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Homoeopathic treatment of pyrexia with the help of Bogar characteristics repertory: A case report

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Abstract

Fever or pyrexia is a process where normal body temperature is raised over homeostasis conditions. A 46 year old female patient reported with complaints of high grade fever, with chill after heat & nausea vomiting during fever. A complete case history was taken, Repertorization with the help of BCR and on the basis of individualization, Nux Vomica was given. The aim of this article is to show effectiveness of homeopathic medicine and management of such kind of condition.

Keywords: Fever, pyrexia, homoeopathy, Nux vomica, Boger characteristics repertory

Introduction

Body temperature is controlled by the hypothalamus. A normal body temperature is ordinarily maintained, despite environmental variations, because the hypothalamic thermoregulatory center balances the excess heat production derived from metabolic activity in muscle and the liver with heat dissipation from the skin and lungs^[1].

According to studies of healthy individuals 18 to 40 years of age, the mean oral temperature is $36.8^{\circ}\text{C} \pm 0.4^{\circ}\text{C}$ ($98.2^{\circ}\text{F} \pm 0.7^{\circ}\text{F}$), with low levels at 6 a.m. and higher levels at 4 to 6 p.m. the maximum normal oral temperature is 37.2°C (98.9°F) at 6 a.m. and 37.7°C (99.9°F) at 4 p.m.; these values define the 99th percentile for healthy individuals. In light of these studies, a m. temperature of $>37.2^{\circ}\text{C}$ ($>98.9^{\circ}\text{F}$) or a p.m. temperature of $>37.7^{\circ}\text{C}$ ($>99.9^{\circ}\text{F}$) would define a fever^[1].

Fever is an elevation of body temperature that exceeds the normal daily variation and occurs in conjunction with an increase in the hypothalamic set point—for example, from 37°C to 39°C . This shift of the set point from “normothermic” to febrile levels very much resembles the resetting of the home thermostat to a higher level in order to raise the ambient temperature in a room. Once the hypothalamic set point is raised, neurons in the vasomotor center are activated and vasoconstriction commences^[1].

The individual first notices vasoconstriction in the hands and feet. Shunting of blood away from the periphery to the internal organs essentially decreases heat loss from the skin, and the person feels cold. For most fevers, body temperature increases by 1°C to 2°C . Shivering, which increases heat production from the muscles, may begin at this time; however, shivering is not required if heat conservation mechanisms raise blood temperature sufficiently. Heat production from the liver also increases. In humans, behavior (e.g., putting on more clothing or bedding) helps raise body temperature^[1].

Causes

- Infection e.g. Pneumonia, Chickenpox.
- Dehydration.
- Some medications.
- Over exposure of skin to sun light^[2].

Severity

- Low grade: from 100.5°F - 102°F
- Moderate: from 102°F - 104°F
- High: from 104°F - 106°F
- A fever can be:-
- Acute: less than 7 days
- Sub-acute: up to 14 days
- Chronic: more than 14 days^[2].

Symptoms

- Shivering
- Dehydration
- Depression
- Lethargy
- Sleepiness/sleeplessness
- Sweating
- Loss of appetite
- Irritability
- General Body ache
- Delirium ^[2].

Prevention

- Most fevers are caused by infection (Viral & Bacterial).
- Avoiding sources of infection and maintaining good hygiene practices are the best way to prevent a fever.
 - Proper hygiene: wash hands frequently and cleanliness.
 - Avoid contact with sick people ^[2, 3].

Case study

Table 1: Personal details

Date:	11/04/2019
Name:	Mrs. XXX
Age/sex:	46 years /Female
Marital status:	Married
Husband's name:	Mr. ZZZ
Occupation/education:	House wife / 10 TH Pass
Economic status:	Middle Class
Address/contact:	Village Sitapura, Tonk road, Jaipur
Diagnosis:	C/o Fever
Miasmatic diagnosis:	Psora / Sycosis

Present complaints

- Fever beginning with chill after that heat started sweating last 2 days.
- Sensation of heat and burning felt inside and heat externally during fever last 2 days.
- Feels partially heat in head during fever.
- Nausea and sometime vomiting during fever.
- Intermittent type of fever with periodicity is well marked.
- Fever < morning, evening.> By rest.

