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Review on dengue with homoeopathic management

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Abstract

Dengue being a worldwide Health hazard having its impact on human from all parts of world is existing with its killer outbreaks are increasing day by day in India. It is actually a vector- borne disease which is transmitted by the bite of an infected mosquito usually occurs in tropical and subtropical areas of the world., Dengue fever, commonly known as break bone fever is a flu-like illness caused by the Dengue virus. There are four serotypes of the virus responsible for dengue infection which are known as DEN-1, DEN-2, DEN-3, and DEN-4. It is caused when an Aedes mosquito carrying the virus bites a healthy person. According to WHO, an estimated 500,000 people require hospitalization each year. It is assumed that the multiple factors like rapid urbanization, population growth, global warming etc. are responsible for such outbreaks. The mortality rate in dengue fever is near about 1 % to 5 % if left untreated and less than 1 % with proper treatment and management. In Dengue Hemorrhagic Fever, mortality rate is too high, near about 26 %.Up till now No vaccine is available for dengue, and there is no effective treatment. Several parts of India are in the grip of dengue outbreak with its spread in new areas. So many conventional and symptomatic treatment protocols are available as per WHO to tackle this problem but still Dengue is going to be a big health crisis for this world. In view of this, so many homoeopathic physicians, institutes and scientific organizations are working with homoeopathic mode of treatment to find an answer for dengue. Some clinical trials and studies provided an efficacy data for dengue fever treatment with Homoeopathy wherein it can be concluded that Homoeopathic remedies have beneficial effect in the treatment of Dengue fever. Homoeopathic medicines like Eupatorium, Arsenicum album, ferrum phosphorium etc. play an important role in treatment of dengue fever and it is an excellent alternative for dengue.

Keywords: Dengue fever, haemorrhagic, homoeopathy, eupatorium, arsenicum album, ferrum phosphorium.

1. Introduction

Dengue is a vector-borne disease which is transmitted by the bite of an infected mosquito usually occurs in tropical and subtropical areas of the world. Dengue fever, commonly known as break bone fever is a flu-like illness caused by the Dengue virus. It is caused when an Aedes mosquito carrying the virus bites a healthy person. According to WHO, an estimated 500,000 people require hospitalization each year. Most cases occur in tropical areas of the world, with the population in the Indian subcontinent, Southeast Asia, Mexico, Africa, parts of Central and South America most susceptible to the disease. As per the data released by the Directorate of the National Vector Borne Disease Control Programme (NVBDCP), there have been 67,000 cases of Dengue fever as of 13th October 2019 in India.

There are four serotypes of the virus responsible for dengue infection which are known as DEN-1, DEN-2, DEN-3, and DEN-4. The first known case of dengue fever was seen in Batavia in 1779, and the Benjamin Rush, a prominent American Revolutionary War physician and signer of the Declaration of Independence gave the first detailed description of the disease when it caused an epidemic in Philadelphia in 1780. Dengue most often manifests itself with the sudden onset of the fever five to eight days after a bite from one of several species of Aedes mosquito, including *A. aegypti*, *A. albopictus*, and *A. Scutellaria*. After two to four days of headache, fever, and muscle aches, the disease eases for 12 to 48 hours before returning with a skin rash, chills, swollen and reddened eyes, and the severe joint pains due to which it is also named as "break bone fever," an eponym that remains in use. Dengue fever is usually benign and self-limited, but a small number of cases will progress to the haemorrhagic form, in which bleeding from multiple organs and mucosal surfaces occurs and for which the mortality is about 5 percent. No vaccine is available for dengue, and there is no effective treatment. Several parts of India are in the grip of dengue outbreak with its spread in new areas including local outbreak in Europe and southern parts of United States.

At the same time, Dengue epidemics have increased in extension and virulence, possibly indicating viral mutation and evolution. Outbreak of dengue fever is reported every year from various parts of country. Murhekar and colleagues provide a true novel contribution to the existing knowledge on the dengue burden in a subcontinent as vast as India. The study was well done with a state-of-the-art research design, including modelling the force of infection. Although the dengue burden in India at this stage is lower than that of most other Southeast Asian countries, their data show that dengue does pose a substantial public health risk. Such evidence should act as an impetus for India to invest more in addressing the dengue burden. A recent study has compiled all dengue outbreaks in India, showing that most dengue outbreaks occurred in Punjab, Haryana, Rajasthan, Gujarat and Kerala states during the monsoon or post-monsoon period (September to November). The expansion of dengue in India has been related to unplanned urbanization, changes in environmental factors, host-pathogen interactions and population immunological factors. Inadequate vector control measures have also created favourable conditions for dengue virus transmission and its mosquito vectors. Both *Aedes aegypti* and *Aedes albopictus* are the main competent vectors for dengue virus in India. For the effective control of disease outbreaks, rapid and precise diagnosis of dengue is of paramount importance. In India, dengue is diagnosed primarily on the basis of clinical manifestations (such as high fever, headache, retro-orbital pain, myalgia, arthralgia, rash and haemorrhagic manifestations) and laboratory diagnosis. Dengue cases are confirmed in the laboratory by the MAC ELISA method on the basis of the detection of IgM antibodies. These results reflect that the dengue epidemic is not a country specific health problem, but a global burden, with most parts of world trying to find ways to fight it, especially so when the dengue vaccine is not existing yet. The standard management of uncomplicated cases of dengue fever primarily includes controlling fever, ensuring adequate hydration and monitoring blood values for platelets, haematocrit and total leucocyte count. However, clear cut antiviral therapy for dengue is largely wanting. It is not only an opportunity for the homoeopathic community but also its obligatory calling to rise to the occasion and offer all that it can in prevention, management, and treatment during the dengue epidemic.

