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Homoeopathic management of acute febrile conditions using plussing method

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Abstract

Background: The practice in vogue in administering homoeopathic medicine in acute febrile conditions is to give one or the same potency in repeated doses. Hahnemann has pointed out that it will cause medical aggravation. Many of the acute febrile cases were treated by giving plussing potency, when repetition of higher potencies shows less effectiveness. Need of plussing potency is important where the obstacles to cure are increasing day by day. The aim of the study is to comparatively analyze the effect of plussing dose repetitions to achieve early cure than repetitions without plussing potencies.

Methodology: It is prospective, interventional comparison study between two group using randomly selected 30 cases (of age group between 5- 60 yrs) attending the OPD and IPD of Sarada Krishna Homoeopathic Medical College, Kulasekharam, Tamilnadu having acute febrile illness. The selected 30 cases were divided into two groups, as group 1 and group 2 with 15 patients (cases) each. Group 1 medicines were repeated in plussing method and in group 2 medicines were repeated without plussing. Diagnostic criteria is mainly based on the clinical presentation and improvement was assessed based on the symptomatic relief.

Discussion: This study shows that, when medicines given in plussing method gave better result than the medicine repeated with the same potency. There is no much repetition of potency in plussing method, because every time the medicine is repeated the potency is slightly increased than the former one. When the medicine is given without plussing it has to be repeated more often without the desired outcome. The time taken for the positive response in patients in Group 1 was very rapid and gentle when compared to patients in Group 2.

Keywords: Acute febrile conditions, attenuation, plussing potency, prospective

Introduction

Plussing method was developed by Hahnemann. According to Dr N Hari Hara Iyer MD (Hom) it was Dr. Elizebeth Wright who coined the term 'plussing'; and she has mentioned about it in her book 'A brief study course of Homoeopathy'; Chapter 'Prescribing- Potency selection' [7]. Hahnemann has included this type of potency selection in his works namely "The chronic disease" and "Organon of medicine" [6]. According to him (§ 247, 6th edition), cure does not take place when we repeat the same unchanged dose of remedy. But if the succeeding dose is changed slightly every time, potentised somewhat higher (§269-270), then the vital principle may be altered without difficulty by the same medicine and thus the cure would be soon achieved [1].

As homoeopathy is individualized, so is plussing method

- Dilution makes the remedy solution gentler
- Succusing (pounding the bottle with medicinal solution against your other palm- Hahnemann used his Bible!) makes the remedy solution stronger (increases potency) and more aggressive.
- Vital force of the body, through which remedies work, likes it much better if the doses are given in slightly different potencies.
- Since remedy strength is much more adjusted to the patient, there are minimal aggravations (contrary to the dry dose).
- Since the remedy is taken every day you have very little chance for antidoting.
- Since the potency is changed everytime you take it- you donot prove the remedy. Plussing is like making centesimal potencies a budget -friendly LMs. Plussing is a good method in case of children, sensitive people and in some disorders [3].

When in a serious acute case the amelioration is too short and the patient is in a desperate condition, we may give the same remedy, if still indicated in lower or medium potency in repeated doses either dry or in water, or by the plussing method [4].

Some patients appear to be too sensitive to high potencies, and would suffer an aggravation of symptoms if given a potency that is too high for them, or if the medicine is repeated too soon or too often. Others would relapse sooner than expected, even when the medicine was correct. Some patients reported a relapse after exposure to coffee, dental work, recreational drugs etc. [2]. Here single dose medicine is out of question, so plussing potency is important where daily dose become necessary and it could prove effective.

The acute febrile conditions are more prevalent and cause complications, if untreated. While treating such condition with the similimum the underlying disease also get cured. Treating these conditions with the plussing potency can give the patient a rapid cure without any unwanted aggravation. Previously there was no such controlled study of giving medicines in plussing method in acute febrile conditions. The following acute cases of febrile conditions were taken with the intention of conducting an evidence based study having ease of measurement and cases available. The present study is aimed at investigating whether there is result in either of the methods, plussing method and application of same potency and how often it is repeated in order to achieve the cure/relief.

