



**TITLE: REVIEW ON DENGUE FEVER AND HOMOEOPATHIC MANAGEMENT**

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**ABSTRACT:** The infectious tropical disease dengue fever, commonly referred to as break-borne fever, is brought on by the dengue virus. Dengue is a global threat that affects people everywhere in the world. Its deadly breakouts are becoming more frequent in India day by day. It is Vector-borne disease which is transmitted by the bite of an infected mosquito, usually occurs in tropical and subtropical region of the world. Symptoms including Fever, headache, muscle pain, joint pain and skin rashes. According to WHO, an estimated 500,000 people require hospitalization each year. The Mortality rate in dengue fever is near about 1% to 5% if untreated and less than



1% with proper treatment and management. In Dengue Hemorrhagic Fever, mortality rate is too high, near about 26%. Up till now no Vaccine is available for dengue, and there is no effective treatment. Homoeopathy has been proven to be effective as prophylactic and therapeutic in large population of endemic dengue areas. Homoeopathic medicines like Eupatorium, Arsenicum album, ferrum phos. Etc. are important drugs in treatment of dengue fever and it is an excellent substitute for Dengue.

**KEY WORDS:** Dengue fever, Dengue Virus, Aedes aegypti.

**INTRODUCTION:** Acute viral infections like dengue can have deadly consequences. The Swahili phrase Ka-dinga pepo, which translates to “cramp-like seizure,” is where the word “dengue” originates. Dengue is Vector-borne disease which is transmitted by the bite of an infected mosquito usually occurs in tropical and subtropical region of the world, predominantly in urban and semi-urban areas, and now spreading to rural areas. Aedes aegypti and Aedes albopictus mosquitoes are the primary vectors of transmissions. There are four serotypes of the virus responsible for dengue infection which are known as DEN-1, DEN-2, DEN-3 and DEN-4. Infection with any serotypes confers lifelong immunity to that Virus serotype. Secondary Infection with Dengue serotype 2 or multiple infection with different serotype leads to severe form dengue DHF/ DSS. Although dengue fever is typically benign and self-limiting, but a small number of cases will develop into the hemorrhagic variant, which causes bleeding from several organs and mucosal surfaces and for which the mortality is about 5 %. There is no confirmed treatment



.for dengue, nor is there a vaccine. Several parts of India are in the grip of dengue outbreak with its spread in new areas including local outbreak in Europe and southern parts of United States. <sup>(1,5)</sup>

The dengue virus is spread by Aedes mosquitoes. These mosquitoes are commonly referred to as tiger mosquitoes because of their greater size and black and white stripes, which make them easy to identify. During and right after the rainy season, mosquitoes reproduce in artificial water accumulations in and around human homes, such as water found in broken bottles, abandoned tins, flower pots, fire buckets, clay pots, tree holes, and coconut shells. The virus takes roughly seven to eight days to grow inside its body and spread the illness. Typically, they bite during the day. During the febrile (viremia) phase of dengue sickness, the female Aedes aegypti typically contracts the virus by feeding on a human's blood. <sup>(4)</sup>

### **Clinical manifestations**

A dengue virus infection can induce dengue fever (DF), dengue hemorrhagic fever (DHF), including dengue shock syndrome (DSS), or undifferentiated febrile sickness (viral syndrome).

#### **1. Undifferentiated fever**

Infants, children and adults who have been infected with dengue virus, especially for the first time (i.e. Prima dengue illness), they can experience a mild fever that is similar to other viral infections. Maculopapular rashes may accompany the fever or



may appear during defervescence. Upper respiratory and gastrointestinal symptoms are common. <sup>(5)</sup>

