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TO EVALUATE THE EFFICACY OF EUPATORIUM, RHUS TOX, BELLADONNA & BAPTASIA IN THE MANAGEMENT OF DENGUE FEVER

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ABSTRACT:

Dengue is the most common mosquito of humans, which has become a major international public health concern in recent years. Globally, 2.5 billion people live in areas where dengue viruses can be transmitted. The geographical proliferation of both mosquito vectors and virus has led the global revival of epidemic dengue fever and dengue hemorrhagic fever (dengue/DHF) in the last 25 years with the development of hyperactivity in several urban centers of epidemic.

DHF was first recognized during the 1950 Dengue epidemic in the Philippines and Thailand in the 1950s. By 1970 nine countries had experienced epidemic DHF and now, the number has increased more than four times and it continues. Today emerging DHF cases are increasing in the US and in Asia, where all four-dengue virus are spatial; DHF has become a major cause of hospitalization and death among children in many countries.

Sypched by the main vector, the Aedes agitpi mosquitoes, four separates, but closely related, viruses that cause dengue. Recovery from infection provides lifelong immunity against that serotype, but only provides only partial and transient protection against the subsequent infection by the other three. There is good evidence that sequential infection increases the risk of more serious illness resulting in DHF.

INTRODUCTION:

The homeopathic system of medicine can treat and prevent dengue fever (DF) and dengue hemorrhagic fever (DHF) by immuno-modulation of patients without any side and adverse effects. In the past, homeopathy has been successfully used in other countries other than India. The selection of homeopathic drugs in these cases depends on the individual reaction to the infection and viralies of the virus. Patients who are getting dengue fever and dengue hemorrhage are studied to make decisions about remedial and preventive homeopathic measures selection.

About 25 homeopathic medicines are available for the treatment of dengue fever. These are aconite., Arnica, Arsenic-Alb., Baptisia. Homeopath worldwide for your treatment and management. In 1996, the Euporium perforcetum was found to be the most effective during the dengue epidemic in Delhi. The current symptoms of the epidemic also show that the Uuporium perforcetum 200 can be taken twice daily for three days and later at a week at until the prevention of dengue fever from the epidemic remains for the prevention of dengue fever.

Some people require several sequential treatments to treat the "layers" of suppression and heritage trend. For each year a month that suffers you from a chronic problem is not too much time to dedicate this process because you progress through constitutional treatment.

Ideally all homeopathic prescriptions are so individual that the whole person is taken into consideration; Their types of body types, nature, desires and disintegration, physical, mental, emotional and even spiritual story and history are heard and analyzed before being selected the most similar measures. The time spent in constitutional interview and research can easily reach 3-5 hours of work for a professional homeopath and can be worth time and effort. The chosen remedy is usually given when the patient does not experience rapid provocative of symptoms.

Homeopathic philosophy claims that all symptoms are actually an attempt to protect the body and cure itself and these symptoms are the language of the body. Homeopathy relies on this physical reaction that as the most intelligent way of moving forward and one minute the amount of one-minute wants to cooperate with it that is shown to create the same symptoms in healthy people.

REVIEW OF LITERATURE:

Dengue fever is an acute and severe febrile disease, transmitted by mosquitoes. The main symptoms are prostration, chills, intense frontal headache, muscular and joint pains, nausea and vomiting, sore throat and rashes.

Death is rare in the common form, but some patients go on to developed Dengue Hemorrhagic Fever, where mortality can be high, especially in children. The acute symptoms can last about a week, but the disease can leave the patient with weakness, malaise and anorexia for several weeks.

Conventional medicine has no solutions for Dengue. The best it can do is to give advice about how to avoid it (which is sensible), and how to reduce epidemics from spreading once they begin.

They have no vaccines.

Anti-pyretics can be given to control temperature but they are largely ineffective. Advice about drugs is NOT to take them! A drug such as aspirin, and other NSAID painkillers, is that they increase the risk of the more dangerous 'hemorrhagic' form of Dengue. Otherwise, it is drink plenty of water, and get plenty of rest.

Newer drugs like IvIg and RHO-Gam have been used with limited efficacy.

