has had much experience in the treatment of intermittent or other fevers will testify that this plan rarely has any perceptible effect upon the paroxysm, unless it be to render it more obscure. This "doing something" can-be successfully accomplished with Sac lac., if it be absolutely necessary to do anything. The easiest, safest, most satisfactory and scientific method is that of Hahnemann, and no cause for regret will ever follow its adoption.

I have found in my research work that the potencies selected were most appropriate for the cases taken and understood. I have increased the potencies where I found no or slow improvement in the cases.

REFERENCES/BIBLIOGRAPHY:

1. ORGANON OF MEDICINE by DR. SAMUEL HAHNEMANN
2. CHRONIC DISEASES by DR. SAMUEL HAHNEMANN
3. LECTURES ON HOMOEOPATHIC PHILOSOPHY BY DR. JAMES TYLER KENT
4. LECTURES AND ESSAYS ON HOMOEOPATHIC PHILOSOPHY BY DR. STUART CLOSE
5. THE PRINCIPLES AND ART OF CURE BY HOMOEOPATHY BY DR. HERBERT A. ROBERTS
6. CHRONIC MIASMS BY DR. J. H. ALLEN
7. THERAPUTICS OF INTERMITTENT FEVER BY DR. T. F. ALLEN
8. A STUDY OF HAHNEMANN'S ORGANON OF MEDICINE BY DR. M. P. ARYA
9. VARIOUS MATERIA MEDICA'S BY LEGENDS OF HOMOEOPATHY
10. COMPLETE REPERTORY (HOMPATH MD)