Plussing potency is different from LM potency by the mode of preparation. In plussing method the procedure is dissolving, diluting and stirring which is absolutely intended to reduce the material quantity of drug present in centesimal scale. Whereas in the case of LM potency, one drop of mother tincture is moistened in 500 globules [6, 9].

Following two studies strongly support the use of plussing method: Dr. Luc De Shepper in his book 'Hahnemann Revisited' has prescribed plussed potency to sensitive patients, in order to reduce the possibility of aggravation. He have also mentioned the protocol of preparation of plussed doses from LM potencies [9]. Similarly Dr. Dale Moss, a homoeopath in Massachusetts has treated a cat suffering from liver cancer using chelidonium and latter doses were continued in plussing regimen [10].

Aim and Objectives

- To compare the effectiveness of two approaches, plussing method and application of same potency in patients having acute febrile illness.
- To assess the time taken for both the methods to attain the cure.

Methodology

Selection of sample

- Sample size: 30 cases
- Sampling technique: Simple random sampling

Methods Used

Detailed case-taking was done with the help of hospital case record. Each case was analyzed, evaluated and prescribed according to the principles of homoeopathy. Prescription is based on the totality of symptoms. Randomly selected 30 cases (of age group between 5-60 years) having acute febrile illness is taken. They are divided into 2 groups. In group 1, medicines were repeated in plussing method and in group 2 medicines were repeated without plussing. The temperature of the patients were observed 12 hourly till the temperature reached normal.

Preparation of potency using Plussing method (Dr. Elizabeth Wright) [7]

"Plussing" means dissolving your doses in 1/3rd glass of water, taking two spoonful, throwing away most of the rest adding water up to the original quantity, stirring and successing and again taking two teaspoonfuls as the second dose and so on.

After administering the 1st remedy, the medicine is further repeated in plussing method till the patient feels better.

Sources of Data

A sample of 30 cases taken from patients with acute febrile conditions visiting in the OPD, IPD of college hospital for homoeopathic treatment will be randomly assigned for study.

Method of collection of data

Data will be obtained from the patients, attendant, physician's observation and physical examination. Data like Temperature and accompanying symptoms such as head ache, body pain, malaise, chilliness, appetite, thirst, stool, sweat and bitterness of tongue were collected from individual patients in both the groups before and after treatment.

Inclusion criteria

- Patients of age group between 5- 60yrs
- Both sexes
- Diagnostic criteria is mainly based on the clinical presentation. Acute febrile condition is a non specific term for any illness of sudden onset accompanied by fever.
- Improvement criteria are based on the symptomatic relief

Exclusion criteria

- Patients of age group below 5yrs and above 60yrs
- Patients suffering with severe pathological symptom like severe lung infection (TB, Pneumonia)
- Patients with other systemic illness like SLE, influenza.
- Patients those who are presenting after treatment from other system of medicine for acute febrile condition since the study is done only under 6 month period.

Assessment of effectiveness

After following up the cases, assessment of the effectiveness of the treatment was done based on the following criteria:

Clinical assessment was based on improvement of generals of the patients (appetite, thirst, sleep, stool, urine and sweat), constitutional symptoms (head ache, body pain, malaise, chilliness, irritability and bitterness of tongue) which are individual based and may vary irrespective of temperature and drop in temperature.

Analysis

Data is analyzed by using descriptive statistics and the results which are presented by using frequency table, percentage, diagram and graphs. In this study the generals of the patients have been compared before and after the treatment by giving medicines without plussing and in plussing potency, using scores which was ascertained and subjected to statistical analysis. P < 0.05 is considered as statistically significant.

Observation and Result

The subjects of study were selected from those patients with acute febrile conditions attending outpatient department of Sarada Krishna Homoeopathic Medical College Hospital, as

per the inclusion criteria. A total of 30 cases were selected, coming under the age group of 5-60 years, including both sexes (Figure1). These cases were diagnosed on the basis of clinical presentation.