Etymology

The term "break-bone fever" was first applied by physician Benjamin Rush, in a 1789 report of the 1780 epidemic in Philadelphia.

In the report he uses primarily the more formal term "bilious remitting fever".

The term dengue fever came into general use only after 1828.

Other historical terms include "breakheart fever" and "la dengue".

Terms for severe disease include "infectious thrombocytopenic purpura" and "Philippine", "Thai", or "Singapore hemorrhagic fever".

The origins of the word dengue are not clear, but one theory is that it is derived from the Swahili phrase "Ka-dinga pepo", meaning "cramp-like seizure caused by an evil spirit".

The Swahili word "dinga" may possibly have its origin in the Spanish word "dengue" meaning fastidious or careful, which would describe the gait of a person suffering the bone pain of dengue fever.

Alternatively, the use of the Spanish word may derive from the similar-sounding Swahili.

Slaves in the West Indies who contracted dengue were said to have the posture and gait of a dandy, and the disease was known as "Dandy Fever".

HISTORY-

The first record of a case of probable dengue fever is in a Chinese medical encyclopedia from the Jin Dynasty (265–420 AD) which referred to a "water poison" associated with flying insects.

The first recognized Dengue epidemics occurred almost simultaneously in Asia, Africa, and North America in the 1780s, shortly after the identification and naming of the disease in 1779.

The first confirmed case report dates from 1789 and is by Benjamin Rush, who coined the term breakbone because of the symptoms of myalgia and arthralgia.

It is possible that dengue was carried to the Mediterranean (from where it has
disappeared following the eradication of A. aegypti) from East Africa in the late 19th century, through the slave trade out of Zanzibar and via the Red Sea ports.

There is evidence to suggest that dengue originated from foci in tropical Asia and from there spread to Africa.

Originally serotypes dengue 1 and 2 were found in West Africa,

2 in East Africa, Seychelles and La Reunion,

3 in Mozambique and

4 in the Pacific. Rapid air travel is believed to have introduced dengue 1 from Africa to the Caribbean and dengue 4 from the Pacific to the Caribbean where outbreaks of both serotypes followed.

In 1906, transmission by the Aedes mosquitoes was confirmed, and in 1907 dengue was the second disease (after Yellow fever) that was shown to be caused by a virus. Further investigations by John Cleland and Joseph Siler completed the basic understanding of dengue transmission.

GLOBAL RESURGENCE

The reasons for this dramatic global emergence of dengue/DHF as a major public health problem are complex and not well understood. However, several important factors can be identified.

First, effective mosquito control is virtually nonexistent in most dengue-endemic countries. Considerable emphasis for the past 20 years has been placed on ultra-low-volume insecticide space sprays for adult mosquito control, a relatively ineffective approach for controlling Ae. aegypti.

Second, major global demographic changes have occurred, the most important of which have been uncontrolled urbanization and concurrent population growth. These demographic changes have resulted in substandard housing and inadequate water, sewer, and waste management systems, all of which increase Ae. aegypti population densities and facilitate transmission of Ae. aegypti-borne disease.

Third, increased travel by airplane provides the ideal mechanism for transporting dengue viruses between population centers of the tropics, resulting in a constant exchange of dengue viruses and other pathogens.

Lastly, in most countries the public health infrastructure has deteriorated. Limited financial and human resources and competing priorities have resulted in a "crisis mentality" with emphasis on implementing so-called emergency control methods in response to epidemics rather than on developing programs to prevent epidemic transmission. This approach has been particularly detrimental to dengue control because, in most countries, surveillance is (just as in the U.S.) very inadequate; the system to detect increased transmission normally relies on reports by local physicians who often do not consider dengue in their differential diagnoses. As a result, an epidemic has often reached or passed transmission before it is detected.

Virology

TAXONOMY

FAMILY-FLAVIVIRIDIAE

GENUS-FLAVIVIRUS

SPECIES-DENGUE VIRUS

TYPE-1,2,3,4

Dengue fever virus (DENV) is an RNA virus of the family Flaviviridae; genus Flavivirus.

