

MALARIA & DENGUE FEVER TOGETHER CURED BY HOMOEOPATHY - EVIDENCE BASED CASE

Dr. Anita Nanakram Chawla, Nashik

B.H.M.S., M.D. (Homoeo)

Nashik's 1st M.D. Homoeopath

Mobile: **9423926336**

On 28-09-2015 at 12 noon, Mrs. X. aged 49 Years, a school teacher, came along with her son with following complaints.

- ❖ High grade fever with chills since 3 days.
Sudden onset, <evening
H/O: drenched in rain and was wet for longer period.
No H/O of mosquito bite.
No H/O dengue fever or malaria among the school teachers
- ❖ Severe Headache since 3 days,
Onset Sudden; <morning, more in evening.
- ❖ Appetite decreased since 3 days
- ❖ Severe throbbing pain behind eyes since 2 days,
- ❖ Body ache and generalised weakness since 2 days
- ❖ Retrosternal burning since 2 days

O/E:

PR: 108/min,

Temp: 103.8⁰F,

Tongue: Dry+, Slight White

Treatment

RHUX TOX 30 was given **every 2 hourly** as patient got drenched in rain, and was wet for longer period.

Also advised:

- To take nutritious diet.
- ORS

Follow up

30/09/2015 –

All complaints were as it is

PR: 108/min, **Temp:** 103.6⁰F

Investigations:

CBC – WBC – 3800

M.P. test – Trophozoites of Pl. Vivax positive

Dengue Antibody test – NS1 Ag positive & IgG Positive
Treatment:
RHUX TOX 200 was given every 2 hourly

01/10/2015 –

All complaints were as it is

PR: 113/min, **Temp:** 103.6°F

As all complaints were as it is, detailed case history was taken to give constitutional medicine

Past history: Chicken pox – 10 years old.

Personal History:

- **Desire** - Non-veg, sweet, bakery products
- **Thirst:** - Appro.2 – 2½ lit / day
- **Menses** - too late, scanty, dark red, Sticky
- **Thermal:** Hot
- Medium built

About his nature:

- Short tempered
- Lazy patient (indolent),
- Emotional, easily weeping,
- Craving for parental love & care,
- Doesn't like if someone says about her family,
- Company desire
- Loneliness feeling as all are busy watching mobiles

Diagnosis – Malaria & Dengue fever

Miasmatic Diagnosis – Psora

Homoeopathic Treatment

Magnesia Carb 30 – three times in a day

Indication of Magnesia Carb

Emotional, easily weeping,
Short tempered
Craving for parental love & care
Doesn't like if someone says about her family
Company desire
Loneliness feeling
Desire – Non-veg, Bakery product
Menses too late, scanty, dark red, Sticky
Retrosternal burning
Throbbing headache, severe throbbing pain behind eyes
Fever < evening

Follow up:

02/10/2015 –

Fever was reduced in morning. But it was again increased in evening 103.4⁰F
No retrosternal burning. Headache, bodyache and pain behind eyes reduced.
Appetite improved

Investigations:

CBC – WBC – 3100. HB% and Platelet count were good

Treatment: Mag. Carb 30 /3 times was repeated as there was slight improvement seen.

03/10/2015 –

Fever was reduced in morning. But it was again increased in evening to 101.8⁰F
No retrosternal burning. Headache, bodyache and Pain behind eyes reduced considerably

Appetite improved.

Treatment: placebo 3 times was given

05/10/2015 -

Fever came in evening 100.4⁰F. Continuous improvement seen

Investigation: CBC – WBC – 6600. HB% and Platelet count were good

Treatment: Placebo 3 times was given

06/10/2015 -

No further improvement seen

Treatment: Mag. Carb 30 /3 times was repeated

07/10/2015 –

No complaints. Placebo 3 times was given.

Investigation:

- **CBC – WBC – 7800.** HB% and Platelet count were good
- **M.P. test – Negative**
- **Dengue Antibody test – NS1 Ag negative and IgG Ab negative.** Only IgM Ab positive

Again investigations were not done as Dengue antibody test IgM Ab remains Positive for minimum 90 days (According to the **Pan American Health Organization** guidelines 93-99% of cases have detectable IgM by day six to ten of illness, which may then remain detectable for over 90 days)

08/10/2015 to 15/10/2015 - No complaints. Placebo 3 times was given per day


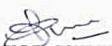
Discussion

- In Malaria and dengue fever, constitutional medicine is very important. After giving constitutional medicine, this patient started responding from next day onwards. Did not develop rashes and other complications such as internal bleeding, dropping of B. P., Jaundice, Cerebral Malaria (Coma), etc.

