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EVALUATION OF TEN HOMOEOPATHIC MEDICINES IN THE CLINICAL MANAGEMENT OF INTERMITTENT FEVER*

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SUMMARY

The Intermittent fever has played an important role in the discovery and evolution of homoeopathic system of medicine. It is an important clinical presentation of a multitude of bacterial and parasitic infections such as Malaria, Dengue, Typhus, Enteric fevers, HIV disease etc.

The Central Council for Research in Homoeopathy (CCRH) had undertaken a clinical study to evaluate efficacy of Homoeopathic medicine in the management of Malaria at Port Blair and Jaipur during the years 1980-89.

During the course of the study nine (09) homoeopathic medicines i.e. Arsenicum album, China arsenicosum. Chininum sulphuricum, Cinchona officinalis, Caesalpaenia bonducella, Gentiana chirata, Ipecacuanha, Natrum muriaticum and Nyctanthes arbortristis were found therapeutically effective in the management of Malaria.

The medicines were selected for an open trial to further verify and confirm their role in the clinical management of Intermittent fever, irrespective of etiology. Amoora rohitaka, an indigenous drug, whose pathogenesis was being clinically verified separately and in a different setting, was also included in the study.

144 cases who presented Intermittent fever were studied during the period from 1989-90 to 1991-92 at Port Blair. The medicines were prescribed on the basis of clinically verified pathogenesis as deduced from the earlier study conducted during the years 1980-89 to individual patient(s) who presented with corresponding signs and symptoms. Duration of complaints varied from 1 day to 1 year. The medicines were presented in potencies varying from 6-200 CH depending on the age of the individual subject and also duration of complaints. The treatment varied from 1 day to 2 months in different individuals. The medicines gave a varying success role of 75-100 percent. The signs and symptoms which have been clinically verified during the course of study have been tabulated and discussed.

Introduction

The intermittent fever enjoys historical importance in the discovery and evolution of homoeopathic system of medicine. In 1790, Hahnemann experimented and observed that "Peruvian bark", which is used as a remedy for intermittent fever, acts because it can produce symptoms similar to those of intermittent fever in healthy people. The rest is history. We now know that each drug is capable of producing a pathogenesis in a healthy human being which, in minute doses, is supposed to cure an ill person. Not withstanding the evolution and development of Homoeopathy in the last two centuries, Intermittent fever still evokes a fascinating memory in the minds of homoeopathic professionals world-wide.

Intermittent fever is also an important clinical manifestation of a multitude of infections such as Malaria, Dengue, Lyme arthritis, Yellow fever, Leptospirosis, Typhus, Influenza, Enteric fevers and infection with Borrelia spirochetes. In recent times, intermittent or recurrent or relapsing fever has presented as a salient clinical feature of symptomatic HIV disease/AIDS also.

While clinical features of various infections are variable, intermittent fever remains a common presentation and a major guiding symptom for homoeopathic prescribing. This assumes importance as homoeopathic medicines are prescribed on symptomatic presentation characteristic of the sick individual irrespective of underlying etiology.

The Central Council for Research in Homoeopathy (CCRH) had, in 1980-89, undertaken a clinical study to evaluate efficacy of homoeopathic medicines in the management of Malaria at Port Blair, Andaman & Nicobar Islands and Jaipur, Rajasthan. During the course of study following medicines were found therapeutically effective in Malaria and their reliable indications were identified.

1. Arsenicum album
2. China arsenicosum
3. Chininum sulphuricum
4. Cinchona officinalis
5. Caesalpenia bonducella
6. Gentiana chirata
7. Ipecacuanha
8. Natrum muriaticum
9. Nyctanthes arbortristis

* Report based on the research data obtained during the clinical studies on Intermittent fever at Port Blair, Andaman & Nicobar Islands during the years 1980-1992 and at Jaipur, Rajasthan 1979 to 1992.

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As observed, all these drugs have intermittent fever in their pathogenesis. The success rate of these medicines in the management of Intermittent fever of Malarial origin prompted further clinical evaluation of these medicines in intermittent fever irrespective of the etiology.

Amoora rohitaka, whose pathogenesis was being clinically verified separately was also included in the drug based evaluation study.

The objective was to verify and confirm the pathogensis of these drugs clinically. The study was started in the year 1989-90 at Andaman & Nicobar Islands which have a tropical climate and, therefore, offer a fertile ground for the incidence of various infections including Malaria, Influenza, Dengue etc.

Subjects and Methods

The patients who presented with Intermittent fever were selected from the outdoor patients department (OPD) of the Clinical Research Unit (CCRH), Port Blair, Andaman and Nicobar Islands. A total of 144 patients of different age-groups were registered for study. Of these, 87 were male and 57 female (Table-1).

The patients registered for study were subjected to pathological investigations apart from a detailed clinical assessment (Table-2 and 3).

The medicines were prescribed on the basis of frank symptomatic presentation and in potencies varying from 6CH to 200 CH. Gentiana chirata was used in mother tincture form also in 10-20 drops, depending on the age of the patient(s) and duration of illness, in 2/3 divided doses a days. (Table-6).