Other members of the same family include yellow fever virus, West Nile virus, St. Louis encephalitis virus, Japanese encephalitis virus, tick-borne encephalitis virus, Kyasanur forest disease virus, and Omsk hemorrhagic fever virus. Most are transmitted by arthropods (mosquitoes or ticks), and are therefore also referred to as arboviruses (arthropod-borne viruses).

The dengue virus genome (genetic material) contains about 11,000 nucleotide bases, which code for the three different types of protein molecules (C, prM and E) that form the virus particle and seven other types of protein molecules (NS1, NS2a, NS2b, NS3, NS4a, NS4b, NS5) that are only found in infected host cells and are required for replication of the virus. There are four strains of the virus, which are called serotypes, and these are referred to as DENV-1, DENV-2, DENV-3 and DENV-4. All four serotypes can cause the full spectrum of disease. Infection with one serotype is believed to produce lifelong immunity to that serotype but only short term protection against the others.

The severe complications on secondary infection occurs particularly if someone previously exposed to serotype DENV-1 then contracts serotype DENV-2 or serotype DENV-3, or if someone previously exposed to type DENV-3 then acquires DENV-2.

Predisposition

Severe disease is more common in babies and young children, and in contrast to many other infections it is more common in children that are relatively well nourished. Women are more at risk than men. Dengue can be life-threatening in people with chronic diseases such as diabetes and asthma.

Polymorphisms (normal variations) in particular genes have been linked with an increased risk of severe dengue complications. Examples include the genes coding for the proteins known as TNFα, mannan-binding lectin, CTLA4, TGFβ, DC-SIGN, and particular forms of human leukocyte antigen.] A common genetic abnormality in Africans, known as glucose-6-phosphate dehydrogenase deficiency, appears to increase the risk. Polymorphisms in the genes for the vitamin D receptor and FcγR seem to offer protection against severe disease in secondary dengue infection.

Mechanism

When a mosquito carrying dengue virus bites a person, the virus enters the skin together with the mosquito's saliva. It binds to and enters white blood cells, and reproduces inside the cells while they move throughout the body. The white blood cells respond by producing a number of signaling proteins, such as interferon, which are responsible for many of the symptoms, such as the fever, the flu-like symptoms and the severe pains. In severe infection, the virus production inside the body is greatly increased, and many more organs (such as the liver and the bone marrow) can be affected, and fluid from the bloodstream leaks through the wall of small blood vessels into body cavities. As a result, less blood circulates in the blood vessels, and the blood pressure becomes so low that it cannot supply sufficient blood to vital organs. Dysfunction of the bone marrow leads to reduced numbers of platelets, which are necessary for blood clotting.

Viral reproduction

Once inside the skin, dengue virus binds to Langerhans cells (a population of dendritic cells in the skin that identifies pathogens). The virus enters the cells through binding between viral proteins and membrane proteins on the Langerhans cell, specifically the C-type lectins called DC-SIGN, mannose receptor and CLEC5A. DC-SIGN, a non-specific receptor for foreign material on dendritic cells, seems to be the main point of entry. The dendritic cell moves to the nearest lymph node. Meanwhile, the virus genome is replicated in membrane-bound vesicles on the cell's endoplasmic reticulum, where the cell's protein synthesis apparatus produces new viral proteins, and the viral RNA is copied. Immature virus particles are transported to the Golgi apparatus, the part of the cell where some of the proteins receive necessary sugar chains (glycoproteins). The now mature new viruses bud on the surface of the infected cell and are released by exocytosis. They are then able to enter other white blood cells, such as monocytes and macrophages.

The initial reaction of infected cells is to produce interferon, a cytokine that raises a number of defenses against viral infection through the innate immune system by augmenting the production of a large group of proteins mediated by the JAK-STAT pathway. Some serotypes of dengue virus appear to have mechanisms to slow down this process. Interferon also activates the adaptive immune system, which leads to the generation of antibodies against the virus as well as T cells that directly attack any cell infected with the virus. Various antibodies are generated; some bind closely to the viral proteins and target them for phagocytosis (ingestion by specialized cells and destruction), but some bind the virus less well and appear instead to deliver the virus into a part of the phagocytes where it is not destroyed but is able to replicate further.

