Case Report

Homoeopathic Treatment of Dengue: A Case Report

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Abstract

Dengue fever, also known as 'break bone fever', is an infectious tropical disease caused by the dengue virus. Homoeopathy has a long record of success in the treatment of epidemic conditions. Selection of homoeopathic medicines depends upon the individual responses to infection, severity of disease and clinical presentation of the case. In this report, a case presented with symptoms with positive blood reports for dengue and was homoeopathically managed with medicines based on totality of symptoms. Though the patient suffered from post-dengue complications, the sequelae were managed by intervention with 'anti-miasmatic' treatment. A need for prospective studies is warranted to precisely define the role of homoeopathy in treating dengue fever.

Keywords
Dengue fever; Homoeopathy; Case report

Introduction:

Dengue is an acute viral infection characterized by biphasic febrile episode (giving the typical saddleback temperature curve of dengue), severe headache, myalgia and morbilliform rash caused by dengue virus (Flavivirus; Toga virus).The causative virus is usually harboured by the female mosquito *Aedes aegypti* and transmitted to man during bite. The incubation period is 3-15 days (average 7-10 days). The virus has four serotypes and each serotype has more than five different genotypes. The rising level of dengue infections has become a serious international concern. This increase in dengue transmission may be due to a number of factors, including fluctuations in temperature and humidity, population growth, more long-distance travel, growing urban areas, lack of sanitation, and poor mosquito control. The higher numbers may also be the result of better surveillance and official reporting of dengue cases. Since the mid-1990s, epidemics of dengue in India have become more frequent, especially in urban zones, and have quickly spread to new regions, such as Orissa, Arunachal Pradesh and Mizoram, where dengue was historically non-existent. The epidemiology of dengue in India was first reported in Madras (now Chennai) in 1780, and the first outbreak occurred in Calcutta (now Kolkata) in 1963;

subsequent outbreaks have been reported in different parts of India. Both *Aedes aegypti* and *Aedes albopictus* are the main competent vectors for dengue virus in India. The number of dengue cases has increased 30-fold globally over the past five decades. Dengue is endemic in more than 100 countries and causes an estimated 50 million infections annually. Nearly 3.97 billion people from 128 countries are at risk of infection. The WHO regions of Southeast Asia (SEA) and the western Pacific represent ~75% of the current global burden of dengue.

IDENTIFICATION

Name of the Patient: Mr. Debu Raha. Age: 53 years. Sex: Male. Religion: Hinduism. Occupation: Gate keeper. Address: Jorabagan, Kolkata 700006. Date of first visit: 10.08.2013 at Late Prativa Sundari Ghosh Chikittshalaya Charitable Dispensary.

Date	Main complaints	Generalities	Clinical findings	Diagnostic assessments	Prescription and advices
10.8.13	Malaise since yesterday followed by fever on 10.08.2013 [temp. 102.2°F] accompanied with chill. Hammering headache, soreness in eyes, severe bone pains and backache were also present.	Appetite: Poor with bitter taste in the mouth. Thirst: Profuse but drinking caused bitter vomiting. Stool: Voided once in the morning, normal in consistency and color. Urine: Clear. Sleep: Sound. Thermal: Ambithermal General tendency to catch cold. Patient was mentally anxious.	Face: Anxious Built: Avg. Decubitus: Of choice Nutrition: Avg. Nervous system: Alert, conscious, jerks normal Cardiovascular system: S1, S2 audible. Pulse: 98/min. BP: 130/78 mm of Hg. Tongue coated dirty. Peristaltic sounds normal. Respiratory system: Rate18/min. Breath sounds were normal.	It might be a case of viral fever.	Advised blood tests for total and differential count, malaria parasite and dengue NS-1 antigen. Medicine was selected as per totality of symptoms. Rx *Eupatorium perfoliatum* 30/4 doses twice daily for 2 days.
12.8.13	Fever came down but did not touch the base line. Temp. 99.4°F. Moreover there was intense pain in the long bones and joints of the	Same findings as before except Appetite: Better than before. Thirst: Profuse but vomiting relieved to some extent.	General Survey: Same findings as before. Systemic examination: Same findings as before except Cardiovascular System: Pulse 90/min. BP120/78 mm Hg	Advised blood tests. Reports showed leucopenia; WBC count 3800/cu.mm, platelet count 1,70,000/cmm and dengue NS-1 antigen reactive.	Medicine was selected as per totality of symptoms. Rx *Eup. perf.* 30/ 2 doses, twice a day. Diet advised: Daily intake