Although many subjects presented with chronic infection(s), the manifestations were acute in nature (Table-4 and 5). Therefore, a follow-up schedule of 2/3 days was adopted for clinical assessment and second prescription. The symptomatic data which formed the basis of first prescription was used for comparison with the symptomatic data at the outcome of the study. The patients who manifested a break in the cycle of fever and thereafter remained clinically silent for a considerable time, both objectively and subjectively, were deemed as cured.

The symptoms which were presented by the patient(s) on their first visit and the symptoms which disappeared under the influence of respective medicine(s) were taken as clinically verified and confirmed symptoms (Table-10). Different patients, depending on the duration and nature of the illness, took variable time from 5-39 days for recovery (Table-9).

TABLE -1 Age and Sex Distribution

Age Group (in Years)	*Total*	*Male*	*Female*
01 day – 5 years	10	06	04
05 yrs – 10 years	07	04	03
10 yrs – 15 years	04	03	01
15 yrs – 20 years	15	09	06
20 yrs – 25 years	23	12	11
25 yrs – 30 years	19	11	08
30 yrs – 35 years	22	13	09
35 yrs – 40 years	16	12	04
40 yrs – 45 years	10	04	06
45 yrs – 50 years	05	03	02
50 yrs – 55 years	04	03	01
55 yrs – 60 years	07	06	01
60 yrs and above	02	01	01
Total	144	87	57

TABLE-2 Presenting Signs and Symptoms

Symptoms	*No. of cases*
SUBJECTIVE	
Fever (Paroxysmal)	144
Headache	119
Malaise (Bodyache)	144
OBJECTIVE	
Anaemia	103
Splenomegaly	15
Hepatomegaly	26
Urticaria	04
Herpes labialis	12

TABLE-3 Laboratory Findings

	No. of patients
Malarial parasite (positive)	68
Erythrocyte Sedimentation Rate (elevated)	37
Leucocytopaenia	129

TABLE-4 Duration of Complaints

Period (days/months)	*No. of patients*		
	Total	*Male*	*Female*
1-30 days	137	84	53
1-3 months	03	01	02
3-6 months	02	01	01
6-12 months	02	01	01
Total	144	87	57

TABLE-5 Paroxysms of Fever

Frequency	*Total*	*Male*	*Female*
Daily	97	53	44
Twice a week	15	11	04
Weekly	08	06	02
Fortnightly	11	08	03
Monthly	12	08	04
Bi-monthly	01	01	--
Total	144	87	57

Result

Eight (8) of the 144 subjects registered for study were lost to follow-up. These were deemed as drop outs.

The homoeopathic medicines which were tried clinically in intermittent fever gave a mean success rate of 93 percent (see Table-6).

TABLE -6 Homoeopathic Medicines used in the Study

Name of drug	Potency	Prescribed to* (No. of Patients)	Sign and symptoms disappeared in (No. of Patients)	Percentage (%) (Improvement)
Ammora rohitaka	6	04	03	75
Arsenicum album	30,200	35	28	82
China arsenicosum	30	16	14	87.5
Chininum sulphuricum	30	02	02	100
Chinchona officinalis	6,30,200	07	07	100
Caesalpenia bonducella	6	28	25	89
Gentiana chirata	Q,6,30	21	19	90.5
Ipecacuanha	30,200	19	17	89.5
Natrum muriaticum	30,200	30	29	96.7
Nyctanthes arbortristis	6	02	02	100

TABLE-7 Improvement In Clinical Presentation

Clinical Presentation	Presented By	Disappeared In	Percentage(%)
Anaemia	103	94	91.2
Splenomegaly	15	14	93.3
Hepatomegaly	26	23	88.4
Urticaria	04	04	100
Herpes simplex (Labialis)	12	12	100

*Many patients received more than one medicine, depending on the change in symptomatic presentation, during the course of study.

TABLE-8 Haematological Improvement

Abnormality	*Presented in*	*Disappeared in*	*Percentage%*
Malarial vivex (positive)	68	66	97.06
Erythrocyte sedimentation rate (elevated)	37	32	86.49
Leucocytopaenia	129	115	89.15
Anaemia	103	94	91.26

TABLE-9 Duration of Treatment

Groups	*No. of Cases*
1-5 (days)	05
6-10	30
11-15	25
16-20	21
21 days-1month	39
1-2 months	24
Total	144

TABLE-10 Signs/Symptoms Clinically Verified During the Course of Study

Medicine	*Symptoms**
Amoora rohitaka	Fever with headache Flushes of heat on vertex Burning of eyes and feet, amel. by cold water application Splenomegaly Stitching pain in left hypochondrium (abdomen)
Arsenicum album	Paroxysm of fever, especially between 1-2 pm and 12-2 am Chill without thirst amel. by warmth (external) Skin dry, hot, burning (long lasting) Headache Flushes of heat (generalised) Urticaria Herpes simplex (Labialis) Vomiting (several times), after eating, drinking Insatible thirst: drinks little and often Restlessness. Weakness.

