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## Research Article

# AN EVIDENCE BASED HOMOEOPATHY MANAGEMENT IN A CASE OF "DENGUE FEVER" - A CASE REPORT

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### ABSTRACT

Dengue is a mosquito-transmitted viral disease as well as the leading cause of arthropod-borne viral illness, continues to be a significant public health concern worldwide. It is also known as breaking fever because of the severity of the muscle spasms and joint pain, dandy fever, or seven-day fever because of the usual duration of symptoms. We are presenting here a case of 24-year-old male patient, diagnosed with dengue fever, who have sought for homoeopathic treatment. Management included the administration of Gelsemium200, a commonly used homoeopathic remedy for dengue fever. Over the course of treatment, the patient's fever subsided, and there was a notable improvement in overall well-being. The patient got relief from the characteristic weakness and muscle pain associated with dengue fever. The rationale of this report reflects the effective management of dengue fever with individualized homoeopathic medicine

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## INTRODUCTION

### Etiology

Dengue fever is caused by any of four distinct serotypes (DENV 1-4) of single-stranded RNA viruses of the genus Flavivirus. Infection by one serotype results in lifelong immunity to that serotype, but not to others.<sup>1,2,3</sup>

### Epidemiology

It is the fastest spreading mosquito-borne viral disease globally, affecting greater than 100 million humans annually. Dengue also causes 20 to 25,000 deaths, primarily in children, and is found in more than 100 countries. Epidemics occur annually in the Americas, Asia, Africa, and Australia. Two transmission cycles maintain the dengue virus: 1) mosquitos carry the virus from a non-human primate to a non-human primate, and 2) mosquitos carry the virus from human to human. The primary vectors of the disease are female mosquitoes of the species *Aedes aegypti* and *Aedes albopictus*. Transmissions occurring perinatally, by blood transfusions, by breast milk, and organ transplantation have been reported. Transmission of dengue generally follows two patterns - epidemic dengue and

hyperendemic dengue. When a single strain of DENV is responsible for introduction and transmission, it is referred to as epidemic dengue. Periodic epidemics in an area are linked to the emergence of hyperendemicity.<sup>4</sup>

**SYMPTOMS:** If symptoms occur, they usually begin 4-10 days after infection and last for 2-7 days. Symptoms may include:

- high fever (40°C/104°F)
- severe headache
- pain behind the eyes
- muscle and joint pains
- nausea
- vomiting
- swollen glands
- rash.

Individuals who are infected for the second time are at greater risk of severe dengue.

Severe dengue symptoms often come after the fever has gone away:

- severe abdominal pain
- persistent vomiting
- rapid breathing
- bleeding gums or nose

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- fatigue
- restlessness
- blood in vomit or stool
- being very thirsty
- pale and cold skin
- feeling weak.

Dengue fever can be diagnosed by virus isolation, genome and antigen detection, and serological studies. Serology, which consists of dengue antigen NS1 (non-structural protein 1) and immunoglobulin M (IgM) and immunoglobulin G (IgG) antibodies against DENV (anti-dengue IgM and IgG), is currently the most widely used in routine diagnostics. Dengue diagnosis.

**Treatment/Treatment**

In the absence of targeted drugs for dengue fever, the second arm of basic dengue treatment is good supportive care with symptomatic treatment and judicious fluid administration to ensure adequate tissue perfusion during the critical phase of the disease. In cases of mild dengue, oral rehydration with fluids other than pure water such as milk, fruit juice, oral rehydration solution (ORS), rice or barley water is recommended<sup>5,6</sup>. Hospitalization and intravenous (IV) fluid therapy is recommended in cases of insufficient oral intake, vomiting, continuous rise in hematocrit (HCT) of 10-20% despite oral rehydration, development of warning signs, and in case of impending shock/shock<sup>5</sup>.

**Differential diagnosis**

Chikungunya fever (CHIK) is a viral disease characterized by a sudden onset of fever accompanied by skin rashes and joint pain, followed by persistent rheumatic symptoms.

Zika fever, like dengue, is a viral disease characterized by fever, rash, and non-purulent conjunctivitis.