Severe disease

It is not entirely clear why secondary infection with a different strain of dengue virus places people at risk of dengue hemorrhagic fever and dengue shock syndrome. The most widely accepted hypothesis is that of antibody-dependent enhancement (ADE). The exact mechanism behind ADE is unclear. It may be caused by poor binding of non-neutralizing antibodies and delivery into the wrong compartment of white blood cells that have ingested the virus for destruction. There is a suspicion that ADE is not the only mechanism underlying severe dengue-related complications, and various lines of research have implied a role for T cells and soluble factors such as cytokines and the complement system.

Diagnosis

The diagnosis of dengue is typically made clinically, on the basis of reported symptoms and physical examination; this applies especially in endemic areas. However, early disease can be difficult to differentiate from other viral infections.

A probable diagnosis is based on the findings of fever plus two of the following: nausea and vomiting, rash, generalized pains, low white blood cell count, positive tourniquet test, or any warning sign (see table) in someone who lives in an endemic area. Warning signs typically occur before the onset of severe dengue. The tourniquet test, which is particularly useful in settings where no laboratory investigations are readily available, involves the application of a blood pressure cuff for five minutes, followed by the counting of any petechial hemorrhages; a higher number makes a diagnosis of dengue more likely. It can be difficult to distinguish dengue fever and chikungunya, a similar viral infection that shares many symptoms and occurs in similar parts of the world to dengue.

Often, investigations are performed to exclude other conditions that cause similar symptoms, such as malaria, leptospirosis, typhoid fever, and meningococcal disease.

The earliest change detectable on laboratory investigations is a low white blood cell count, which may then be followed by low platelets and metabolic acidosis. In severe disease, plasma leakage results in hemoconcentration (as indicated by a rising hematocrit) and hypoalbuminemia. Pleural effusions or ascites can be detected by physical examination when large, but the demonstration of fluid on ultrasound may assist in the early identification of dengue shock syndrome. The use of ultrasound is limited by lack of availability in many settings.

ROLE OF HOMOEOPATHY IN PREVENTIVE MEDICINE

Homoeopathy- based on law of similars- is effective in treating all natural diseases. The Law of Similars in Medicine means that the diseases are treated and cured by drugs capable of producing in healthy persons symptoms similar to the disease to be treated. The very same principle adopted in the curative medicine is applied mutatis mutandis in preventive medicine too.

A drug capable of producing symptoms similar to an epidemic in vogue can be administered in dynamic doses to act as preventive, as expounded by Dr. Samuel Hahnemann, the founder of Homoeopathy, after extensive trials, which have been repeatedly verified by his disciples in the past two centuries.

So in the event of an outbreak of an epidemic, it becomes essential and onerous to find out a suitable similimum to combat it. This simillimum is known as Genus Epidemicus, which is both curative and preventive.

Scope & Limitations

• Homoeopathy has already proved its efficaciousness in containing and curing natural diseases. As epidemics are also natural phenomena, Homoeopathy can well manage such situations by containing and curing them.

The outbreaks of various diseases in Kerala like diarrhoea, jaundice, typhoid, chicken pox, measles, viral fever, and the very recent epidemics of Chikungunya, Japanese encephalitis, Dengue fever, Weil's disease, Conjunctivitis, and Mumps provided with a wide platform to demonstrate the efficacy of homoeopathic preventives. Based on prior information of past epidemics and on present infective patterns, genus epidemicus can be arrived at, and used to control infection & spread of disease even before the onset of an epidemic which is unique with homoeopathy. Immunity acquired through homoeopathic preventive medicine is of a makeshift nature for the particular epidemic.

This being so the preventive medicine can only be effective for the particular epidemic alone. So whether the immunity gained through homoeopathic preventives will sustain permanently or for a long period is a matter to be studied and ascertained. But it is definite that if the homoeopathic preventive medicine is taken according to the instructions before getting infected will certainly prevent that epidemic for the time being. A similar epidemic in the same locality at a later date, or another locality at the same time, may require different drugs as preventives. Hence each epidemic, at different times and in different places will require separate studies to arrive at the genus epidemicus.

Homoeopathic preventives will never become a substitute for or a negation of the existing immunization programmes such as vaccinations etc.