Homoeopathic literature mentions several medicines for treatment of dengue. *Eupatorium perfoliatum* is one of the most frequently indicated medicines in dengue fever. Even the cases that Council collected through its online data recording software during the last year epidemic, pointed towards *Eupatorium perfoliatum*. Further, the clinical presentation of this year's dengue fever recorded by the teams deputed by the Council at various hospitals of Delhi is also suggestive of *Eupatorium perfoliatum* as a key drug. Moreover, most studies (discussed below) carried out on dengue have used *Eupatorium perfoliatum* as the only or one of the drugs. Based on these observations and facts, Council recently announced *Eupatorium perfoliatum* 30 as the preventive drug for the ongoing outbreak. Studies carried out for evaluating the role of homoeopathic treatment of dengue fever have been encouraging, with evidence reported from different parts of world. In Brazil, dengue incidence decreased by 81.5%, with a single dose of the homeopathic remedy *Eupatorium perfoliatum* 30C which was a highly significant decrease as compared with

neighbourhoods that did not receive homoeopathic prophylaxis in May 2001. Thereafter, again in early 2007, near about 156,000 doses of homoeopathic remedy were freely distributed in April and May 2007 to asymptomatic patients, according to the notion of "epidemic genus." The remedy used was a homoeopathic complex against dengue containing Phosphorus 30cH, *Crotallus horridus* 30cH and *Eupatorium perfoliatum* 30cH. The incidence of the disease in the first 3 months of 2008 fell by 93% in comparison to the corresponding period in 2007, whereas in the rest of the state of Rio de Janeiro there was an increase of 128%. Further, in 2012, a double-blind, placebo-controlled randomized trial was conducted on dengue patients using the same homoeopathic complex, to evaluate the effectiveness of the homeopathic intervention in dengue epidemic. The intervention group showed improvement in most symptoms including headache, fever, and myalgia.

In Pakistan, a homoeopathic complex of 10 medicines including *Bryonia alba*, *Rhus Toxicodendron*, *Gelsemium sempervirens*, *Aconitum napellus*, *Eupatorium perfoliatum*, *China boliviana*, *Hamamelis*, *Citrullus colocynthis*, *Crotallus horridus* and Phosphorus was given to 25 patients of dengue fever and the mean values of each of the criteria of both homoeopathic and standard treatment groups were compared. Better results were seen in the blood values within a week of prescription, as opposed to the standard maintenance therapy. In Cuba, 25,000 patients who tested positive for dengue were treated with a homoeopathic complex containing medicines *Bryonia alba*, *Eupatorium perfoliatum*, *Gelsemium sempervirens* and *Dengue nosode*. As a result, no severe symptoms were reported after its administration, nor did any patient require any more intensive care from an average of 3 to 5 days of entering Intensive Care Unit. Even the stay at the hospital reduced from 7–10 days to 3–5 days. Evidence that Homoeopathy may be effective in prevention of dengue, as well as an add-on therapy, especially in reducing the intensity of the disease and decreasing the duration of stay at hospital is enough to lay our foundation for more work on this front along with clear-cut focus on selecting medicines for prevention or treatment in epidemic situations. The use of complex medicines in recent trials compels one to revisit the approach of administering only one medicine for homoeoprophyllaxis and certainly calls for more trials. On the contrary, another double-blind, placebo-controlled randomized control trial by Jacobs using a combination remedy was carried out in Honduras, along with standard conventional analgesic treatment for dengue. The results showed no difference in outcomes between the two groups. However, most of the studies discussed above, including this one, had some or the other limitations ranging from small sample size, poor research design or abrupt withdrawal of study. Still, the data are sufficient to invoke more studies with better methodology and compliance. Thus, shedding all bias and without losing any more time in opinion clashes, we must initiate preventive and curative trials based on either of the two approaches – single or complex medicines for preventive and/or curative roles. Homeopathy has been proven to be effective as prophylactic in large populations of endemic dengue areas. Here homeopathic medicines are used as per the concept of Genus Epidemicus, given in aphorism 102 of *Organon of Medicine*. GENUS EPIDEMICUS is that homeopathic remedy which is found to be a suitable remedy for many