**CASE REPORT**

Mr. XY, aged 24 years, BMI 21.7KG/M2, unmarried student with no previous co-morbidities, consults for high grade continuous fever (103°F) associated with chills, severe generalised body ache, associated with profound weakness came in OPD on 22.10.2022. the fever appears suddenly and continued for last 3 days. His vitals at the time of examination were blood pressure 106/74 mm of Hg, pulse 80/ minute regular, and respiratory rate was 19/minute. His abdomen was soft, slightly tender over the right hypogastrium. On auscultation over the chest, there were normal vesicular breath sounds bilaterally. On neurological examination, muscles bulk and tone were normal. Power of limb was reduced and little trembling. Patient was drowsy, hot patient, absence of thirst. He had yellowish coated moist tongue. He passed urine clear and profuse. He had easy fatigue on exertion. He had insomnia last 2 days.

After thorough case taking, analysis and evaluation of symptoms, following symptoms were considered for totality:

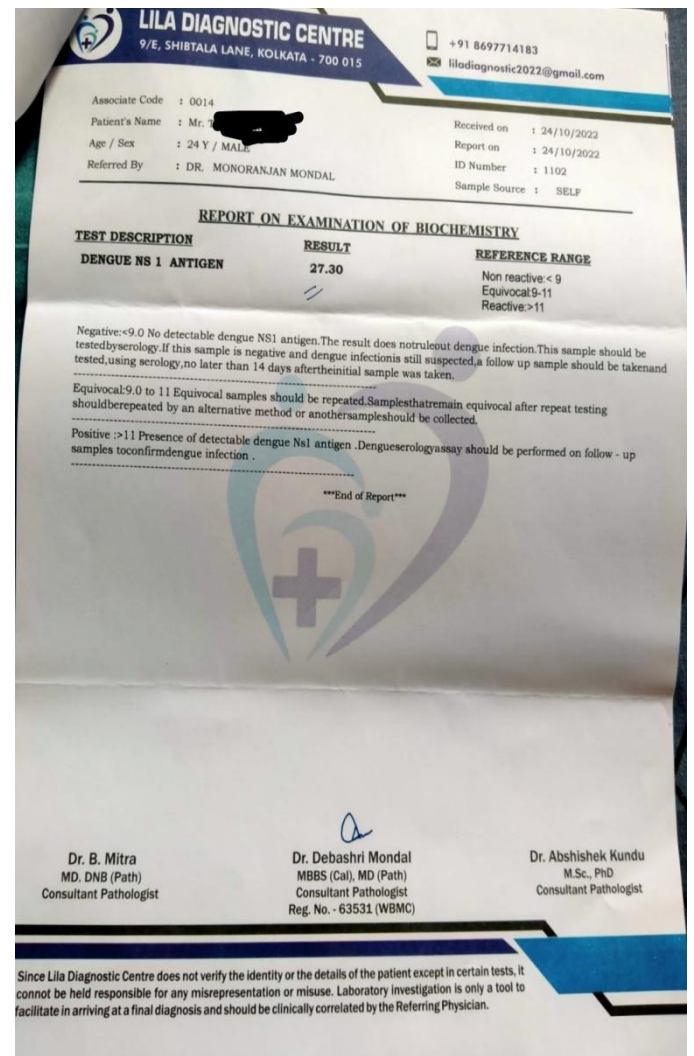
- Drowsiness all the time
- Thirstlessness
- Muscular weakness, trembling
- Profuse urination
- Yellowish coated tongue
- Hot patient

On the basis of acute totality Gelsemium 200/4 doses twice for two day prescribed along with placebo<sup>7</sup>.

Patient and his parents have been directed to take foods that are rich in vitamins and nutrients. Fluids, plenty of liquids like orange juice, coconut water, ORS have also been recommended to help them remain hydrated.

Date	Follow-up	Prescription	Justification <sup>8</sup>
24.10.2022	Fever present but temperature reduced to 100°F, body ache little reduced, drowsiness less, trembling absent. Dengue NS-1-antigen 27.30, CRP 8.6 mg/L, Platelet 1.95 lakhs/cumm	Placebo	Patient was improving hence no medicine was prescribed
26.10.2022	Fever absent, body ache remains same, trembling absent, drowsiness little present	Gelsemium 200/2 doses, OD for 2 days	Patient improved certain amount but stand still in position, so required repetition of doses
28.10.2022	Fever absent, body ache absent, trembling absent, drowsiness absent	Placebo	Patient was improving hence no medicine was prescribed
01.11.2022	Complete resolution of fever, weakness, drowsiness. Dengue NS-1 antigen 3.20, CRP 0.9 mg/L, Platelet count 3.10 lakhs/cumm	Placebo	Patient was improving hence no medicine was prescribed