While using preventive homoeopathic medicines, intoxicants are not permitted. The homoeopathic preventives may not be effective if other medicines for the same purpose are used simultaneously.

Selecting the remedies to treat Dengue fever in a protocol:(Homeopathic Materia Medica relevant to DF):

Eupatorium Perfoliatum: Eupatorium Perfoliatum is useful in flu, hay fever, intermittent fever, chikunguiniya and dengue fever. It is indicated in various types of intermittent fever. Influenza with great soreness of muscles and great thirst; extreme aching in arms, wrists, and bones of extremities. Insatiable thirst before and during chill and fever.

Eupatorium Perf is a chief remedy for bone aches. There is bony pains of all types in this remedy. Bruised feeling as if broken all over the body. Pains affects back, head, chest, limbs, especially wrists which feel as if dislocated. Eupatorium Perf is also indicated in gout and rheumatism. It is especially useful in chronic cases of gout and rheumatism after malarial fever. Gouty affection with edema of lower limbs. There is aching pain in back, in bones of extremities, aching of wrists and arms with soreness of muscles. Inflamed nodes in joints. Headache associated with gouty pains.

Eupatorium Perf is also useful in flu, hay fever, intermittent fever, chikunguiniya and dengue fever. It is indicated in various types of intermittent fever. The time of paroxymus of fever is between 7 and 9 am. Postponing type of fever that is one day at 7 am and the next day at 9 am and then at 11 am and so on. Naussea and vomiting before fever. There is great thirst for several hours before fever. Severe chill during the attack of fever. Shivering runs down the back and spreads from back to the extremities. During chill the patient wants to cover up the whole body. Influenza with great soreness of muscles and great thirst; extreme aching

Eupatorium Perf also helps in gallbladder and liver problems like jaundice. Tongue is coated yellow. Taste is bitter and there is sometimes vomiting of bile; one can vomit a few liters at a time.

EUPATORIUM PERFOLATUM will probably be the major remedy of choice. It comes from the herb, Thoroughwort and is known as "Bone-Set." It was used in the 1800 and 1900's by homeopaths when Dengue became epidemic during those time periods.

• MENTAL/EMOTIONAL: Person feels as if they are losing their minds. Anxious feeling, along with moanig. Restless and cannot sit or lie still, although they wish they could (every movement hurts them).

• HEAD: Throbbing pain, as if a cap of metal were pressed over the entire skull,pushing downard. Vertigo with falling to the left. Top and rear of head painful. Headache may be peridical--every 3rd and 7th day. Upon lying down, the rear of the skull (occipital region) feels very heavy and there's a weighted feeling to it.

• EYES: soreness of the eyeballs. Worse: light of any kind. Even the lids feel sore.

• MOUTH: tongue has a thick yellow coat. Cracks or soreness at corners of mouth. Very thirsty for cold liquids. Bitter taste in mouth.

• STOMACH: Liver region sore to touch. Vomit may contain bile, green color. Vomiting preceeded by being very thisrty. Hiccups. Doesn't want any tight clothing around the waist or stomach region.

• STOOL: diarrhea, green, watery with cramps.

• RESPIRATORY: Sneezing. Hoarseness with cough, worse: morning, and a sore chest. Great soreness of muscles and bones of chest. Cough is relieved by getting down on hands and knees. Cough worse from 2am to 4am. Worse breathing in. Unable to lie on left side. Worse lying on back. Cough with heat attended by soreness in throat and bronchial region. Face will be flushed with tears in eyes from coughing so much.

• FEVER: Sweating relieves all symptoms except the headache. Chills between 9pm and 9pm, preceeded by a great thirst for liquids. Soreness and aching of the bones attend the fever.

• EXTREMITIES: Ache in lumbar region of back. Chills will start in low back and move upward. Arms and wrists ache. Knees and calves painful and stiff. Muscles stiff, generally and person is unable to move or bend very much. Back may have a trembling sensation to it during the fever portion. Arms and legs feel as if they have been badly bruised and severely beaten.