Conclusion

- ▶ Acute diseases like, Dengue fever & Malaria and very urgent cases can be treated very well by homoeopathy.
- ▶ Acute diseases can be treated faster than other conventional system of medicine.
- ▶ Complication of diseases can be avoided
- ▶ Sound knowledge of M.M. & O.P.

Reports Before Treatment (01 CBC)

		<ul style="list-style-type: none">● Pathology Laboratory● X - Ray● ECG● Stress Test● Health Check-Up
Near Vidya Vikas Circle, Mohiniraj Bus Stop, Gangapur Road, Nashik-13. Mobile : 9373900642. Ph. : 2573968. Time : 8 am. to 9 pm..		
PATIENT'S NAME : M. [REDACTED]	SAMPLE ID: II740	
REFERRED BY Dr.: DR. CHAWLA ANITA	DATE : 30-09-2015	
Complete Blood Count		
<u>TEST DONE</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
HAEMOGLOBIN	11.5	11.5 -- 14.5 gm/dl
Erythrocyte Count	3.76	3.8 -- 5.8 million per c.u. mm.
Leucocyte Count	3800	4000 -- 11000 per cu. mm.
<u>R.B.C. Indices</u>		
P.C.V.	35.7	35 -- 45 percent
M.C.V.	94.9	76 -- 100 femtolitres
M.C.H.	30.6	27 -- 33 pico-grams
M.C.H.C.	32.2	30 -- 35 percent
<u>W.B.C. differential count</u>		
Neutrophils	76	45 -- 70 percent
Lymphocytes	23	20 -- 50 percent
Eosinophils	00	0 -- 6 percent
Monocytes	01	0 -- 10 percent
Basophiis	00	0 -- 1 percent
<u>Peripheral Smear findings</u>		
Abnormalities of Leucocytes	Neutrophilia	
Abnormalities of Erythrocytes	Leucopenia	
Platelet Count	Absent	
Done on cell counter (Coulter)	1.93	1.5 -- 4.5 lakhs/cumm
 DR. GEETANJALI GONDKAR M.D. PATHOLOGY		

02 Dengue Antibody & MP test

Chikitsa
Diagnostics
ADVANCED HEALTH TECHNOLOGY

- Pathology Laboratory
- X - Ray
- ECG
- Stress Test
- Health Check-Up

Near Vidya Vikas Circle, Mohiniraj Bus Stop, Gangapur Road, Nashik-13. Mobile : 9373900642. Ph : 2573968.
Time : 8 am to 9 pm

PATIENT'S NAME : [REDACTED] SAMPLE ID: I1740
REFERRED BY Dr. : DR. CHAWLA ANITA DATE : 30-09-2015

<u>TEST DONE</u>	<u>RESULT</u>
Dengue Antibody Test	Negative For IgM Ab NS1 Ag & IgG positive
IgG Antibodies : Indicative of secondary infection.	
IgM Antibodies : Indicative of primary infection.	
Malarial Parasite	Trophozoites of PL. Vivax
Method : Thick Smear. Chances of detection are highest at the time of fever. Inability to see parasite in peripheral smear does not rule out Malaria. Smears on 2-3 times may be required in few cases.	

DR. GEETANJALI GONDKAR M.D. PATHOLOGY

During Treatment (03 CBC)

Chikitsa
Diagnostics
ADVANCED HEALTH TECHNOLOGY

- Pathology Laboratory
- X - Ray
- ECG
- Stress Test
- Health Check-Up

Near Vidya Vikas Circle, Mohiniraj Bus Stop, Gangapur Road, Nashik-13. Mobile : 9373900642. Ph : 2573968.
Time : 8 am to 9 pm.


PATIENT'S NAME : [REDACTED] SAMPLE ID: IJ67
REFERRED BY Dr. : DR. ANITA CHAWLA DATE : 02-10-2015

Complete Blood Count

<u>TEST DONE</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
HAEMOGLOBIN	12.3	11.5 - 14.5 gm/dl
Erythrocyte Count	4.20	3.8 - 5.8 million per c.u. mm.
Leucocyte Count	3100	4000 - 11000 per cu. mm.
<u>R.B.C. Indices</u>		
P.C.V.	39.0	35 - 45 percent
M.C.V.	92.9	76 - 100 femtolitres
M.C.H.	29.2	27 - 33 pico-grams
M.C.H.C.	31.4	30 - 35 percent
<u>W.B.C. differential count</u>		
Neutrophils	66	45 - 70 percent
Lymphocytes	30	20 - 50 percent
Eosinophils	02	0 - 6 percent
Monocytes	02	0 - 10 percent
Basophils	00	0 - 1 percent
<u>Peripheral Smear findings</u>		
Abnormalities of Leucocytes	Absent	
Abnormalities of Erythrocytes	Absent	
Platelet Count	1.51	1.5 - 4.5 lakhs/cumm
Done on cell counter (Coulter)		