*Symptoms have been recorded as given by the patient(s) as far as possible. Their conversion into rubrics has been avoided in order to leave no change to subjective bias. However, at some places where presentation in a rubric form seemed to be explanatory in right prespective, the symptoms were converted into rubrics viz. Tongue, flabby, coated Yellowish in place of yellow coating of the tongue with swelling; headache, hammering, violent in place of violent hammering headache.

China arsenicosum	Chill begins in the afternoon Fever with chill, rigor, and bodyache Fever with violent headache Heaviness of head Tongue, flabby, coated yellowish Thirst during chill and hot stage Dry hard stool Pain in joints Weakness Laziness, lethargy
China sulphuricum	Chill begins with excessive thirst Chill with excessive thirst Heat with thirst and sweat Headache Muscular pains (Bodyache) Bitter taste
Cinchona officinalis	Paroxysm of fever, begins any hour of the day; never at night Chill without thirst Heat without thirst Sweat with great thirst Sweat during sleep and after covering the body Sweat, profuse, debilitating, localised over back, neck and parts laid upon Bitter taste Hepatomegaly Loose, semisolid stool Flatulence Weakness Debility Desires to be uncovered Sweating
Caesalpenia bonducella	Fever with chill and rigor Intermittent fever with chill and shivering agg. morning, afternoon; lasting 4-5 hours Pain, forehead and temples Fever in morning, evening Thirst during fever, when hot stage begins White, thin coating on the tongue Anorexia Nausea Aversion to take bath Dry hard stool
Gentiana chirata	Fever preceded by chills and followed by sweating, only at mid day Fever with chill and rigor Intermittent fever without any leading symptoms Coated tongue Constipated bowels Headache and muscular pains Bodyache Bitter taste and constipated bowels Enlarged spleen and liver Pain in joints H/o Malaria treated with modern medicines
Ipecacuanha	Chill without thirst, short Fever between 9-11 am Fever, irregular History of treatment with quinine Fever with chill, headache Heat with thirst Sweat, sudden, on upper part of body Vomiting Nausea, violent, retching Nausea and vomiting, long lasting Thin, white coating of the tongue Tongue, clean
Natrum muraticum	Paroxysms of fever, especially between 9-11 am Chills, long lasting Headache violent, hammering Heat with increased thirst Sweat with thirst Thirst for large quantities of water during fever Constipated bowels Vesicular eruptions on the lips (fever blisters)
Nyctanthes arbortristis	No particular time of paroxysm of fever Fever with muscular pains (bodyache) Headache High coloured urine Stool constipated Absence of clear cut indications

Observations and Discussion

During the course of study it was observed that the pathogenesis of respective drugs which formed the basis of their therapeutuic application in Malaria in the earlier study and confirmed to have significant prescription value, has been further validated. The signs and symptoms indicative of their application have been confirmed in a significant number of patients who presented with intermittent fever, (Table-6).

The symptoms which have been verified in respect of each drug indicates that these can form a reliable basis of prescription for Intermittent fever (Table-8). Also, these drugs may prove to be useful in various infections viz. Malaria, Dengue, Enteric fevers, HIV disease etc which present Intermittent fever as a salient feature.

In addition to the improvement in symptomatic clinical manifestations, there was a positive improvement in pathological state such as enlarged spleen and liver. As may be seen in the Table-7, enlarged spleen and liver was reversed in 93.3 and 88.4 percent of cases respectively.

Urticarial dermatoses (urticaria) was relieved in 100 percent cases as also herpes simplex (labialis) in 100 percent of cases (Table-7). While urticarial eruptions indicate presence of allergic diathesis and are self limiting over time, it was interesting to note that they did not recur during the course of study. It may be surmised that they might have been resultant to the presence of malarial parasitaemia.

The disappearance of anaemia, leucocytopaenia, splenomegaly and hepatomegaly also indicate that reversible pathological state respond to the homoeopathic medicine as a consequence of relief in functional sphaere. However, these conditions are clinical and, therefore, necessitate relief to be classified as clinical observations, for it is seldom that such conditions can develop during the course of provings. Also, they need to be repeatedly verified to qualify as valid observations (Table-7 &8).

While Cinchona officinalis and Chininum sulphuricum gave 100 per cent success rate, an infrequently used drug Nyctanthes arbortristis (in intermittent fever) also gave 100 per cent success rate (Table-6). The latter being of indigenous origin, may prove to be highly useful in the management of intermittent fever in the Indian context. The possibility warrants its extensive proving as well as further clinical verification of symptoms already ascribed for Nyctanthes arbortristis.

Gentiana chirata, another indigenous drug, also seems promising, in the clinical management of intermittent fever. Its toxicity needs to be studied as its material doses are used empirically as also its pathogenesis needs to be evolved further through extensive drug proving.

Many symptoms viz. headache, fever, constipation, vomiting as given by the patients, are general in nature and do not qualify to be leading to successful prescription. The population of patients studied did not elaborate symptoms to finer details. Perhaps they were not intellectually equipped to do so. As such these symptoms need be identified for further verification, preferably in a population of relatively higher intellect level.

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