Rhus Tox 30

Rhus Tox is a chief remedy for backache (lumbago), rheumatism, muscular pains etc. Rhus tox is useful in backache caused due to too much summer bathing in river or lake, lying on damp ground or straining. Pain between the shoulders and small of the back. There is pain with stiffness and pain on swallowing. Backache is worse by sitting and lying and is better by motion, lying on hard surface. Rhus Tox is also useful in injuries to back, joints and ankles. Rhus tox is also indicated in rheumatism caused due to working in damp places and handling clay. Rheumatism or arthritis of any joint especially on the right side of the body. Pain is as if sprained, as if muscle or tendon were torn out from its attachment. Pain as if the bones were scrapped with a knife and the effected parts are sore to touch. There is great restlessness, anxiety and apprehension due to pain. Patient cannot stay in bed at one place. Always wants to be moved. Pain is worse in wet rainy season, on first movement and getting up in the morning. Pain is better by walking or continued motion. Rhus Tox is also useful in sciatica, sprains, trains.

Rhus Tox also has marked action on urticaria, allergies and dermatitis. There are vesicular eruptions on the body. Vesicles are yellow, appear from left to right side, with much swelling, inflammation and burning. Eruptions are itching, burning and stinging. Even the skin of external genitals inflammed and oedematous. Urticaria is worse at night, cold wet rainy weather and is better by warm application. Rhus Tox is also useful in fever blisters appearing around mouth and chin.

Rhus tox also helps in headache and fevers. During headache and fevers there is extreme restlessness with desire for continuous change of position. Headache is caused due to beer or too much summer bathing. Frontal headache with feeling as if brain is torn. Headache worse by sitting or lying in cold. Rhus tox also helps in fevers and especially dengue fever. There is triangular red tip of tongue, dry and cracked, sore with imprint of teeth. There is low muttering type of delirium. Patient talks about rowing, swimming and daily occupation.

RHUS TOXICODENDRON

• MIND/EMOTIONS: Feeling of extreme restlessness, will change position constantly. Senses become muddled. Apprehensive about nightfall and will refuse to stay in bed. A feeling of great helpslessness coupled with deep sadness. Mental perceptions are dulled. With high fever there can be delerium and delusions.

• HEAD: Feels heavy and scalp is super sensitive. Pain in the rear of the skull (occiput) and painful upon touch. Pain in forehead and headache moves up and over head to the rear of it. Worse with motion, better: morning, heat (cloth) and lying down. A sensation as if someone were pushing down on your forehead and driving head into the pillow.

• MOUTH: Gums sore. Tongue has a red triangle at the tip of it/ Fever blisters around mouth. Pain in jaws. Bitter taste.

• STOMACH: Unquenchable thirst. Desire for cold milk. Mouth and throat feel very dry. Feeling of stone in stomach.

• EXTREMITIES: Hot, swollen, painful joints that are better with motion. If sitting or lying down, stiffness sets in along with pain. Neck very stiff, but feels better with warm cloth applied to area. Better: heat of shower or bath. Tearing pains in joints. Worse: cold air, cold cloth on affected parts. Limbs become so stiff person may feel partly paralyzed until they can begin to move and "loosen" up.

• FEVER: Chilled but later, feels hot and wants to stretch limbs. Skin is cold and clammy feeling to it. Shivering or shaking in open air along with a great thirst for liquids. Pulse weak and very soft; cannot be felt sometimes. Odd sensation of chill and cold on the back, but a feeling of heat on chest and torso. Fever in evening, first shivering, then heat and thirst, with sweating, and then followed by diarrhea. Fever strikes every 3rd or 4th day.

Belladonna

Belladonna acts upon every part of the nervous system, producing active congestion, furious excitement, perverted special senses, twitching, convulsions and pain. It has a marked action on the vascular system, skin and glands. Belladonna always is associated with hot, red skin, flushed face, glaring eyes, throbbing carotids, excited mental state, hyperæsthesia of all senses, delirium, restless sleep, convulsive movements, dryness of mouth and throat with aversion to water, neuralgic pains that come and go suddenly (Oxytropis). Heat, redness, throbbing and burning. Great children's remedy. Epileptic spasms followed by nausea and vomiting. Scarlet fever and also prophylactic. Here use the thirtieth potency. Exophthalmic goitre. Corresponds to the symptoms of "air-sickness" in aviators. Give as preventive. No thirst, anxiety or fear. Belladonna stands for violence of attack and suddenness of onset. Bell for the extreme of thyroid toxæmia.

