



EXPLORING THE SCOPE OF HOMOEOPATHIC MEDICINES IN THE MANAGEMENT OF GIARDIASIS

Ganesh Radhu Virkar¹ (Intern), Dr. Munazza Ishaque Shaikh²

Assistant professor, Department Practice of Medicine.

Sharadchandraji Pawar Homoeopathic Medical College and Hospital, Shirampur Dist Ahilyanagar (Ahmednagar), (M.S.) INDIA

E-mail: virkarganesh09@gmail.com¹, drmunazzashaikh786@gmail.com²

ABSTRACT:

Giardiasis (popularly known as beaver fever) is a zoonotic parasitic disease caused by Flaglet protozoan giardia lamblia (sometimes called Giardia Intestinalis and Giardia duodenalis). Giardia organisms reside in the digestive system of a wide variety of humans along with species of domestic and wild animals. It is the most common pathogenic parasitic infection in humans worldwide; In 2013, around 280 million people worldwide were accompanied by symptomatic giardiasis.

Anyone can get giardiasis, but it occurs more often in people in institutional settings, people in decare centers, foreign travelers and individuals who use improperly treated surface water. Anal sex may also be at risk of contracting giardiasis.

About 75% -80% of infected people develop parasitic symptoms, while the rest remain -free, but can still pass on infection. Acute, vigorous, water diarrhea is the most common complaint of those who affect Giardia parasitic symptoms. Other parasitic symptoms include inflammation, abdominal pain and gas. In 20% to 40% of cases, giardiasis can lead to short -term lactose intolerance. Sometimes some will have chronic diarrhea in several weeks or months, with significant weight loss. It can also trigger the onset of irritable bowel syndrome.

Giardiasis is one of the most common parasitic infections in the pediatric age group. This is the cause of quite a childhood and mortality rate in childhood and to some extent in adults in adults from a protozoel flagellated infection called Geordia Lamblia with a 1-2-week incubation period after the ingestion of cyst in adults. Giardia is an important pathogen in people with malnutrition, some immune deficiencies and cystic fibrosis. Giadia organisms are spatial in the area with poor hygiene levels. Giardiasis is a significant risk factor in developing countries in developing countries, mentally delayed, water carrying and food -borne outbreaks associated with residential institutions.

Giardiasis is the worldwide distribution and it is estimated that some 200 million people in Africa, Asia and Latin America have a symptomatic infection and have about 5 million new cases every year. The resource is higher in limited (20 to 30 %) than its rich (2 to 5 %) countries. The recurrent and prolonged infections are not uncommon and children can emit ulcers for long -term asymptotically.

INTRODUCTION:

Modern civilization and scientific development have contributed to the welfare of humanity. Electricity and electronic devices have made our lives more comfortable and easier. But these are not uncontrolled blessings. With the help of scientific God, we keep ourselves ahead and away from nature and try to insulating ourselves against general natural phenomena. A discovery provokes scientists to take the depth in later scientific investigations; A rest in the man's lips makes him interested for more comfort. Our diet contributes to the development of these diseases in our food habits, our settlement, our thinking and day -day life.

Giardiasis in humans is caused by a single-cell organism infection called Giardia Lamblia. Giardiasis is the most prevalent protozole infection of the human intestine. G Lambelia is one of the most common motivational agents of epidemic and spatial diarrhea disease worldwide. It is the most frequently identified water-borne protozoa in the intestines, the parasite also poses a serious threat abroad, and is present at very high proliferation rates in places with poor water hygiene. Domestic, Giardia is often associated with hikers and backpackers, which causes diarrhea after drinking untreated water in the forest.

In fact, Giadia is also very common in decare settings (it can pass orally) and has also been found in municipal water supply and has caused local epidemic. Giardia also affects many animals. Although it is not clear whether humans can contract infections from animals, it is clear that human infections are highly contagious from one person to another. Giardia Intestinalis is rarely fatal, causing death in infants and young children in developing countries only by dehydration or severe weight loss. In fact, many suffering from Giardia are tangible, and it was not known until the 1970s that protozoa is truly pathogenic. The infection is easily treated with antibiotics, although they can have poor side effects and recurrence is common, especially in the developing world. The best treatment for Giardia is really prevention, and people have to educate to use good personal hygiene, not potentially contaminated water.

Homeopathy is a natural science of treatment. It works by increasing the system of body infection to eradicate giardiasis infection in the root. The drugs used to treat giardiasis are all natural and safe. They can be used among all age groups without any risk of toxic side effects.

REVIEW OF LITERATURE:

History of giardiasis

Although Leeuwenhoek the first person to discover *G. lamblia* was, but he was not able to provide an informative illustration of the parasite. Further studies and better depiction of the organism of the organism in their intestinal environment were performed in 1859 by the Czech physician Wilem Lambal. Despite its significant contribution, Lambal did not associate diarrheal disease with *Giardia* parasites, rather it is wrongly believed that organisms are part of the common, harmless flora of the intestines.