## **2. Classical dengue fever**

Dengue fever can affect people of any age or gender. Compared to adults, children typically experience a milder illness. An incubation period of 3 to 10 days (usually 5–6 days) is characteristic of the sickness. The onset is sudden, accompanied by chills, a high fever, a severe headache, and joint and muscular discomfort that limits movement. Within a day, photophobia and retroorbital pain, especially with eye movements or pressure, appear. Extreme weakness, anorexia, constipation, changed taste perception, colicky discomfort, tenderness in the abdomen, dragging pain in the inguinal region, sore throat, and sadness are some typical symptoms. <sup>(5)</sup>

Fever is usually between 39°C and 40°C. A remission lasting a few hours to two days usually follows a fever, though this is not always observed (biphasic curve). Eighty percent of cases had skin eruptions during the remission or the second febrile phase, which lasts one to two days. The symptoms that accompany the rash are similar but less severe. The symptoms that accompany the rash are similar but less severe. During the first half of the febrile phase, the face, neck, and chest may have diffuse flushing, mottling, or brief pin-point eruptions. On the third or fourth day, the rash may become noticeable and may be maculopapular or scarlatiniform. It begins on the chest and trunk and can occasionally migrate to the face and limbs. Hyperesthesia and itching may



accompany it. Desquamation may occur after the rash, which might linger for two hours to several days. Fever lasts for about 5 days, rarely more than 7 days after which recovery is usually complete although convalescence may be protracted <sup>(8)</sup>.

### **3. Dengue Haemorrhagic Fever**

DHF is sever form of dengue fever. The sickness starts suddenly after the incubation period and progresses through three stages: febrile, critical, and recovery.

#### **Febrile phase**

Patients typically develop high-grade fever suddenly. This acute febrile phase usually lasts 2–7 days and is often accompanied by facial flushing and headache. Generalized stomach pain, tenderness at the right costal border, vomiting, epigastric discomfort, and anorexia. During the first few days the illness usually resembles classical DF, but maculopapular rashes usually rubelliform type, is less common. It could show up early in the illness or late. Mild haemorrhagic manifestations like petechial and mucosal membrane bleeding (e.g. nose and gums) may be seen. The earliest abnormality in the full blood count is a progressive decrease in total white cell Count, which should alert the physician to a high probability of dengue. <sup>(4,5)</sup>

#### **Critical phase**

An increase in capillary permeability may occur concurrently with rising haematocrit levels during the defervescence period, which is typically days 3–7 of illness, when the temperature falls to 37.5–380C or lower and stays below this level. Plasma leakage typically occurs with progressive leukopenia and a sharp drop in



platelet count. Clinically substantial plasma leakage often occurs between 24 and 48 hours. At this point patients without an increase in capillary permeability will improve, while those with increased capillary permeability may become worse as a result of lost plasma volume. <sup>(4,5)</sup>

When a crucial amount of plasma is lost due to leakage, shock happens. Warning symptoms frequently precede it. When shock happens, the body temperature may be below average. With prolonged shock, the consequent organ hypo perfusion results in progressive organ impairment, metabolic acidosis and disseminated intravascular coagulation. <sup>(4)</sup>

### **Recovery phase**

The extra-vascular compartment fluid gradually reabsorbs over the next 48 to 72 hours if the patient makes it through the critical 24-48-hour period. Diuresis follows, overall health improves, appetite returns, gastrointestinal symptoms subside, and hemodynamic state stabilizes. The dilution action of reabsorbed fluid causes the haematocrit to stabilize or possibly drop. White blood cell count usually starts to rise soon after defervescence but the recovery of platelet count is typically later than that of white blood cell count. <sup>(4)</sup>

### **Useful homoeopathic remedies for dengue with Indications. <sup>(1,6,7)</sup>**

**Eupatorium perfoliatum** – It's the best suited homeopathic Medicine for dengue fever, where platelet count gets low and there is intense pain in joints. Known as



“Bone-set” due to the speedy way it reduces muscle and limb discomfort that comes with certain feverish illnesses, such as influenza, dengue, and malaria.