Concomitants

- Pain in chest during fever.
- Constipation, stool hard, unsatisfactory.
- Headache, pain all over head during fever.
- Aversion to food and drink, bitter taste in mouth during fever.
- Cough with yellowish expectoration during fever.
- Perspiration partially upon back during fever.
- Excessive weakness and bodyache, wants to lie down.

History of presenting illness

Onset & Duration: Sudden onset last 2 days

Location: General, 2 days

Sensation & complaints: Chill, heat and sweat
Feverish feeling
Bodyache

Weakness

Modalities: < Morning, Evening., >By rest.

Concomitants: Pain in chest during fever.
Constipation, stool hard, unsatisfactory.

Patient as a person

Appetite: Half to one chapati per meal, 2 meals per day.

Thirst: Thirst lessness, half glass at long intervals, one litre / day.

Desire: Sweet+, desire for stimulants.

Aversion: Oily food, Aversion to food++ during fever

Stool: Stool hard & constipated, unsatisfactory, once in a day.

Urine: flow normal & scanty, pale yellow, 3-4 times in a day, 1-2 times at night.

Perspiration: Partially upon back, non-offensive.

Bathing HabitS: Regular

Thermal Reaction: Chilly

Vaccination: Done

Sleep & Position During Sleep: Sleepiness, sleep 8 to 9 hours at night and 1 to 2 hours in a day. Sleep upon back.

Dreams: N/S Habits: N/S Addiction: N/S

Menstruation: Irregular, 1 to 2 days / 24 to 35 days, scanty, clotted.

Obstetric History: G3P3A0L3, (male-2, female-1)

Sexual history: Satisfied

MIND: Irritability

Anger upon trifles.

Light and music unbearable

Past history & history of previous treatment with its effects

- Typhoid 1 month ago, Recurrent in 3 to 6 months treated by allopathic medicines.

Family history:

Father: 70 years/alive Diabetes Mellitus type 2 Since 15 years.

Mother: 67 years/ alive No any history of illness found.

Physical Examination

General:

Temp: 102°F **Pulse:** 120bpm **B.P.:** 144/100mm/Hg

R/R: 20/min **Pallor:** Absent **Icterus:** Absent

Cyanosis: Absent **Oedema:** Absent **Clubbing:** Absent

Lymphadenopathy: Not palpable **Skin:** Wheatish complexion

Tongue: Clean and moist

Systemic

Central nervous system: N.A.D.

Cardio-Vascular System: N.A.D.

Respiratory system: N.A.D.

G.I.T. System: N.A.D.