DATE: 24.10.2022



DATE: 01.11.2022

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9/E, SHIBTALA LANE, KOLKATA - 700 015  
+91 8697714183  
liladiagnostic2022@gmail.com

Associate Code : 0014  
Patient's Name : Mr. [REDACTED]  
Age / Sex : 24 Y / MALE  
Referred By : DR. MONORANJAN MONDAL

Received on : 24/10/2022  
Report on : 24/10/2022  
ID Number : 1102  
Sample Source : SELF

**REPORT ON EXAMINATION OF BIOCHEMISTRY**

TEST DESCRIPTION	RESULT	REFERENCE RANGE
DENGUE NS1 ANTIGEN	27.30	Non reactive < 9 Equivocal 9-11 Reactive > 11

Negative < 9.0 No detectable dengue NS1 antigen. The result does not rule out dengue infection. This sample should be tested by serology. If this sample is negative and dengue infection is still suspected, a follow up sample should be taken and tested using serology, no later than 14 days after the initial sample was taken.

Equivocal: 9.0 to 11. Equivocal samples should be repeated. Samples that remain equivocal after repeat testing should be repeated by an alternative method or another sample should be collected.

Positive > 11. Presence of detectable dengue NS1 antigen. Dengue serology assay should be performed on follow-up samples to confirm dengue infection.

\*\*\*End of Report\*\*\*

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Since Lila Diagnostic Centre does not verify the identity or the details of the patient except in certain tests, it cannot be held responsible for any misrepresentation or misuse. Laboratory investigation is only a tool to facilitate in arriving at a final diagnosis and should be clinically correlated by the Referring Physician.

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Associate Code : 001  
Patient's Name : Mr. [REDACTED]  
Age / Sex : 24 Y / MALE  
Referred By : DR. MONORANJAN MONDAL

Received on : 01/11/2022  
Report on : 01/11/2022  
ID Number : 1165  
Sample Source : SELF

**REPORT ON EXAMINATION OF SEROLOGY**

TEST DESCRIPTION	RESULT	REFERENCE RANGE
DENGUE PROFILE (NS1, IGG, IGM)		
DENGUE NS1 ANTIGEN (ELISA)	3.20	Non reactive < 9 Equivocal : 9-11 Reactive > 11
DENGUE IGG (ELISA)	12.20	
DENGUE IGM (ELISA)	19.30	

negative < 9.0 No detectable dengue NS1 antigen. The result does not rule out dengue infection. This sample should be tested by serology. If this sample is negative and dengue infection is still suspected, a follow up sample should be taken and tested using serology, no later than 14 days after the initial sample was taken.

Equivocal: 9.0 to 11. Equivocal samples should be repeated. Samples that remain equivocal after repeat testing should be repeated by an alternative method or another sample should be collected.

Positive > 11. Presence of detectable dengue NS1 antigen. Dengue serology assay should be performed on follow-up samples to confirm dengue infection.

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Report on : 24/10/2022  
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Sample Source : SELF

**REPORT ON EXAMINATION OF HEMATOLOGY**

TEST DESCRIPTION	RESULT	UNIT	REFERENCE RANGE
<b>CBC</b>			
<b>HB</b>			
Haemoglobin (HB%)	14.7	gm/dl	Children : 11.5 - 15g% Male : 13 - 17 Female : (14.0 + 2.5 gm/dl)
<b>TOTAL COUNT</b>			
Erythrocyte Count	4.8	Million / cumm	Children : 4.0 - 5.2 Male : 4.5 - 5.5 Female : 3.8 - 4.8
Leucocyte Count	2500	/cumm	Children 12 yrs: 5000 - 13000 Adult : 4000 - 10000
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	62	%	Children 0 - 12: 20 - 40 Adult : 40 - 80
Lymphocytes	34	%	Children 0 - 12: 40-80 Adult : 20-40
Monocytes	01	%	Children 0 - 12: 1-10 Adult : 1-10
Eosinophils	03	%	Children 0 - 12: 1-6 Adult : 1-6
Basophils	00	%	Children 0 - 12: < 2 Adult : < 2
MCV	87.7	f	Children 0 - 12: 77 - 95 Adult : 83 - 101
MCH	30.6	pg	Children 0 - 12: 24-30 Adult : 27-32
MCHC	35	gm/dl	Children 0 - 12: 29-37 Adult : 31.5 - 34.5
PCV	42.10	%	Male : 40-50 Female : 36-46
ESR	12	mm	1-20
PLEATLET COUNT	1.95	Lakhs/cumm	1.5 - 4.5

RBC . Normochromic normocytic .  
WBC . No Abnormal Cell Seen .  
Platelets are Adequate in the Smear.