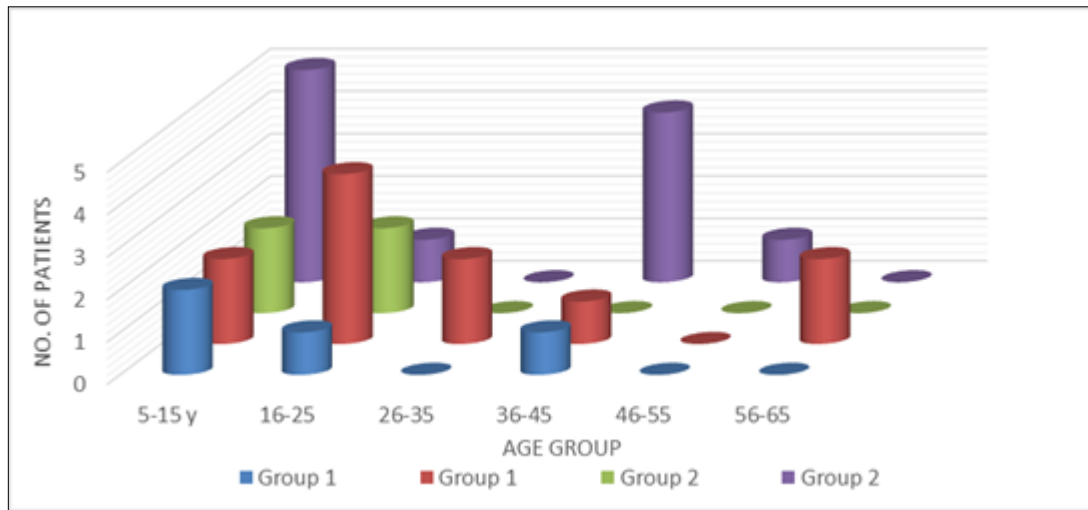


Fig 1: Classifying the study subjects based on age and sex among groups

The 30 cases taken were divided into two groups, as group 1 and group 2 with 15 patients (cases) each. Medicines were repeated in plussing method and without plussing in the former and latter respectively.

Table 1: Temperature distribution among groups before treatment

Temperature before treatment	98.6-99.6 F	99.8-100.6 F	100.8-101.6 F	101.8-102.6 F	102.8-103.6 F
Group 1	1	6	4	1	3
Group 2	6	1	4	4	0

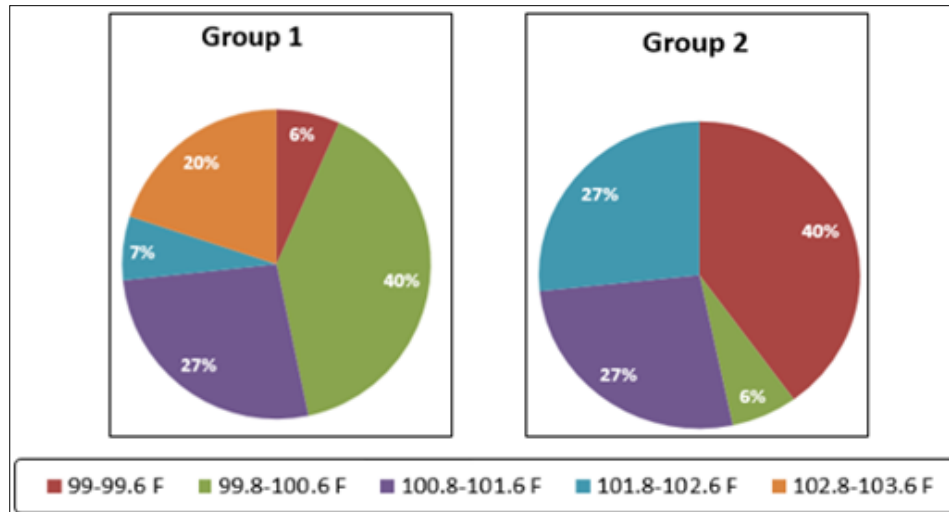


Fig. 2: Distribution of Temperature among patients in both groups before treatment

On analyzing the highest degree of temperature recorded during the admission, it was found that, in group 1 a maximum of 6 patients (40%) were having temperature in the range of 99.8F to 100.6 F and among all patients included for study ,the highest temperature observed was 103F. While in group 2, a maximum of 6 patients (40%) were having temperature in the range of 99 F to 99.6F and the highest temperature observed was 102.4 F. (Table1,

Figure2). Assessment of symptoms associated with fever, like headache, body pain, malaise, chillness, irritability, appetite, thirst, stool, sweat, bitterness of tongue was done before and after the treatment. Observations were made every 12 hourly till the temperature dropped to normal. (Table 2, Figure 3, 4).