cases of that particular epidemic and also act as a preventive remedy for that particular epidemic for majority of people who have not been infected yet. Hahnemann gave this concept of genus Epidemicus in his book Organon of Medicine in para 102. Here in aphorism 102, Dr Hahnemann tried to explain that the physician should carefully observe and note the chief complaints of several cases (both sexes, of different age group, and of different constitutions) of that particular epidemic. But we, as healthcare delivers, should not forget that the control of dengue requires a combination of strategies, with Homoeopathy as only one pillar. During the infection, the use of antipyretics for lowering the temperature in patients reporting of high fever and regular platelet monitoring to ensure timely blood transfusion, in case of need, are vital management steps. Homoeopathic remedies, especially in advanced cases, should be proposed in an integrated manner along with the standard therapy, with the chief aim to minimize the progression and severity of the disease. For information and education of a homoeopathic practitioner dealing with dengue cases, 'Guidelines for homoeopathic Practitioners for Clinical Management of Dengue' have been developed by Central Council for Research in Homoeopathy. These guidelines aim to present all relevant details to a practitioner in daily clinical practice for management of cases diagnosed or suspected to be of dengue and are available at the Council's website www.ccrhindia.org. As regards the new cases of dengue, which a homoeopathic practitioner, by way of his or her knowledge of the disease, finds to be uncomplicated, should be treated with the indicated medicines prescribed on the basis of their individualizing symptoms. Such cases may also be reported at Council's website link <http://www.ccrhdengueinfo.org/#>, created for organized data management and subsequent analysis of dengue cases treated with Homoeopathy. With the increasing understanding of the role of homoeopathy in epidemics and more rigorous trials, future epidemics, it is hoped, will be tackled with better strategies and management plan.

Useful homoeopathic remedies for dengue with indications.

Eupatorium perfoliatum - It's the best suited homeopathic medicine for dengue fever, where platelet count gets low and there is intense pain in joints. * Known as "Bone-set", from the prompt manner in which it relieves pain in limbs and muscles that accompanies some forms of febrile disease, like dengue, malaria and influenza.

Rhus toxicodendron – It has a wonderful action in dengue fever with chill and red vesicular eruptions, and also acts very well in joints pain in fever, Influenza, with aching in all bones. [Eup. perf.] etc.

Arsenic album – acts very nicely in all types of fever with restlessness mentally and physically. This homeopathic medicine is often used as a preventive drug for Dengue fever.

China Officinalis –suitable homeopathic remedy in all fever with debility in body due to loss of vital fluids, Debility from exhausting discharges, from loss of vital fluids, calls for this remedy. Periodicity is most marked.

Gelsemium sempervirens: well-known homeopathy

remedy in fever cases with chill in spine and also known as 3D medicine i.e. for DULLNESS DIZZINESS & DROWSINESS.

Aconitum Napellus –Acute acting homeopathic remedy in sudden fevers. First remedy in inflammations, inflammatory fevers.

Crotallus horridus –it's a suitable homeopathic medicine in dengue fever cases having haemorrhagic tendency. It is often suggested for Dengue haemorrhagic fever, where the platelet count goes very low. Diseases caused by a previous low state of the system; low septic typhoid or malarial fever; chronic alcoholism; exhausted vital force; genuine collapse.

Bryonia Alba- Useful where there is lot of muscle and joint pain, which is worse with every little motion. The pains are stitching, tearing, worse at night, greatly aggravated by motion, relieved by rest.

Arnica Montana – favourable homeopathic medicine for dengue fevers with sore, lame and bruised feeling in all body. Fever with Drawing pains as if in the periosteum.

Belladonna –best homeopathic medicine for high fever we can think of this homeopathic medicine when the fever is of sudden and violent nature.

Phosphorus –another homeopathy remedy with haemorrhagic diathesis. Is useful for both simple Dengue fever as well as Dengue haemorrhagic fever.

Lachesis- Like all snake poisons, Lachesis decomposes the blood, rendering it more fluid; hence a haemorrhagic tendency is marked. Fever with Chills, Intermittent fever every spring.

Pyrogenum– For septicaemia; puerperal or surgical, during course of diphtheria, typhoid or typhus, Septic fevers. Latent pyogenic condition in Dengue fever. Temperature rises rapidly. Great heat with profuse hot sweat, but sweating does not cause a fall in temperature.

Apis Mellifica- Fever with Chilliness (periodic at 3 P.M). Heat predominates, without thirst (usually), with drowsiness. Heat of head with throbbing, ameliorated by pressure. Sweat not marked, skin usually dry.

Ferrum PHOS- Fever with Chill daily at 1 p.m. All catarrhal and inflammatory fevers; first stage.

Baptisia- The symptoms of this homeopathy drug are of an asthenic type, simulating low fevers, septic conditions of the blood, malarial poisoning and extreme prostration. Useful for Dengue fever with marked prostration and muscle pains. Indescribable sick feeling. Great muscular soreness and putrid phenomena always are present. Epidemic influenza

Muriatic acid- Homeopathic medicine for Dengue Fever with extreme prostration. Cold extremities. Heat without thirst. Typhoid type fever, Haemorrhages. Involuntary discharges. Homeopathic Prophylaxis for Dengue Fever

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