Laboratory Investigation

Advice

1. C.B.C.
2. E.S.R.
3. WIDAL TEST

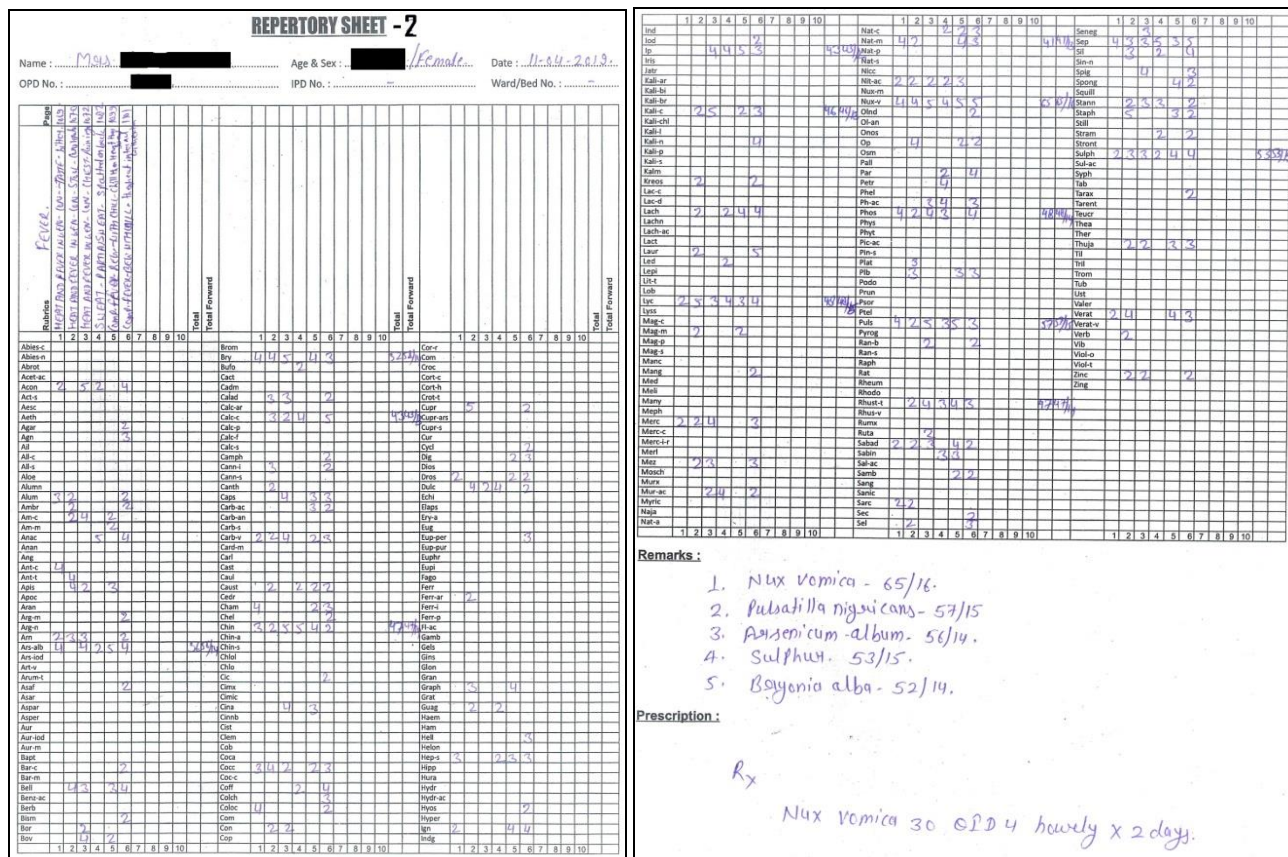


Fig 1: Repertory Sheet

Repertorial Analysis

Following medicines come on repertorization:

1. Nux Vomica - 65/16
2. Pulsatilla Nigricans - 57/15
3. Arsenicum Album - 56/14
4. Sulphur - 53/15
5. Bryonia Alba- 52/14

Prescription

Rx Nux Vomica 30 Q.I.D. 4 Hourly x 2days

Justification of Selection of Remedy (Potential differential field): As patient was chilly, soPulsatilla Nigricans, Sulphur, Bryonia Alba were ruled out.Nux vomica has desire for stimulants, Light and music unbearable& covered maximum rubric & obtain highest mark. So the best chosen indicated remedy was Nux Vomica.

Justification of Selection of Potency: 30 Potency selected according to patient’s susceptibility.

Justification of Selection of Repetition of the Doses: Dosage was given according to the severity of the case and complaints.

Diet & Regimen

Fruits (Any Seasonal), Green Vegetables, Coconut Water, Daliya and khichdi.

Auxiliary Measures


Taken plenty of water.
Proper rest.
Avoid exertion, Both Mental & Physical.

Table 4: Follow-Up Sheet

Date	Symptoms	Prescription
11-04-2019	C/o Intermittent type of fever, Nausea and sometime vomiting during fever last 2 days, Constipation, stool hard, Headache, Aversion to food, bitter taste in mouth during fever, Cough with yellowish expectoration during fever, Excessive weakness and body ache. Temp.:102°F Pulse:120bpm B.P.:144/100mm/Hg R/R:20/min	Rx Nux Vomica 30 Q.I.D [5]. 4Hourly x 2days
13-04-2019	Slight improvement in fever, nausea better, constipation, mild headache present, bitter taste in mouth, weakness present. Temp.:99.4°F Pulse:98bpm B.P.:126/94mm/Hg R/R:18/min	Rx Nux Vomica 30 Q.I.D [5]. 4Hourly x 2days
15-04-2019	Improvement in fever, constipation present, mild headache, weakness and relieved in bodyache Temp.:98.8°F Pulse:90bpm B.P.:126/90mm/Hg R/R:18/min	Rx Nux Vomica 30 Q.I.D [5]. 4 Hourly x 1days Rubrum 30 Q.I.D. [5] 4 Hourly x 4 days
20-04-	Improvement in fever, Significant relief in all his complaints. patients feels better.	Rx

2019	Temp.:98.6°F Pulse:82bpm B.P.:124/86mm/Hg R/R:16/min	Rubrum 30 Q.I.D ^[5] . 4Hourly x 5 days
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Reports