Table 2: Distribution of symptoms among the patients in both the groups before and after the treatment

Symptoms	Number of Patients			
	Group 1		Group 2	
	Before	After	Before	After
Head ache	6	2	7	2
Body pain	5	1	7	1
Malaise	7	1	3	0
Chilliness	10	2	12	1
Irritability	2	0	2	1
Appetite	9	2	12	1
Thirst	11	4	11	5
Stool	3	2	3	1
Sweat	0	0	2	0
Bitterness of tongue	1	0	1	0

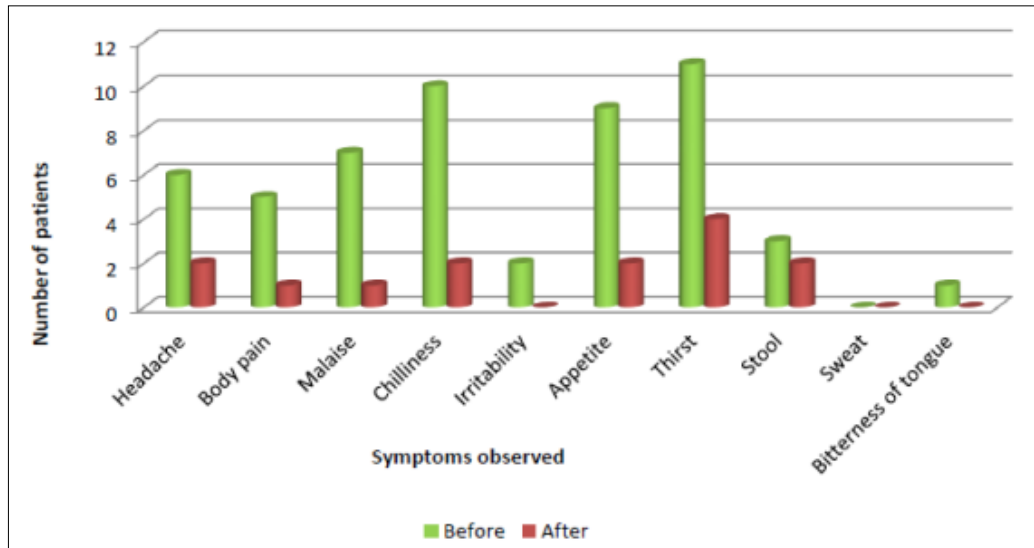


Fig. 3: Distribution of symptoms among patients in Group2 before and after the treatment

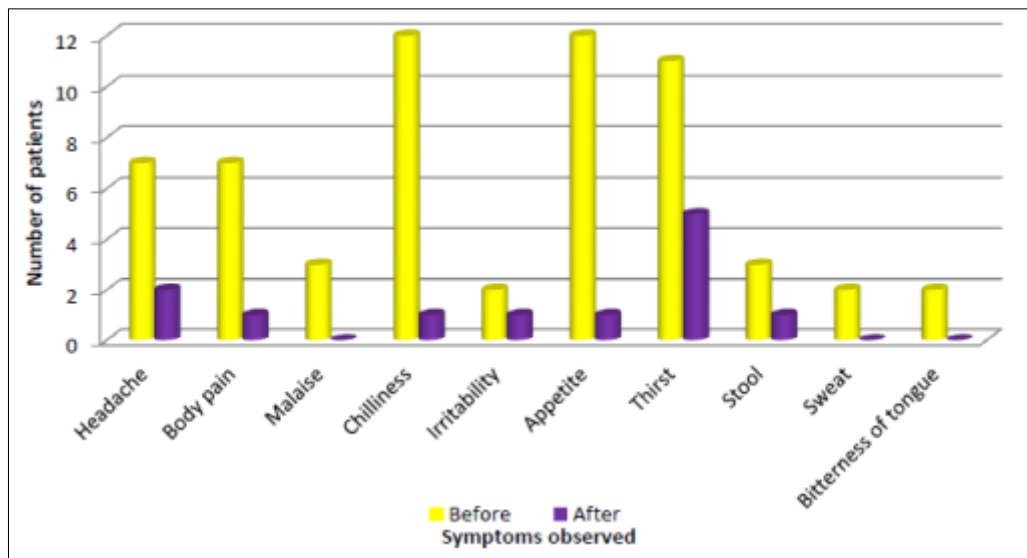


Fig. 4: Distribution of symptoms among patients in Group1 before and after the treatment