Symptoms

There can be a series of clinical syndrome, with gastrointestinal syndromes the most prevalent.

Gastrointestinal

A small number of infected individuals experience stomach cramps, explosives, water diarrhea, vomiting, foul flats and a sudden onset of fever that can last 3-4 days before proceeding in a more sub-tin stage. Most infected individuals develop gradual symptoms that become recurrent or resistant.

Both acute and insidious of symptoms become stool, smooth and malicious, but do not cause blood or pus because giardiasis does not include dysentery symptoms. Water diarrhea can cycle with soft stool and constipation. Symptoms of upper GI that can be provoked by eating nausea, initial satisfaction, subsequent burning, egg-hatosis, and acid indigestion and are usually present in the absence of soft stools.

Constitutional

The most common constitutional symptoms are anorexia [requirement of quote], malaise and fatigue. Weight loss affects more than 50% of patients. Children with adults and failure with long -lasting malabsorption syndrome may experience chronic disease.

Additional syndrome may include manifestations of lactose intolerance and allergies such as erythema multiform, bronchospasm, bile path disease, and urticaria.

Physical

Stomach examination, even if there is no sign of peritoneal irritation. The rectal examination should highlight the heme-negative stool and in severe cases, there may be evidence of dehydration.

Differential diagnosis

The primary symptoms of giardiasis such as diarrhea, abdominal pain, and inflammation overlap with many other gastrointestinal disorders. The following is a differential diagnosis chart for Giardiasis:

- *Cryptosporidium parvum*
- *Cyclospora coyetanesis*
- *E. histolytica* infection (amebiasis)
- *Dientameoba fragilis*
- Irritable bowel syndrome
- Inflammatory bowel disease (Crohn's, microscopic colitis)

Gallbladder or pancreatic disease

Gall bladder

Giardiasis usually has a long incubation period compared to most other intestinal infections. Patients with high fever and blood or mucus in the stool are more likely to have aggressive bacterial infections such as *Shigella*, *Campilobacter* or *Clostrostrostrostrous* deficile. Giardiasis can mimic the duodenal ulcers, hiatal hernia, gallbladder or pancreatic disease. If peripheral blood eosinophilia is detected, the infection is unlikely to have geordiasis, but perhaps other parasites. The doctor should achieve recent history about traveling, forest activities, sexual practices and exposure to uneven situations. In patients with strong clinical and epidemiological evidence of giardiasis, marked improvement and treatment can follow empirical treatment with specific-giardia drugs.

Giardiasis

Giardiasis is associated with many gastrointestinal disorders such as irritable bowel syndrome (IBS) and in rare cases, inflammatory bowel disease and relaxation of the biliary tract. There have also been rare incidents of various reports of reactive arthritis and dermatologic and occupants. gastrointestinal disorders

In a study by Bolin, 100 consecutive patients with chronic diarrhea had 9% of Giardiasis. Fifteen patients without a certain diagnosis responded to ampicir metronidazole or tinidazole therapy. Initially, patients diagnosed with severe irritable bowel syndrome (IBS) were treated for giardia with metronidazole, solving all symptoms, in another case, a patient was treated in another case. All the symptoms of the patient disappeared and the gallbladder view became normal. 3.

External manifestations

Although it was often reported in literature, many additional manifestations are associated with giardiasis. Other infections of the gastrointestinal tract have also produced these additional manifestations.

Skin -related manifestations

Several cases of pruritis and urticaria are associated with the confirmed giardiasis. Patients have experienced the resolve of both conditions after therapy with metronidazole or tinidazole.

There are many arguments why Giardia leads to other disorders. A potential mechanism is an immune or allergic reaction to the organism. Another possibility is the release of toxin from Giardia, a inflammatory response. Some patients may have a genetic tendency related to the HLA-B27+ status. The introduction of Giardia antigen in blood and mucus fluid may result in T-cell proliferation.

Prevention of Giardiasis

Practice good hygiene at day care centers, retirement homes and homes to prevent the spread of infection.

Wash hands often with soap and water for at least 15 seconds.

Avoid exposure to the stool of an infected person.

When traveling in areas where giardiasis is common, infection can be prevented only by using bottled water and avoiding consumption of raw fruits and vegetables.

Do not use untreated water in areas where parasites may be present, such as lakes, rivers and currents. Boil water for at least one minute before using it. Public swimming pools that are not properly treated and made are another potential source of contamination. Avoid swallowing water in swimming pools and spas. Do not swim when sick with diarrhea and make sure the children in the diapers have tested them often and turned into a bathroom - not near the swimming pool.

Wash children with soap and water after diaper change and before entering the water again.

