

Clinical Observation And Efficacy Of Electrohomoeopathic Medicine In The Treatment Of Dengue Fever

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Abstract:

To investigate the effect of Electro homoeopathic Medicine in the treatment of Dengue fever. Methods: In the third week of Sep-2019, one patient had history of fever, body pain and severing for 5 days and he was taking the symptomatic treatment with modern system of medicine was diagnosed with dengue NS1 positive in the clinic. The patient was treated with Electro homoeopathic Medicine.

The cure rate and effective rate of the dengue positive patient with Electro homoeopathic Medicine was significantly better than the symptomatic treatment.

Keywords: *Electro-homoepathy, Dengue Fever, Clinical*

Introduction:

Dengue fever is a mosquito-borne tropical disease caused by the dengue virus. Symptoms typically begin three to fourteen days after infection. This may include a high fever, headache, vomiting, muscle and joint pains, and a characteristic skin rash. Recovery generally takes two to seven days. In a small proportion of cases, the disease develops into severe dengue, also known as dengue hemorrhagic fever, resulting in bleeding, low levels of blood platelets and blood plasma leakage, or into dengue shock syndrome, where dangerously low blood pressure occurs.[1][2] It is caused by the dengue virus (DENV, 1–4 serotypes), which is one of the most important arboviruses in tropical and subtropical regions [3] [4]

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 favorable 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. [5] In India, dengue is endemic in almost all states and is the leading cause of hospitalization. Dengue fever had a predominant urban distribution a few decades earlier but is now also reported from peri-urban as well as rural areas. [6] [7].

Dengue virus was first isolated in India in 1945 [8].

All four virus types circulate and cause epidemics, but only occasional cases of dengue hemorrhagic fever/dengue shock syndrome (DHF/DSS) have been reported in India [9].

Poor sanitary conditions, water logging, accumulation of stagnant water bodies during the monsoons turn out to be perfect breeding grounds for mosquitoes. Mosquitoes breed in stagnant water pools and rotting garbage –

unfortunately an all-too-familiar situation during and after the monsoons in towns and cities where civic services are over burdened. Several studies have shown that the outbreak/ incidence of dengue cases increases in India in the month of October i.e. at the far end of the monsoon season [10, 11].

As per the estimates of the Ministry of Health and Family Welfare, in 2008, India recorded 12419 cases of Dengue, up from 5534 case in 2007. Delhi alone recorded 1307 cases of Dengue in 2008, up from 548 in 2007. Four Indian states, Punjab, Haryana, West Bengal, and Gujarat, have been the worst hit by Dengue, with Punjab reporting 4349 cases, and Haryana, West Bengal and Gujarat reporting 1137, 1050 and 1023 cases respectively.

Surveillance for dengue fever in India is conducted through a network of more than 600 sentinel hospitals under the National Vector Borne Disease Control Program (NVBDCP) [12]

Integrated Disease Surveillance Program (IDSP) [13] and a network of 52 Virus Research and Diagnostic Laboratories (VRDL) established by Department of Health Research [14]. In 2010, an estimated 33 million cases had occurred in the country [15].

The number of dengue cases has increased 30-fold globally over the past five decades[16].

Dengue is endemic in more than 100 countries and causes an estimated 50 million infections annually [17].

Nearly 3.97 billion people from 128 countries are at risk of infection [18] [19].

Individuals infected with dengue exhibit a wide spectrum of clinical symptoms ranging from asymptomatic to severe clinical manifestations, such as dengue shock syndrome[20].

The WHO regions of Southeast Asia (SEA) and the western Pacific represent 75% of the current global burden of dengue[21].

Indian pharmaceutical companies are developing an indigenous dengue vaccine candidate that protects against all four strains in clinical manifestations[22]. Similarly, Electro-homoeopathy medicine play an important for the prevention, control and prophylaxis treatment of Dengue.

Materials and methods:

In this study, a 19-year-old patient came to the clinic on 18-Sep-2019, fever (body temperature 102 °F) complained of vomiting, weakness, giddiness, blood pressure 90/40 mm/hg, breathlessness. Patient was fully conscious, and he was giving information related to his health. Same day blood sample was collected and send for investigation. As per the report patient vital count was very low. Patient and relative was very much worry about the condition which was worsening day by day.

Complete blood count reports of patient on 18-Sep-2019.

Test	Patient report	Reference Range	Units	Date
White Blood Cell (WBC)	1500	4.8-10.8	K/mcL	18-Sep-19
Red Blood Cell (RBC)	3.64	4.7-6.1	K/mcL	18-Sep-19
Hemoglobin (HB/Hgb))	10.9	14.0-18.0	g/dL	18-Sep-19
packed cell volume (PCV)	31.5	40-52	%	18-Sep-19
Mean Cell Hemoglobin (MCHC)	34.6	27.0-32.0	pg	18-Sep-19
Platelet count	64	150-450	K/mcL	18-Sep-19

Pathology report	Result	Confirmatory method	Date
MalarialParasite	Not detected		18-Sep-19
Dengue Antibiotic test DENGUE NS1	Positive	Microwell ELISA	18-Sep-19

Patient was visited to clinic daily in the morning his vital function was checked daily. Symptomatically patient condition was improving since day one. Later, patient was kept on the same dose of Electro homeopathy medicine.

Patient received following Electro-homoeopathy treatment at

" BHUMI HEALTH CARE CENTER VASAI, MAHARASTRA"

When medicine was started on 18-Sep-2019, the lab report was showed Platelet count 64 thousand and DENGUE NS1 was positive.

S1 (Scrofoloso), WE (White electricity) (Positive dose),F1 (Febrifugo) and L1 (Linfatico) (negative dose) (Remedy 1).

