



Case Series

**A RETROSPECTIVE STUDY - A REVIEW ON DENGUE FEVER
OUTCOME UNDER HOMOEOPATHY**

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ABSTRACT:

Dengue infection, the most prevalent arthropod borne viral illness in humans is caused by Dengue virus. Like in other places, it has assumed an epidemic form, also in Maharashtra.

Objective

To critically analyze the clinical outcome of Homoeopathic treatment of Dengue Infection cases registered in the NMRM Homoeopathic Hospital, Pune during the outbreak of dengue epidemic during the Period from 2014-2017.

Materials and Methods

Study Design- Retrospective study

Inclusion Criteria

Only those cases were taken up for this out-come evaluation study where the diagnosis was established on the basis of pathological confirmation.

Methodology

A total of 192 fever patients attended by the hospital, out of which 123 patients (n=123) of confirmed Dengue infection (positive Dengue NS1 antigen) were treated with Homoeopathy and are subjected to this scrutiny.

Results

In this small series of 123 confirmed Dengue infection cases included in our study, Homoeopathy had offered an effective treatment at a lower cost.

KEY WORDS: Dengue Fever, Viral Fever, Homoeopathy

I. INTRODUCTION:

Despite the dramatic progress in the treatment and preventions, infectious diseases remain a major cause of death and debility, and are responsible for worsening the living conditions of many millions of people around the world. Homoeopathic literature mentions several medicines for treatment of dengue. Therefore, it

is worth considering the role of Homoeopathic medicine in treating the cases of dengue fever.

Dengue infection, the most prevalent arthropod borne viral illness in humans is caused by Dengue virus. Like in other places, it has assumed an epidemic form, also in Maharashtra.

In past 50 years, the prevalence of dengue fever

has increased 30 folds with increasing geographic expansion to new countries and in the present decade from urban to rural setting with diverse clinical presentation.

According to the Directorate of National Vector Borne Disease Control Programme, till 30 July 2016, the total dengue cases in the country were 16,870, while for the same period in 2017 they numbered 28,702.

The spurt is significant with 41% rise in Dengue infection in Maharashtra in 2018

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66 male patients, 45 female patients and 12 sick children were included in this analysis.

Criteria for hospital admission was as under-

High grade fever for more than 2 days ; Severe headache with retro-bulbar pain ; Nausea, vomiting, abdominal discomfort with poor oral intake ; Rash with blanching, bleeding from mucous membranes ; Signs of circulatory failure ; Platelet count less than 1,00,000/cu mm

and leucopenia

DISCUSSION:

Medicines that were prescribed & found useful in this series were-In majority cases Arsenicum album was indicated and was prescribed, followed by Eupatorium per, Bryonia, Rhus tox, Belladonna, Pulsatilla, Gelsemium, Nux vomica, Carbo veg and China in the descending order in individual cases.

Average length of stay in the hospital was approx. 3.5 days in males, 3.0 days in females and 3.0 days in children.

All were completely recovered within 7 days maximum. The average total cost of Hospitalization was Rs. 350 per patient per day.

RESULTS:

In this small series of 123 confirmed Dengue infection cases included in our study, Homoeopathy had offered an effective treatment at a lower cost.

Also combated successfully the 'Fear factor' associated with Dengue fever with progressive drop in platelet counts.

Only three patients required shifting to the ICU as a precautionary measure. No platelet transfusion was required and none of them had any kind of post dengue complication or weakness and had uneventful and brief convalescence.

CONCLUSION:

Evidence that Homoeopathy may be effective in treatment of Dengue fever, 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.

Based on this study it is our assumption that the Homoeopathic medicine may be taken up as an alternative mode of treatment in primary health care system, in our country in the epidemic of dengue fever for curative as well as prophylactic management.

There is little need of sending patients to other hospitals provided we take care of not only prescribing Homoeopathy medicine but adopting appropriate ancillary measures as required.

The study encourages us to wider use of **genus epidemicus** after studying cases in the area

where epidemic is declared.

As Homoeopaths we should not remain behind in pressing our claim of being able to cure and prevent epidemic diseases like Dengue.

Individualized treatment based on symptom totality even in epidemic is essential to achieve favorable results.

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Tables

Table 1: Diagnosis of Dengue infection - Clinical classification

DIAGNOSIS	CASES			%
	Male	Female	Child	
NS1 Positive				
Dengue Fever (DF)	46	44	8	79.6%
Dengue Haemorrhagic Fever (DHF)	18	1	4	18.6%
Dengue Shock Syndrome (DSS)	2	-	-	1.6%
TOTAL	66	45	12	123

Table 1: Comparison of vital signs in DF, DHF, and DSS

Parameters	DF	DHF	DSS
Age (Yrs)	49	10	67
Temperature	99 ⁰ -101 ⁰ C	99 ⁰ -102 ⁰ C	100 ⁰ -102 ⁰ C
Pulse	90-100/min	90-100/min	100-110/min
RR	16-18/min	16-18/min	18-20/min
SBP	100-120/mm of Hg	100-120/mm of Hg	80-90/mm of Hg
DBP	70-80/mm of Hg	70-80/mm of Hg	50-60/mm of Hg

Table 3: Symptomatology in dengue subgroups

Complaints	DF	DHF	DSS
Fever	+++	+++	+++
Headache	++	++	+++
Arthralgia	+++	+++	++
Myalgia	+++	+++	+
Vomiting	++	++	+++
Abd. Pain	+	++	++
Bleeding manifestation		+++	++
Pallor		++	+
Jaundice/Icterus		++	+
Hepatomegaly		++	+
Ascitis			+
Pleural effusion			+

Table 4: Laboratory parameters in dengue subgroups

	DF	DHF	DSS
Hb	10-12 gms %	8-10 gms %	10-12 gms %
Total Platelet	60,000 - 90,000/cu mm	30,000 - 60,000/cu mm	20,000-50,000/cu mm
BUN	20-40 mg%	20-40 mg%	40-60 mg%
Creatinine	0- 1 mg%	0-1mg%	1-3 mg%

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