Out of the total remedies administered in both the groups, *Bryonia alba* was prescribed to maximum number of patients, 5 (33.33%) in group 1 and *Pulsatilla nigricans* was

the high incidence remedy prescribed to 4 patients (26.66%) in group 2. (Figure 5)

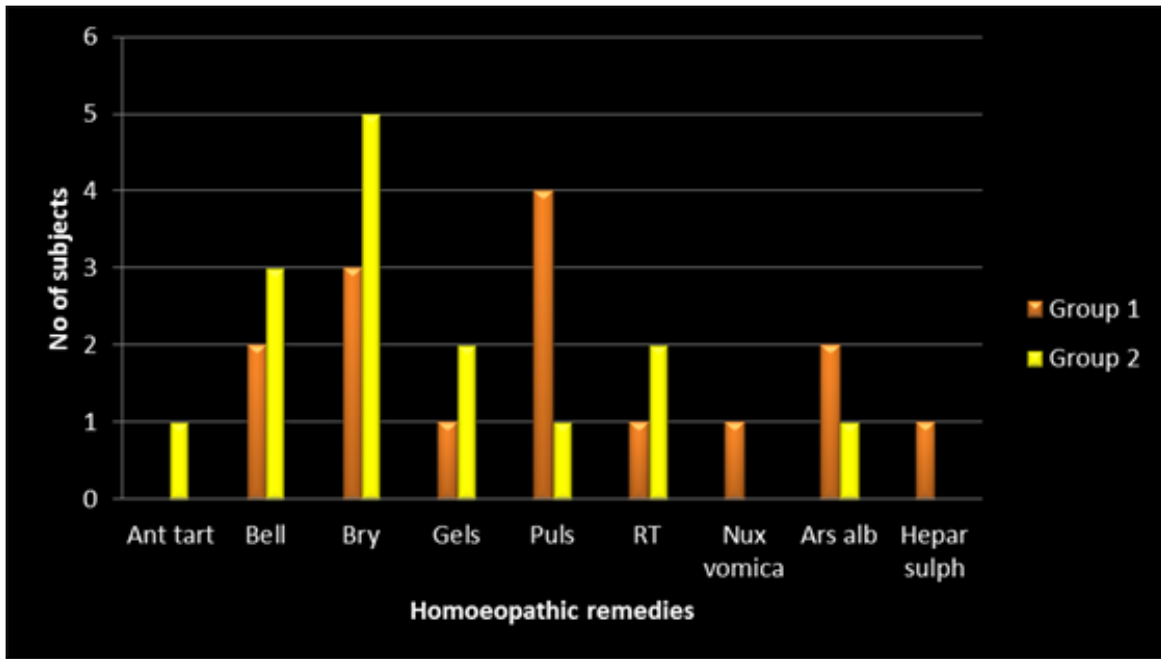


Fig. 5: Homoeopathic remedies prescribed to the patients for both the groups

The first temperature was noted at the time of visit. Then the temperature is recorded at every 12 hour. In group 1 patients, there is gradual decrease in temperature and the patients restored to the normal temperature by 84th hour. The temperature touches the normal line at 84th hour.

(Figure 6). In group 2 patients there is similar decrease in temperature, but after reaching normal, temperature rose slightly from normal at 96th hour and 108th hour of treatment and reached normal at 120th hour. (Figure 6).