A3 (Angiotico) BE (Blue electricity) and C4 (Canceroso) (positive dose) and F2 negative dose (20 ml 15 min) (Remedy 2)

S1, F2 (Febrifugo) Ver-2 C4, L 1 S3, C13 RE (Red Electricity) and WE (2 drops negative dose) 20 ml 5 time A1, F1 Ver 2 (Vermifugo) (Remedy 3).

On the day 10 patient was fully recovered his lab report was showing within the normal range.

Complete blood count reports of patient on 28-Sep-2019.

Test	Patient report	Reference Range	Units	Date
White Blood Cell (WBC)	4200	4.8-10.8	K/mcL	28-Sep-19
Red Blood Cell (RBC)	4.53	4.7-6.1	K/mcL	28-Sep-19
Hemoglobin (HB/Hgb))	12.9	14.0-18.0	g/dL	28-Sep-19
packed cell volume (PCV)	44.2	40-52	%	28-Sep-19
Mean Cell Hemoglobin (MCHC)	29.1	27.0-32.0	pg	28-Sep-19
Platelet count	267	150-450	K/mcL	28-Sep-19

Pathology report	Result	Confirmatory method	Date
Dengue Antibiotic test DENGUE NS1	Negative	Microwell ELISA	28-Sep-19

Conclusion:

Electro-homoeopathic Medicines plant-based medicine has obvious effect on dengue NS1 positive patient and showing good effectiveness against Dengue bacteria. Dengue positive patients require more care, immediate treatment and medical intervention without any delayed. Depend on the patient health condition alternative treatment with other therapy seems beneficial.

Reference :

- 1- Dengue and severe dengue Fact sheet N°117". WHO. May 2015. Archived from the original on 2 September 2016. Retrieved 3 February 2016.
- 2- Kularatne SA (September 2015). "Dengue fever". *BMJ*. 351: h4661. doi:10.1136/bmj.h4661. PMID 26374064.
- 3- Halstead SB. Dengue. *Lancet* 2007; 370: 1644–1652.
- 4- Mustafa MS, Rasotgi V, Jain S et al. Discovery of fifth serotype of dengue virus (DENV-5): a new public health dilemma in dengue control. *Med J Armed Forces India* 2015; 71: 67–70.
- 5- Gubler DJ. Dengue and dengue hemorrhagic fever. *Clin Microbiol Rev* 1998; 11: 480–496.
- 6- Kakkar M. Dengue fever is massively under-reported in India, hampering our response. *BMJ*. 2012 Dec 19; 345:e8574–e8574. <https://doi.org/10.1136/bmj.e8574> PMID: 23255584.
- 7- Chakravarti A., Arora R. &Luxemburger C. Fifty years of dengue in India. *Trans R Soc Trop Med Hyg* 2012; 106, 273–282. <https://doi.org/10.1016/j.trstmh.2011.12.007> PMID: 22357401.
- 8- Sabin AB. Research on dengue during World War II. *Am J Trop Med Hyg* 1952;1: 30-50.
- 9- Rao CVRM. Dengue fever in India. *Indian J Pediatr* 1987; 54:11-4.
- 10- Jha P, G Vendhan , G C Prakash, R Kumar, M Prem, D Neeraj ,P Richard , and RGI-CGHR Prospective Study Collaborators. Prospective study of one million deaths in India: rationale, design, and validation results. *PLoS Medicine* 2006; 3(2): e18.
- 11- Chakravarti A and Kumaria R. Ecoepidemiological analysis of dengue infection during an outbreak of dengue fever, India. *Virology Journal*, 2005.2:32.
- 12- National Vectorborne Disease Control Program, Directorate General of Health Services. <http://nvbdcp.gov.in/DENGU1.html>
- 13- National Centre for Disease Control, Directorate General of Health Services. Integrated Disease Surveillance Program: Diseases under surveillance. <http://www.idsp.nic.in/showfile.php?lid=3923>.
- 14- Department of Health Research, Govt of India. Establishment of a network of Laboratories for managing epidemics and Natural Calamities (VRDL) <http://dhr.gov.in/schemes/establishment-networklaboratories-managing-epidemics-and-natural-calamities>.
- 15- Bhatt S, Gething PW, Brady OJ, Messina JP, Farlow AW, Moyes CL, et al. The global distribution and burden of dengue. *Nature*. 2013; 496:504±7. <https://doi.org/10.1038/nature12060> PMID: 23563266.

- 16- World Health Organization. Dengue: Guidelines for Diagnosis. Treatment, Prevention and Control: New Edition. World Health Organization: Geneva, 2009.
- 17- Lam SK, Burke D, Gubler D et al. Call for a World Dengue Day. *Lancet* 2012; 379: 411–412.
- 18- Bhatt S, Gething PW, Brady OJ et al. The global distribution and burden of dengue. *Nature* 2013; 496: 504–507.
- 19- Brady OJ, Gething PW, Bhatt S et al. Refining the global spatial limits of dengue virus transmission by evidence-based consensus. *PLoS Negl Trop Dis* 2012; 6: e1760.
- 20- World Health Organization. Dengue and severe dengue. Available at <http://www.who.int/mediacentre/factsheets/fs117/en/>.
- 21- Aguiar M, Rocha F, Pessanha JEM et al. Carnival or football, is there a real risk for acquiring dengue fever in Brazil during holidays seasons? *Sci Rep* 2015; 5: 8462.
- 22- <http://www.hindustantimes.com/india-news/first-made-in-india-dengue-vaccine-candidate-protects-against-all-4-strains/story-xK7Yo63JYWpREIxCJu4I4O.html> (accessed 22 October 2016).