	body.			Provisional diagnosis: Non-hemorrhagic dengue.	of boiled and easily digestible food, fresh fruits, vegetables, plenty of water, unsweetened fruit juices, nutritious soups, ORS and 25 ml juice of crushed papaya leaves twice daily.
13.8.13	Temp. 99.6°F but there was body ache & backache, agg. rest, amel. continuous motion. Appearance of erythematous rash over the body esp. neck region.	Same finding as before except Thirst: Profuse with no vomiting.	General Survey: Same findings as before. Systemic examination: Same findings as before except Alimentary system: Tongue dry and red at the edges. Cardiovascular System: Pulse 74/min. BP 120/80 mm of Hg	Same as before	Medicine was selected as per totality of symptoms Rx *Rhus toxicodendron* 30/2 doses once daily for 2 days
15.8.13	Fever 101.8°F with appearance of morbilliform rash over the trunk except face. Arthralgia and myalgia were gradually increasing.	Same findings as before.	General Survey: Same findings as before. Systemic examination: Same findings as before except Cardiovascular System: Pulse 88/min. BP 130/82 mm of Hg.	Same as before.	Advised blood tests: Anti-dengue IgM and anti-dengue IgG antibodies. Medicine was selected as per totality of symptoms. Rx *Rhus toxicodendron* 30/4 doses twice daily for 2 days
18.8.13	Temp 98.2°F. Rashes over the body subsided. Only slight	Same findings as before	Same findings as before	Condition improved further	Selected medicine was allowed to act and the patient was

	weakness remained.				prescribed with placebo and was advised to come for follow up.
28.8.13	Low backache and pain in the limbs	Same findings as before but the patient had fear of impending disease. Desire for sweets, cold drinks. Bathing habit- Irregular. Sleep disturbed as warmth of bed was intolerable. Dreams of being bitten by dogs. General tendency to catch cold.	General Survey: Same findings as before. Systemic examination: Same findings as before except Cardiovascular system: Pulse 72/min, BP 120/80 mm of Hg.	Post-dengue complication (mild)	Anti-miasmatic constitutional medicine selected on proper indications Rx *Sulphur* 200/ 1 dose once a day followed by placebo once daily for 1 month
28.9.13	No complaints	Same findings as before but fear of impending disease remained no more.	Same findings as before	Markedly improved	Selected constitutional medicine was allowed to act and placebo was given for further 2 weeks

Results

Generally, DF patients with NS1 positivity go on to become seropositive for IgM by day 5. The case presents with NS-1 +ve at diagnosis but became IgM + ve by day 5, while IgG was NR. In the end anti-miasmatic treatment was given on proper indications to correct the susceptible constitution resulting from the permeation of the underlying chronic miasm.

Discussion

This case study was significant because the prescriptions were based on the principles of homoeopathy, which considered the individual signs and symptoms of every patient for remedy selection. In this report, only the clinical picture of a single case was presented. Further larger studies on the feasibility and the extent to which individualized homoeopathy may be employed in dengue affected areas need to be conducted with more adept clinical designs with methodological rigor. According to Hahnemann, dengue is sporadic and epidemic disease and its treatment is mentioned in §§100, 101 and 102 of Organon of Medicine (5th and 6th editions). It may be considered as an acute miasm usually of the recurring type (if epidemic) . In Organon of Medicine (§73 F.N. 1), Hahnemann reminded us that any 'general name' given to a fever is unimportant, except when there is a clear miasma identified. Our sole focus remains, to observe the totality of the fever, perceive its homoeopathic characteristics and identify the accurate similimum. The diagnosis of

the infecting miasma simply assists in the management of the acute phase and determining the prognosis of the case. In Organon of Medicine (§235), Hahnemann hints that the most valuable symptoms of the patients are seen in the apparently healthy state when the acute/paroxysmal symptoms are over and the patient has returned to his/her latent miasmatic stage. This article was an attempt to depict an evidence based case report of dengue fever. In the words of Sir William Osler "To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to the sea at all….".

Conclusion

Homoeopathy has a long record of success in the treatment of epidemic conditions. Despite the arduous challenges posed by multiplicity of viral serotypes, dengue can be tackled with proper homoeopathic treatment which is holistic and individualized as the selection of the homoeopathic medicine depending upon the individual response to infection.

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Consent for publication: A written consent for publication had been obtained from the patient.

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Conflict of interest: None

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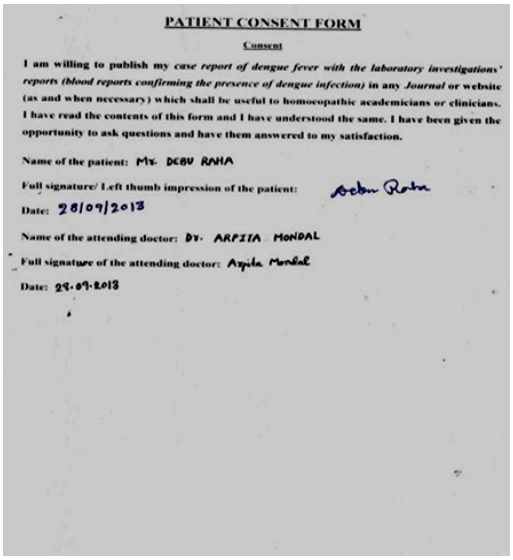


PATIENT CONSENT FORM

Consent

I am willing to publish my *case report of dengue fever with the laboratory investigations' reports (blood reports confirming the presence of dengue infection)* in any *Journal* or website (as and when necessary) which shall be useful to homoeopathic academicians or clinicians. I have read the contents of this form and I have understood the same. I have been given the opportunity to ask questions and have them answered to my satisfaction.

