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## An observational study on role of homoeopathy in malaria

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### Abstract

Odisha, a state in eastern India, has the highest reported malaria burden in the country, contributing 45% of total cases, albeit with only 4% of the Indian land mass and 3% of its population starting from 2010. ASHAs were progressively involved in malaria control activities in Odisha. We are doing the observational scientific evidence based study for the proving role of Homoeopathy in Malaria. Many homoeopaths treat the malaria but their accomplishments are not documented. So there are no evidence based observational record of success and effect of homoeopathy. This article contains data and statistical readings about the clinical study which shows that the Homoeopathic Treatment is very effective in controlling the endemic diseases, like malaria, that too within short duration of time. We have done a clinical study in Orissa, Berhampur, in our clinic. Patients were included in the study with their consent and cases complicated with other diseases other than malaria are excluded. Result of the study came much higher than our expectation and more than 70% patients were completely restored to healthy state without any need for emergency treatment intervention. Primarily result of our study was encouraging. Study shows homoeopathy worked well in endemics of malaria and perfectly produces cure. Endemic disease treatment methodology of homoeopathy is effective and hence proved its efficacy. Our study shows homoeopathy, not only cures the chronic diseases, but it is also effective in endemic and sporadic diseases. With the help of few common homoeopathic medicines which cures the case without harmful side effects. Our study shows the individualization in homoeopathy worked more effectively but when the endemic disease (acute miasm) has infected the people, producing the similar symptoms to that of an acute miasmatic disease, so cure is achieved by the selection of the common Similimum medicine.

**Keywords:** Malaria, endemics, homoeopathy, fever, intermittent fever

### 1. Introduction

Malaria is a mosquito-borne disease caused in humans by six protozoan parasites, *Plasmodium falciparum*, *Plasmodium vivax*, *Plasmodium knowlesi*, *Plasmodium malariae*, *Plasmodium ovalecurtisi* and *Plasmodium ovalewallikeri*. The two latter species were only recently differentiated. *P. ovalecurtisi* and *P. ovalewallikeri* are thought to have diverged from each other 1–2 million years ago, probably owing to the independent introductions of proto-ovale parasites from primitive primates into the early hominid lineage. The two species are found together across their range in Africa and Asia, sometimes confecting a single individual, providing compelling evidence that true biological separation, and not geographic isolation (allopatry), has prevented genetic recombination between *P. ovalecurtisi* and *P. ovalewallikeri*. However, till date, no differences in morphology, life cycle, epidemiology or clinical presentation in symptomatic patients have been reported [1, 2, 3, 4].

In 2018, there were an estimated 228 million cases of malaria worldwide. The estimated number of malaria deaths stood at 405 000 in 2018. Children aged under 5 years are the most vulnerable group affected by malaria; in 2018, they accounted for 67% (272 000) of all malaria deaths worldwide. The WHO African Region carries a disproportionately high share of the global malaria burden. In 2018, the region was home to 93% of malaria cases and 94% of malaria deaths [5].

Total funding for malaria control and elimination reached an estimated US\$ 2.7 billion in 2018. Contributions from governments of endemic countries amounted to US\$ 900 million, representing 30% of total funding.

Odisha is highly endemic for malaria and bears almost a quarter of the country's disease burden. There were close to 444850 cases of malaria in 2016 in the State and around 55360 till October 2018 [6]. Hence, Malaria is more common in Odisha due to geographical structure. Randomly selected patients treated with the endemic principal of Organon of medicine.

We collect the symptoms from the many persons affected by the malaria than analyse the symptoms of the malaria found in the endemic area these group of symptoms are helpful in the selecting the drug. These drugs are used in maximum cases.

As of the above stated description we have used various Materia Medica and Repertory for Prescribing of Medicines to conduct this research. [7-10].

**1.1. Aim and Objectives**

To ascertain the evidence based scientific effects of homoeopathy in the acute endemic disease. We want to establish the Idea to treat the acute and endemics by the homoeopathic medicine. Establish that homoeopathy is not slow acting rather it is effective in endemic and acute conditions if our method of selection of drug is authentic as per the Organon of Medicine.