Violent headache with dizziness; shivering, with moderate heat, or the contrary. Heat with redness of the face and pulsation of the arteries.

Fever.--A high feverish state with comparative absence of toxæmia. Burning, pungent, steaming, heat. Feet icy cold. Superficial blood-vessels, distended. Perspiration dry only on head. No thirst with fever.

Sleep.--Restless, crying out, gritting of teeth. Kept awake by pulsation of blood-vessels. Screams out in sleep. Sleeplessness, with drowsiness. Starting when closing the eyes or during sleep. Sleeps with hands under head (Ars; Plat).

Extremities.--Shooting pains along limbs. Joints swollen, red, shining, with red streaks radiating. Tottering gait. Shifting rheumatic pains. Phlegmasia alba dolens. Jerking limbs. Spasms. Involuntary limping. Cold extremities.

Back.--Stiff neck. Swelling of glands of neck. Pain in nape, as if it would break. Pressure on dorsal region most painful. Lumbago, with pain in hips and thighs.

Skin.--Dry and hot; swollen, sensitive; burns scarlet, smooth. Eruption like scarlatina, suddenly spreading. Erythema; pustules on face. Glands swollen, tender, red. Boils. Acne rosacea. Suppurative wounds. Alternate redness and paleness of the skin. Indurations after inflammations. Erysipelas.

Modalities.--Worse, touch, jar, noise, draught, after noon, lying down. Better, semi-erect.

Belladona (Rubrics and sub rubrics in Kent’s repertory):

chill; evening; ;

chill; beginning in particular area; arms; ;

chill; chilliness (see also whole body; temperature);
chill; after eating; ;
chill; shaking, shivering, rigors; with heat; of head;
chill; warmth; external warmth;
A high feverish state with comparative absence of toxaemia
Burning, pungent, steaming, heat
Feet icy cold
Superficial blood-vessels, distended
Perspiration dry only on head
No thirst with fever.
fever;
fever; afternoon; ;
fever; evening; ;
fever; night; ;
fever; night; dry burning heat;
fever; night; with perspiration;
fever; alternating with chills;
fever; localised; cerebro-spinal fever; ;
fever; burning heat;
fever; burning heat; afternoon; ;
fever; burning heat; evening; ;
fever; burning heat; night; ;
fever; burning heat; alternating with chill; with chilliness;
fever; burning heat; furious, with delirium;
fever; burning heat; body turning hot internally and externally;
fever; fever without chill;
fever; fever without chill; afternoon; ;
fever; fever without chill; evening; ;
fever; fever without chill; night; ;
fever; with chill;
fever; continued fever; night; temperature running very high;
fever; continued fever; with skin out-break;
fever; dry heat;
fever; dry heat; night; ;
fever; dry heat; night; with delirium;
fever; fever with skin out-break; scarlet fever;
fever; external heat;
fever; inflammatory fever;
fever; intense heat;
fever; intense heat; with convulsions;
fever; intense heat; with delirium;
fever; internal heat;
fever; no perspiration;
fever; remittent;
fever; remittent; afternoon; ;
fever; remittent; evening; ;
fever; remittent; infantile; ;
fever; stages of chill, heat and sweat; chill followed by heat, with sweat;
fever; stages of chill, heat and sweat; chill then sweat then heat;
fever; aversion to uncovering;
perspiration; covered parts; ;
perspiration; profuse;
perspiration; during sleep; ;
perspiration; staining the linen;
perspiration; sudden; and disappearing suddenly; ;
perspiration; from suppressed complaints; ;
Dry and HOT; swollen, sensitive; burns scarlet, smooth
Eruption like scarlatina, suddenly spreading
Baptisia Tinctoria:

The symptoms of this drug are of an asthenic type, simulating low fevers, septic conditions of the blood, malarial poisoning and extreme prostration. Indescribable sick feeling. Great muscular soreness and putrid phenomena always are present. All the secretions are offensive-breath, stool, urine, sweat, etc. Epidemic influenza. Chronic intestinal toxæmias of children with fetid stools and eructations.