**Swasthya Kalyan Homoeopathic Medical College
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10-A, Sitapura Institutional Area, Sitapura, Tonk Road, JAIPUR
Tel.: 0141-2771778
Central Clinical Laboratory

Name:- MRS. [REDACTED] OPD/IPD No:- [REDACTED]
Ref. By:- Dr. RAKESH KUMAR MEENA Age/Sex :- [REDACTED] / FEMALE
Date:- 11-04-2019 Lab No. :- [REDACTED]


CBC	PATHOLOGY & MICROBIOLOGY		
Total:	Haematocrit	E.S. R. 40 mm1hr	
WBC: 13,500 /Cu. mm.	(P.C.V.): 35.9 %		
Differential :	Haemoglobin: 11.0 gm/dl	Platelets: 2.75 /Cu. mm.	
Neutrophils: 72 %	Total R.B.C. 3.85 millioun/Cu. mm.	Reticulocytes %	
Lymphocytes: 20 %	Bleeding Time Min. Sec.	Foetal Haemoglobin %	
Eosinophils: 02 %	(Duke)		
Monocytes: 06 %	Clotting time Min. Sec.	ABO & Rh. Grouping	
Basophils: 00 %	(Capillary Method)		
T.E.C. /Cu.mm.	CRT	(Normal Range 48-64%)	
V.E.C. /Cu.mm.	Prothrombin Time	Control Value sec.)	
MCHC g/dl	MCV fL	MCH pg	

M. P.
P. B. F.

WIDAL TEST					
DIL	1:20	1:40	1:80	1:160	1:320
To	+	+	+	-	-
TH	+	+	-	-	-
AH	-	-	-	-	-
BH	-	-	-	-	-

[Signature]
PATHOLOGIST

Note: - Reports are not valid for Medico legal cases.



**Swasthya Kalyan Homoeopathic Medical College
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10-A, Sitapura Institutional Area, Sitapura, Tonk Road, JAIPUR
Tel.: 0141-2771778
Central Clinical Laboratory

Name:- [REDACTED] OPD/IPD No:- [REDACTED]
Ref. By:- Dr. RAKESH KUMAR MEENA Age/Sex :- [REDACTED] / FEMALE
Date:- 20-04-2019 Lab No. :- [REDACTED]

CBC	PATHOLOGY & MICROBIOLOGY		
Total:	Haematocrit	E.S. R. 16 mm1hr	
WBC: 9,900 /Cu. mm.	(P.C.V.): 36.0 %		
Differential :	Haemoglobin: 11.2 gm/dl	Platelets: 2.65 /Cu. mm.	
Neutrophils: 62 %	Total R.B.C. 3.89 millioun/Cu. mm.	Reticulocytes %	
Lymphocytes: 31 %	Bleeding Time Min. Sec.	Foetal Haemoglobin %	
Eosinophils: 02 %	(Duke)		
Monocytes: 05 %	Clotting time Min. Sec.	ABO & Rh. Grouping	
Basophils: 00 %	(Capillary Method)		
T.E.C. /Cu.mm.	CRT	(Normal Range 48-64%)	
V.E.C. /Cu.mm.	Prothrombin Time	Control Value sec.)	
MCHC g/dl	MCV fL	MCH pg	

M. P.
P. B. F.

WIDAL TEST					
DIL	1:20	1:40	1:80	1:160	1:320
To	+	-	-	-	-
TH	+	-	-	-	-
AH	-	-	-	-	-
BH	-	-	-	-	-

[Signature]
PATHOLOGIST

Note: - Reports are not valid for Medico legal cases.

Comment: Dr. BOGAR has given unique contribution of fever totality in his repertory. The arrangement of the chapter on fever is self – explanatory. Each staged of the fever is followed by time, aggravation, amelioration and concomitant. Thus they help to repertorize any simple as well as complicated cases of fever^[6].

Conclusion

This case shows the effective role of homoeopathy in treatment of fever and acute emergencies and this case also shows the beauty of repertorization in fever totality. A Boger characteristic repertory always proves himself is the best in pathological conditions. Fever may be of chronic nature, we should proper investigation done for that. This case also show the importance of repertorization in cases of fever & the theory of individualization is very important for the effective homoeopathic treatment.

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