Treatment and homeopathic medicines

Merc Cor

All the preparations for the mercury act on the intestines, which produces bloody stool with tenesmus, and of course, all can be indicated in dysentery. Merc Cor is generally thought in this affection, as its symptoms match many serious cases. In the first place we have severe and extreme tenesmus; This is the great feature of the remedy; This is more than the sometimes not having a non-occurrence of Merc sol, it is an acute, painful tenesmus, as well as a lot of the bladder, stools are mucous, mucus and less than blood and there is a lot of burning in the anus. Merc sol coincides more than sporadic cases, and is rarely indicated in malignant types, and in mild cases the merc dule is an excellent remedy where tenesmus and pain are minor. Capsicum contains frequent small stools that participate with tenesmus and burn in the rectum, but when the beverage of May is present, capsicum is indicated by the symptoms of trembling well.

Cantharis. [Canath]

This remedy, which produces such an intensive vesical tenesmus, also produces a uniform condition in the rectum. Its features are bloody and thin discharges that look like intestinal scraping, which are nothing but the fibrous boycott from the disease. Tenesmus is marked, and always has a painful urination with cantharis, and the patient has a pain -like pain, here is similar to colocynth, which has many similar symptoms. Thus both have the above symptoms of double pain, both have thin and bloody stools, worse than eating or drinking; But under the colocynth, the pain stops after the stool and the patient gets relief from double bending. Cantharis has more inflammation, colocynth more nerve symptoms. The colchicum is also the same, after the stool the tenesmus of the anus and the tighten, is more pain than the insistence during the stool; Tympany also strongly indicates colchicum. When the scraping becomes like a jelly, Kali Bich follows cantharis. The thirst with Cantharis is undisputed.

Aconite.

Aconite has proved to be a useful remedy in the first stages of dysentery, and it comes especially well when the days are hot and nights are cold. Stools with tenesmus are often and scary, the skin is warm and dry and normal aconite symptoms are present. Ferrum comes in less intense cases than phosphoricum aconite; There is more blood with feces, but the tenesmus separated the remedy. Mercurius follows both well. Belladonna is particularly suitable for the dysentery of children and pile younger individuals. Cowperthwaite recommends 3x.

Sulphur.

Dysentery is the remedy for frequent or old cases of Sulphur; The tenesmus continues, in fact there is a type of tenesmus at all times, the stool is thinner and a sudden urge to the stool. Sometimes this condition is present without tenesmus. After the stool in Nux, the tenesmus stops and relieves pain for a short time; It is similar to sulfur in its persistent insistence, stool is bloody, thin, scary and filled with water, and the patient is worse in the morning. As a compatible of dysentery, it will tear the pain under the thighs, which will indicate roses tox. The great aggression of the stool and tightening of the anus will suggest lassis. Baptisia is useful where there is tenesmus, but there is no pain that indicates significant depression, aggressive discharge also exists. It is especially useful in the dysentery of chronic people with fever. Alo is also a useful remedy in dysentery. The stool consists of mucus like a jelly, and is covered with blood and with a grip in the epigastric region, the amount of expelled mucus is large, and, like sulfur, it is useful in old cases. It is also a great remedy in purely inflammatory dysentery and aconite follows well. IPECAC can be useful in cases where large amounts of mucus is expelled. In hemorrhagic dysentery, which is actually a phlebitis of hemorrhagic veins, Aloe and Hummelis treatment.

CONCLUSION:

Homeopathic remedies that are chosen in every case after expansion studies, bring generally to the patient about harmony at constitutional level and at the immoral level.

It will be interested to note that homeopathy drugs are essentially oral and are not in the form of cream, lotion or any local application on the skin.

Homeopathy is a natural science of treatment. It works by increasing the system of body infection to eradicate giardia infection in the root. The drugs used to treat giardiasis are all natural and safe. They can be used among all age groups without any risk of toxic side effects.

Recommended homeopathic medicines for giardiasis are China, CINA and Natrum Phos. China is highly useful when a person with giardiasis infection complains of diarrhea. Prostration and weakness are also present in such cases. Cina is the most useful among homeopathic drugs for giardiasis when colic, abdominal cramps are present in individuals with pain giardia infections. Such individuals can also have weight loss. Homeopathic Medicine Natrum Phos is recommended, when the giardiasis infection is participated with a lot of belching of acrid, sour nature.

The patient characteristics of the current study are as follows:

The prevalence of giardiasis is more in men [50%] than women [50%]

- • The prevalence of anal fistula is found more often in the age group of 41-50 years (43.3%)
- • 21 patients (70.00%) were recovered with well -selected similimums.
- • Miasmatic circulation in the form of fundamental miasm is the Sycotic miasm in 15 cases (0%) and the major Miasm in 12 cases (40%) is Miasm Psora.
- • The statistical scale used to assess the effect of treatment also showed significant improvement after treatment. More than half of the more than 30 patients, the number of cases 21 (70.00%) patients improved a tremendous improvement within 7 months.
- • Out of 30 cases, 21 cases [70.00%] were completely cured. 05 cases [16.66%] showed no improvement after homeopathic treatment. This indicates the efficacy of the application of overall science.

From the analysis of the above results obtained, it is clear that, along with the discovery of homeopathic drugs in the management of giardiasis, to detect Similimum based on the constitution.