**1.2. Design of the Study**

The study was done at my own clinic at Berhampur with the help of my assistants and our support staff at the clinic. The study is prospective and observational, as per the laboratory diagnosis and the severity and the chronicity of the case, and symptoms of the fever was the parameter for our assessment of treatment.

**2. Methods**

Primary care patients were evaluated over 2 years using Common symptoms of one endemic area, laboratory diagnoses, medical history, consultations, and all treatments (include all known and unknown method of treatment). All cases prescribed single medicine with the different potencies as per homoeopathic law for endemic disease and. Selection of Drugs not dependent on the therapeutic background.

Collection of data and samples from the own clinic and maintains a database of cases of malaria. Blood slide investigation of the patients is done in my recommended standardized laboratory. Patients’ are carefully treated by the endemic principal of homoeopathy. Outcome Assessment Criteria Patients were followed up at least for 15 days on homoeopathic treatment [11].

Complete resolution of psora: No evidence of fever and associated symptoms continue treatment more than 15 days

- 1 Improved: The cases in which fever reduced by more Than 10 days in comparison to first day of examination with the continue treatment more than 25 days
- 2 Status Quo: The cases in which malaria remained as such or decreased not more than 10% or slight improvement but prognosis bed with the continue treatment more than 10 days.
- 3 Not Improved: The cases in which fever increased and no medicinal effects are seen with the continue treatment more than 10 days
- 4 No Conclusive: The cases in which patient left the treatment before 10 days of treatment.

**3. Result and Data Analysis**

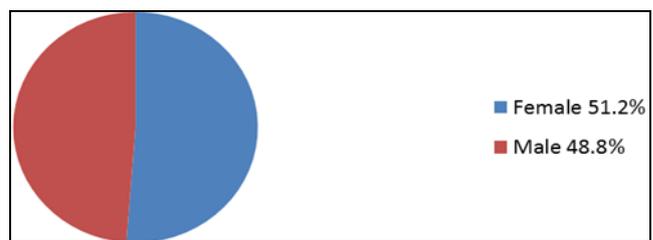
We included 415 patients in the present analysis, Almost all diagnoses made at baseline of chronic diseases that are usually had been under – mostly conventional – treatment before (and had lasted for 2.8–28.1 years) During the period of two years, 415 patients were screened, out of which 15 were excluded due to complications. Finally 400 patients

were enrolled, out of which 9 did not turn up after baseline investigations, 31 were lost to follow-ups and 14 patients opted for traditional treatment and left homoeopathic treatment.

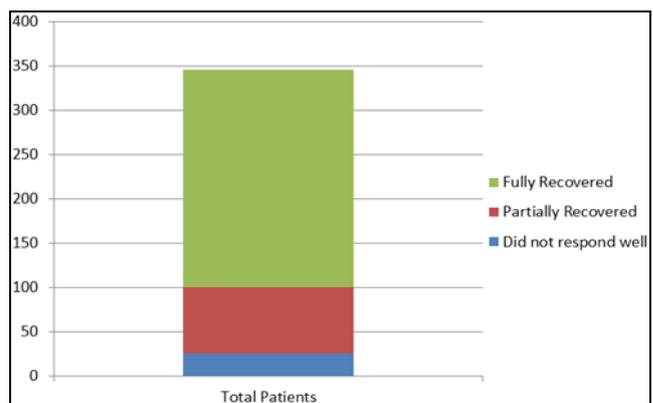
A total of 346 patients completed the study as per protocol during the period. The results, therefore includes analysis of 346 patients.

**Table 1: Demographics and baseline status**

Total Patients	346
Female	51.2% (177)
Age (years)	49.6 ± 12.2
Male	48.8% (169)
Patient expected: homoeopathy	... (% , N)
– Will Help	68.2% (236)
– Will Maybe Helpful	31.4% (108)
– Will Not Help	0.4% (02)
<b>Treatment Result</b>	
Total number	346
- Fully Recovered	71.2% (246)
- Partially recovered	21.6% (75)
- Did not respond well	7.2% (25)



**Fig 1: Sex Ratio**



**Fig 2: Graphical Representation of Homoeopathic Treatment Results**

Fever improved faster than the means of all diagnoses and complaints after at least 7-8 days some improvement was seen in all patients but the strongest improvement of symptoms and sign was seen in the first 2 days; it continued during the full observation period.