Name of the patient: MR. DEBU RAHA

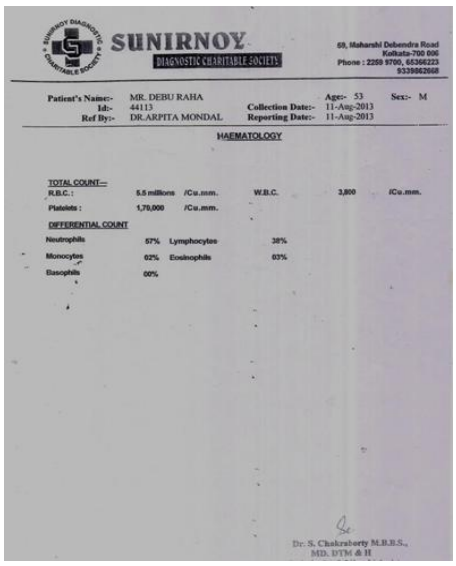
Full signature/ Left thumb impression of the patient: Debu Raha

Date: 28/09/2013

Name of the attending doctor: DR. ARPITA MONDAL

Full signature of the attending doctor: Arpita Mondal

Date: 28.09.2013



SUNIRNOY DIAGNOSTIC CHARITABLE SOCIETY

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Patient's Name:- MR. DEBU RAHA Age:- 53 Sex:- M

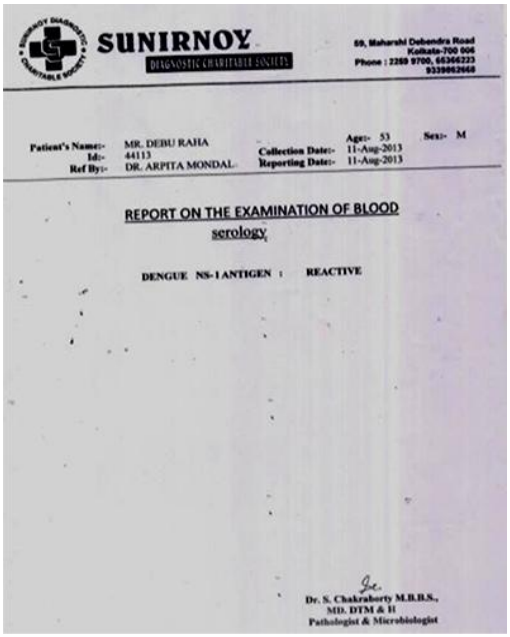
Id:- 44113 Collection Date:- 11-Aug-2013

Ref By:- DR.ARPITA MONDAL Reporting Date:- 11-Aug-2013

HAEMATOLOGY

TOTAL COUNT—			
R.B.C. :	5.5 millions /Cu.mm.	W.B.C.	3,800 /Cu.mm.
Platelets :	1,70,000 /Cu.mm.		
DIFFERENTIAL COUNT			
Neutrophils	57%	Lymphocytes	38%
Monocytes	02%	Eosinophils	03%
Basophils	00%		

Dr. S. Chakraborty M.B.B.S., MD. DTM & H



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Reporting Date:- 11-Aug-2013
Age:- 53 Sex:- M

REPORT ON THE EXAMINATION OF BLOOD
serology

DENGUE NS-1 ANTIGEN : REACTIVE

Dr. S. Chakraborty M.B.B.S.,
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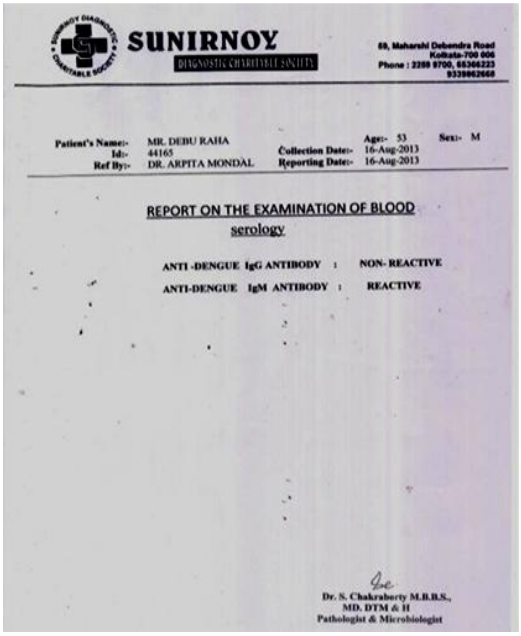
Pathologist & Microbiologist



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Patient's Name:- MR. DEBU RAHA
Id:- 44165
Ref By:- DR. ARPITA MONDAL
Collection Date:- 16-Aug-2013
Reporting Date:- 16-Aug-2013
Age:- 53 Sex:- M

REPORT ON THE EXAMINATION OF BLOOD
serology

ANTI -DENGUE IgG ANTIBODY : NON- REACTIVE
ANTI-DENGUE IgM ANTIBODY : REACTIVE

Dr. S. Chakraborty M.B.B.S.,
MD. DTM & H
Pathologist & Microbiologist

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