\*\*\*End of Report\*\*\*

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Referred By : DR. MONORANJAN MONDAL

Received on : 01/11/2022  
Report on : 01/11/2022  
ID Number : 1165  
Sample Source : SELF

**REPORT ON EXAMINATION OF SEROLOGY**

TEST DESCRIPTION	RESULT	UNIT	REFERENCE RANGE
<b>C - REACTIVE PROTEIN</b>	0.9	mg/L	Up to 6 mg/L

\*\*\*End of Report\*\*\*

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Sample Source : SELF

**REPORT ON EXAMINATION OF HEMATOLOGY**

TEST DESCRIPTION	RESULT	REFERENCE RANGE
<b>CBC</b>		
Haemoglobin	13.3 gm/dl	Children: 11.5 - 15g% Male: 13 - 17 Female: 11.0 - 12.5gm/dl
Erythrocyte Count	4.57 Million/cumm	Children: 4.0 - 5.2 Male: 4.5 - 5.5 Female: 3.8 - 4.8
Leucocyte Count	4600 /cumm	Children 12 years: 5000-13000 Adult: 4000 - 10000
<b>DIFFERENTIAL COUNT</b>		
Neutrophils	70 %	Children 0-12 years: 20-40 Adult: 40 - 80
Lymphocytes	26 %	Children: 0-12 years: 40-80 Adult: 20-40
Eosinophils	02 %	Children: 0-12 years: 1-6 Adult: 1-6
Monocytes	02 %	Children: 0-12 years: 1-10 Adult: 1-10
Basophils	00 %	Children: 0-12 years: <2 Adult: <2
MCV	91.9 fl	Children upto 12 years: 77-95 Adult: 83-101
MCH	29.1	Children upto 12 years: 24-30 Adult: 27-32
MCHC	31.66 gm/dl	Children upto 12 years: 29-33 Adult: 31.5 - 34.5
PCV	42 %	Male: 40-50 Female: 36-46 Children upto 12 years: 35-45
ESR	12 mm	1 - 20
PLT	3.10 Lakhs/ cumm	1.5 - 4.5
<b>PERIPHERAL SMEAR</b>		
RBC: Normochromic normocytic. WBC: No abnormal cell seen. Platelets are adequate in the smear.		

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\*\*\*E-Report\*\*\*  
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## DISCUSSION

The prescription was based on the principles of homeopathy, which considers the individual signs and symptoms of the patient for remedy selection. *Gelsemium* 200 acted promptly not only reducing temperature, body ache, weakness but have also increased the platelet count, decreased CRP and Dengue NS1-antigen in the patient blood picture.

Several case studies have reported positive results using homeopathic remedies to treat dengue fever.<sup>9,10</sup> Although these cases do not replace rigorous clinical studies, they offer insight into the potential of this homeopathic remedy. Visual evidence was provided here to support the outcome and treatment process.

## CONCLUSION

Successful result of this case report suggests a positive response of individual homeopathic medicine in the treatment of dengue fever. Decrease of dengue NS-1 antigen and decrease CRP; with increase platelet count suggest improvement of dengue fever really fast and effectively with individual homeopathic medicine in dengue fever. This report could serve as a basis for further research into the role of individualized homeopathic medicine in the treatment of dengue fever.

### Limitations of the Study

This is a single case report. Case series may be recorded and published in the future to determine the efficacy of individual homeopathic remedies in dengue cases. It is important to recognize that further research, including controlled clinical

trials, is needed to determine the effectiveness of Gelsemium in the treatment of dengue fever.

### Patient Consent

The authors acknowledge receipt of the appropriate patient consent form. The patient agreed that his reports and other clinical information could be included in the diary. The patient understood that his name and initials would not be included in the manuscript and that reasonable efforts would be made to conceal his identity.

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