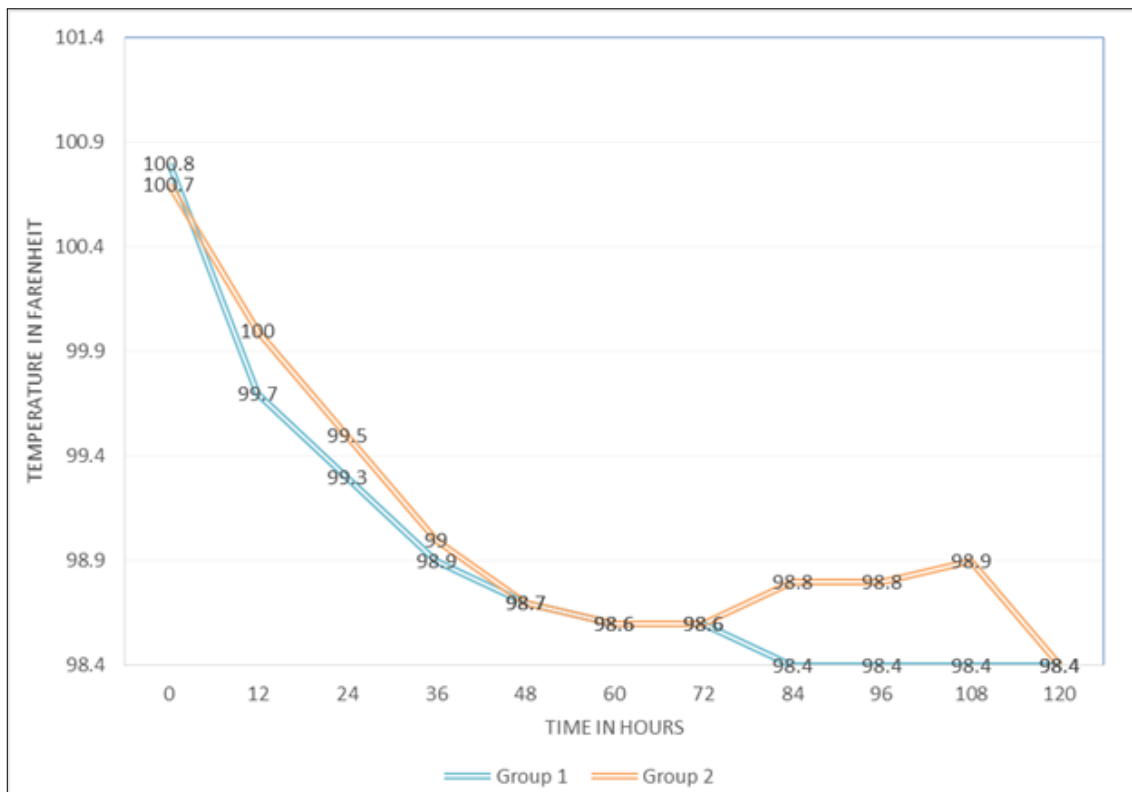


Fig. 6: Decrease in temperature after homoeopathic management

Statistical analysis

Among two groups, the t-stat value of the group 1 (with plussing) was found to be 9.72 than t-stat value of group 2 (without plussing) which was 7.55; this indicates that medicines repeated in plussing method is better than the non plussing method. The t test was conducted between the

initial and final scores (72th hr) which was the sum of the accompanied symptoms like head ache, body pain, malaise, chilliness, appetite, thirst, stool, sweat and bitterness of tongue of individual patients, which is furnished in the table below:

Table: Comparison of Scores

Score			
Group 1		Group 2	
Before	After	Before	After
5	0	13	3
11	3	17	1
2	1	6	4
8	0	5	0
4	0	7	0
2	0	7	1
9	0	7	2
6	0	4	0
6	1	6	0
9	2	9	0
8	3	11	1
8	3	6	1
7	0	4	0
5	0	5	0
9	1	10	4

Table: Statistical Analysis for groups: Scores compared

Paired t-Test for scores of group 1 cases		
	T stat	P value
Paired t-Test for scores of group 1 cases	9.722	0.0001*
Paired t-Test for scores of group 2 cases	7.559	0.0001*
t-Test for scores between group1 and 2 cases	0.407	0.686

Parathesis: *Indicates statistical significance

The test statistic T equals 9.722 for group 1, 7.559 for group 2 which is found significant at 95% level. Whereas 0.407 lies in the region of rejection, there fore it is found not significant. The p-value is found smaller than α -value (0.05) the more it supports our study hypothesis to be accepted.