After 10-12 Days, the malaria as well as the other associating symptoms was considerably relieved, while large reductions in use of conventional medicines and health care services were observed.

The useful homoeopathic medicines in this study were *China Officinalis* is the most common medicine fir the malaria second most important medicine is *Eupatorium Perpuratum.*, *Arnica Montana*, *Arsenicum Album*, *Chininum Sulphuricum* and *NuxVomica* which are almost similar to the endemics medicines used in the studies.

#### 4. Discussion

From the group of malarial patients, we collected the symptoms and analyzed the few common medicines for one locality. Our idea is to evaluate the importance of homoeopathy in endemic disease. We took the all age group and both sexes with laboratory diagnosed cases.

Only the law of endemic disease as per the Organon of medicine is used in this observation and evaluate the case on the basis of common symptoms of one endemic area and select few common medicines, selected for in one endemic area and observe the result and data. The outcome assessment of treatment was assessed by evaluating the size of psoric lesion and the symptoms through pre and post treatment, physical examination and skin biopsy<sup>[12]</sup>.

There were few similar studies done in this field like, Study of Homoeopathic Treatment of Malaria in Ghana, by Veronique *et al.* published by British Homoeopathic Journal, in issue of April 1996, Vol. 85, which supports our study findings and shows 83.3% improvement with homoeopathic treatment and only 72% improvement with Chloroquine<sup>[13]</sup>.

Another article, i.e., Homoeopathic Prevention and Management of Epidemic Diseases, by Jenifer Jacobs, published in the Journal of The Faculty of Homeopathy, vol. 107 no. 3/2018, which gives importance of homoeopathic treatment in epidemic and endemic diseases, and states that, the gold standard in homoeopathic practice is individualization. But this is a time taking process, so combination of medicine can also be effective provided the prescription must be based on symptoms of a given epidemic in a specific location. Treatment with genus epidemicus can also be successful if based on data from many practitioners<sup>[14]</sup>.

#### 5. Conclusion

Continuous 2 years observation shows positive result and support the previous idea of treatment of malaria as endemic disease. We studied 346 cases and in three localities around the clinic area out of which 246 cases were fully recovered, i.e., all their symptoms (like headache, diarrhoea, muscle pain, vomiting, weakness, dullness, etc.) were resolved completely including fever, 75 cases do not respond well to the homoeopathic treatment given to them and only subsided fever, but other associated symptoms were not completely resolved and 25 cases do not shows any improvement to the Homoeopathic treatment and hence were referred to the emergency mode of treatment. After completing this clinical study, we can conclude that homoeopathic treatment is more suitable than any other method of treatment because there were almost nil unwanted reactions/effects were noted, neither any after effects were seen in homoeopathic treatment.

Our study is also proving that, the homoeopathic law of endemic is effective and accurate in treatment, but one difficulty is there that repetition of doses and potencies is always dependent upon the density of population in any endemic area. So careful observation of that area is necessary otherwise the improvement ratio will not be achieved as expected.

Our Study is also verifying the use of potencies and mother tincture. Potencies provides the quicker and authentic results but mother tinctures are reducing fever more rapidly than the potencies, but removal of complete symptoms is late or produces the weakness and anorexia. So, after conducting

the study we suggest to use the mother tinctures only for controlling the high grade fever followed by dilutions.

Our Observation also suggests that the severity of fever gets increased when homoeopathic medicines are given during pyrexia, but when the temperature subsides; the next episode of fever seems to have less severity as compared to the previous episode.

#### 6. Acknowledgements

I thank all my assisting physicians and my clinic staffs for their relentless and untiring dedications throughout day and night for making this study possible. I also take this opportunity to thank my mentors who have been always there with their wisdom to guide us. My family members deserve special thanks that have always been of great help & support throughout the duration of study. I may fail in duty if I do not thank my patients for believing and enrolling in our study and remained with us till end of the treatment.

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