Baptisia in low dilutions produces a form of anti-bodies to the bac typhosus, viz, the agglutinins (Mellon). Thus it raises the natural bodily resistance to the invasion of the bacillary intoxication, which produces the typhoid syndrome. Typhoid carriers. After inoculation with anti-typhoid serum. Intermittent pulse, especially in the aged.

Fever.--Chill, with rheumatic pains and soreness all over body. Heat all over, with occasional chills. Chill about 11 am. Adynamic fevers. Typhus fever. Shipboard fever.

Back and Extremities.--Neck tired. Stiffness and pain, aching and drawing in arms and legs. Pain in sacrum, around hips and legs. Sore and bruised. Decubitus.

Sleep.--Sleepless and restless. Nightmare and frightful dreams. Cannot get herself together, feels scattered about bed. Falls asleep while answering a question.

Skin.--Livid spots all over body and limbs. Burning and heat in skin (Arsenic). Putrid ulcers with stupor, low delirium and prostration.

Modalities.--Worse; Humid heat; fog; indoors.

Head.--Confused, swimming feeling. Vertigo; pressure at root of nose. Skin of forehead feels tight; seems drawn to back of head. Feels too large, heavy, numb. Soreness of eyeballs. Brain feels sore. Stupor; falls asleep while spoken to. Early deafness in typhoid conditions. Eyelids heavy.

Baptisia is a minor remedy with a limited but important scope of application. It is almost exclusively used for conditions with extreme fevers that are accompanied by fatigue and confusion. Patients are exhausted and confused often dropping off into a semi-comatose stupor in mid-sentence. Confused nightmares are accompanied by a sense of a "disassembled" body, causing the person to thrash in sleep to get back together. High fevers and sudden chills, a darkly flushed face and tongue. Muscular aches and a feeling of being bruised. A sense that the bed is too hard and uncomfortable. If diarrhea is present, it foul smells, the rectum is irritated and sore but passing of stools is not painful.

Conclusion

After a careful case taking, one can know whether the patient is suffering from dengue fever. The history and the way in which it is presented should be assessed. Proper case taking and careful evaluation of symptoms is must before consulting the repertory. After proper repertorisation of case with appropriate repertory we get a group of similar drugs and good knowledge of materia medica helps is selecting the simillimum.

The aim basically was to promote basic knowledge on which homoeopathic drug is capable of preventing diseases

Every possible source was referred to review the available materia for prevention of the diseases.

30 different patients of Dengue fever were considered to examine their response to Homeopathic Treatment in view of therapeutics and prevention of complications by 4 drugs.

1. The prevalence of complaints is more in males 18 (40%) than in females 12 (40%)
2. Prevalence of complaints is found more frequently in the age group of 21-30 years and 31-40 years.
3. Remedies selected on symptom similarity works well in prevention of the diseases in 26 cases (87%).
4. Among the cases seen 22 were marred (72.6%) and 08 were unmarried (26.4%).
5. By occupation the prevalence of complaints is more females who were Housewives 9(29.7%)
6. High i.e 200 potency seen to effective in majority of 25 cases (82.5%), then 30th potency was found to be useful in 4 cases (13.2%) and 1M potency was used and found effective in 1 case (3.3%).
7. The statistical scale used for the assessment of the effect of the treatment also showed significant improvement after treatment. Out of 30 patients more than half the number of cases that is 25 (82.5%) patients cured, 04 (13.2%) patients lost follow up and 1(3.3%) had partial cure.
8. Out of 30 cases Eupatorium was prescribed in 9 (29.7%), Belladonna in 10(33.3%), Baptisia4(13.2%) and rhustox 7(23.1%).
9. Platelet count was observed to be as follows:

Least platelet count on presentation was 68,000/mm3 and least platelet count on last follow up 63,000/mm3.

I am of the opinion that Homoeopathic medicines Rhus tox, Belladonna, Eupatorium and Baptisia are better when prescribed on the basis of individualization plays important role in Dengue fever.

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