DR. GEETANJALI GONDKAR M.D. PATHOLOGY

During Treatment (04 CBC)



Chikitsa
Diagnostics
SERVICE FAITH-TECHNOLOGY


- Pathology Laboratory
- X - Ray
- ECG
- Stress Test
- Health Check-Up

Near Vidya Vikas Circle, Mohiniraj Bus Stop, Gangapur Road, Nashik-13. Mobile : 9373900642. Ph : 2573968.
Time : 8 am to 9 pm

PATIENT'S NAME : XXXXXXXXXX	SAMPLE ID: IJ144
REFERRED BY Dr. : DR. CHAWLA ANITA	DATE : 05-10-2015

Complete Blood Count

<u>TEST DONE</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
HAEMOGLOBIN	11.9	11.5 – 14.5 gm/dl
Erythrocyte Count	3.98	3.8 – 5.8 million per c.u. mm.
Leucocyte Count	6600	4000 – 11000 per cu. mm.
<u>R.B.C. Indices</u>		
P.C.V.	37.8	35 – 45 percent
M.C.V.	95.0	76 – 100 femtolitres
M.C.H.	29.9	27 – 33 pico-grams
M.C.H.C.	31.5	30 – 35 percent
<u>W.B.C. differential count</u>		
Neutrophils	47	45 – 70 percent
Lymphocytes	47	20 – 50 percent
Eosinophils	01	0 – 6 percent
Monocytes	05	0 – 10 percent
Basophils	00	0 – 1 percent
<u>Peripheral Smear findings</u>		
Abnormalities of Leucocytes	Absent	
Abnormalities of Erythrocytes	Absent	
Platelet Count	1.82	1.5 – 4.5 lakhs/cumm
Done on cell counter (Coulter)		



DR. GEETANJALI GONDKAR M.D. PATHOLOGY

After Treatment (05 CBC)



Chikitsa
Diagnostics
SERVICE FAITH-TECHNOLOGY

- Pathology Laboratory
- X - Ray
- ECG
- Stress Test
- Health Check-Up

Near Vidya Vikas Circle, Mohiniraj Bus Stop, Gangapur Road, Nashik-13. Mobile : 9373900642. Ph : 2573968.
Time : 8 am to 9 pm

PATIENT'S NAME : XXXXXXXXXX	SAMPLE ID: IJ190
REFERRED BY Dr. : DR. CHAWLA ANITA	DATE : 07-10-2015

Complete Blood Count

<u>TEST DONE</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
HAEMOGLOBIN	11.3	11.5 – 14.5 gm/dl
Erythrocyte Count	3.86	3.8 – 5.8 million per c.u. mm.
Leucocyte Count	7800	4000 – 11000 per cu. mm.
<u>R.B.C. Indices</u>		
P.C.V.	36.9	35 – 45 percent
M.C.V.	95.6	76 – 100 femtolitres
M.C.H.	29.3	27 – 33 pico-grams
M.C.H.C.	30.6	30 – 35 percent
<u>W.B.C. differential count</u>		
Neutrophils	57	45 – 70 percent
Lymphocytes	39	20 – 50 percent
Eosinophils	02	0 – 6 percent
Monocytes	02	0 – 10 percent
Basophils	00	0 – 1 percent
<u>Peripheral Smear findings</u>		
Abnormalities of Leucocytes	Absent	
Abnormalities of Erythrocytes	Absent	
Platelet Count	3.08	1.5 – 4.5 lakhs/cumm
Done on cell counter (Coulter)		



DR. GEETANJALI GONDKAR M.D. PATHOLOGY

06 Dengue Antibody & MP test



- Pathology Laboratory
- X - Ray
- ECG
- Stress Test
- Health Check-Up

Near Vidya Vikas Circle, Mahiniraj Bus Stop, Gangapur Road, Nashik-13. Mobile : 9373900642, Ph : 2573968.
Time : 8 am to 9 pm

PATIENT'S NAME : 	SAMPLE ID: IJ190
REFERRED BY Dr. : DR. CHAWLA ANITA	DATE : 07-10-2015

TEST DONE

Malarial Parasite
Method : Thick Smear. Chances of detection are highest at the time of fever. Inability to see parasite in peripheral smear does not rule out Malaria. Smears on 2-3 times may be required in few cases.

Dengue Antibody Test

IgG Antibodies : Indicative of secondary Infection.
IgM Antibodies : Indicative of primary Infection.

RESULT

Not Seen

**Negative For IgG Ab & NSI
Ag. IgM Ab positive**


DR. GEETANJALI GONDKAR M.D. PATHOLOGY