Discussion

Fever is a symptom, not a disease^[10]. It is the body's normal response to infections when body's immune system turns on. Incidence of fever is common in younger age group; non-toxic, illness associated with increased temperature is often called as fever without a source (FWS) or fever without localizing signs (FWLS). One third of the pediatric outpatient visits are for treating fever^[11, 12]. Majority of children with fever have either self-limited viral infection, or a recognizable source of bacterial infection. In a cohort study conducted in children having febrile illness, bacterial infection was diagnosed in 56% of the cases, viral infection in 4% of the cases and rest was diagnosed as fever without a source^[13].

In children, frequency of fever increases with diseases like UTI, tonsillitis and with other conditions like teething, immunization etc. incidence of fever is significantly influenced by demographic factors such as sex, age, race and climatic parameters. Fever in adolescence could be possibly due to increased muscular exertion, unhygienic practices, mental strain, inflammation and injury^[14]. Fever in geriatric patients is associated with the serious viral and bacterial infection due to increased susceptibility in their age^[15]. But febrile condition are quiet manageable and treatable in this group unlike pediatric age group. Older adults has the risk of nosocomial infection during IP admission; delayed diagnosis and treatment could be fatal. Vital signs associated with fever will help to assess the general physical health of a person and show progress toward recovery. The vital signs taken for the study are headache, body pain, malaise, chilliness, appetite, thirst,

stool, sweat and bitterness of tongue were collected from individual patients. Symptoms associated with fever are body aches or pains, chills, dry mouth, poor bowel movement, bitter tasting mouth and fatigue^[16]; which gets relieved after cure.

Normal body temperature, for most people is 98.6 F (Fahrenheit) (37 Celsius). Low-grade fevers range from about 100 F-101 F; 102 F is intermediate grade for adults, but high grade in children especially infants. High-grade fevers range from about 103 F-104 F. Dangerous temperatures are high-grade fevers that range from over 104 F-107 F or higher (extremely high fevers are also termed hyperpyrexia). Febrile seizures (or fits) sometimes happen in children who have a high temperature, but are a rare occurrence^[17]. If timely treatment is not given for the febrile patients, their condition may aggravate. Plussing method was found to be effective in treating such cases.

The impact of repetition of drug administration is said in "The Chronic diseases their peculiar nature and their homoeopathic cure" by Dr.Samuel Hahnemann. It is quoted that "but in taking one and the same medicine repeatedly (which is *indispensable* to secure the cure of a serious, chronic disease), if the dose is in every case varied and modified only a little in its degree of dynamization then the vital force of the patient will calmly and as it were willingly receive the same medicine even at brief intervals vary many times in succession with the best results, every time increasing the well-being of the patient." Thus he supported the practice of increasing the potency of successive doses in bringing rapid cure. The present study has been an attempt to prove the significance of using plussing potency in acute case like fever, where diagnosis is simple and versatile. The temperature subsided in both the group who were under plussing method and non-plussing method, but in non-plussing method, fever re-occurred after 72 hrs, proving the method not as effective as plussing method. Statistical analysis (t test) also showed that Plussing method is significant in bringing cure, when compared to non plussing method.

Management of acute febrile conditions

Adequate fluid intake such as oral rehydration solution (ORS), water, fruit juice, coconut water and other fluids containing electrolytes and sugar. Patients who are intolerable to oral fluids need intravenous fluid therapy; patients are advised to take bed rest and normal regular diet. In case of high fever, continuous cold sponging is advised, till temperature lowers (CCRH)^[18]. The patients having high temperature should be admitted and kept under observation. The patient is kept out of drafts and the room temperature is adjusted. If high temperature is not controlled then the patient should be referred to advanced medical center.

Conclusion

This study shows that, when medicines given in plussing method gave better result than the medicine repeated with the same potency. There is not much repetition of potency in plussing method, because every time the medicine is repeated the potency is slightly increased than the former one. When the medicine is given without plussing it has to be repeated more often without the desired outcome. The time taken for the positive response in group 1 patients was very rapid and gentle than group 2.

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