**Rhus toxicodendron** – It has a wonderful action in dengue fever with chill and red vesicular eruptions, and also acts Very well in joints pain in fever, Influenza, with aching in all Bones. [Eup. Perf.] etc.

**Arsenic album** – Acute-acting homeopathic treatment for sudden fevers. This homeopathic Medicine is often used as a preventive drug for Dengue Fever. High temperature. Great heat around 3 a.m. Periodicity marked with Marked weakness. Cold sweats, marked exhaustion. Delirium;

worse after Midnight. Great mental restlessness. Disproportionate weakness accompanied with fainting and a quick sinking of key energies. Unquenchable thirst, drinks water little and Often.

**China Officinalis** –appropriate homeopathic treatment for any fever that causes the body to become weak from losing essential fluids, This treatment is necessary for debility caused by exhausting discharges and loss of essential fluids. Periodicity is most marked.

**Gelsemium sempervirens**: well-known homeopathy remedy in fever cases with chill in spine and also known as 3D medicine i.e. for DULLNESS DIZZINESS & DROWSINESS. Fever accompanied with dizziness, drowsiness, dullness and



trembling. Patients want to be held because he shakes so much. Chill without thirst. Pulse is slow while quiet, but greatly accelerated on motion. Pain in forehead behind eyes. The patient wants to lie still and with their head up on a high pillow. Sometimes, a heavy urine flow helps to reduce headaches. Want to be left alone and quiet; she doesn't want to talk or have anyone around her, even if they are silent.

**Aconitum Napellus** –Acute homeopathic medicine in sudden fevers. First remedy in inflammations, inflammatory fevers. Aconitum napellus indicated in the beginning of the disease when complaints are sudden, violent, with anguish and restlessness. It becomes unbearable in the evening and before bedtime due to the heat, burning thirst for plenty of cool water, hard, full, and frequent pulse, nervous impatience, inappeasable, beside himself, and tossing around in agony. To be prescribed for fever with face red, or pale and red alternately and skin dry and hot. Cold stage is most marked. Cold sweat and icy coldness of the face. Coldness and heat alternate. All symptoms were relieved by the sweat dripping on the areas that were left.

**Crotallus horridus** –it's a suitable homeopathic medicine in dengue fever cases having haemorrhagic tendency. It is often suggested for Dengue haemorrhagic fever, where the Platelet.

count goes very low. Diseases brought on by the system's prior low state; low septic typhoid or malarial fever; chronic alcoholism; depleted vital force; and genuine collapse.





**Bryonia Alba**- useful in cases where joint and muscle pain is severe and gets worse with every movement. Stitching and tearing aches are stronger at night, significantly exacerbated by motion, and relieved by rest.

**Arnica Montana** – favourable homeopathic medicine for dengue fevers with sore, lame and bruised feeling in all body. Fever with Drawing pains as if in the periosteum.

**Belladonna** –best homeopathic medicine for high fever we can think of this homeopathic medicine when the fever is of sudden and violent nature. Sudden onset of symptoms. Fever accompanied with heat redness , throbbing and burning. No thirst with fever. Cool extremities and Throbbing headache. Pain in forehead behind eyes. The fever is worse at night. Fever with delirium and throbbing headache, eyes red & glistening, the skin is Hot and burning. Pains comes and goes suddenly. Fever may be followed by a Profuse sweat which brings no relief.

**Phosphorus**–another homeopathy remedy with Haemorrhagic diathesis. Can be useful for both basic and hemorrhagic cases of dengue fever.

**Lachesis**- Lachesis, like all snake poisons, breaks down blood, making it more fluid; as a result, there is a noticeable predisposition for hemorrhage. Fever with Chills, Intermittent fever every spring.



**Pyrogenum**– For septicaemia; puerperal or surgical, during course of diphtheria, typhoid or typhus, Septic fevers. Latent pyogenic condition in Dengue fever. Temperature rises rapidly. Extreme heat and a lot of hot perspiration, but sweating doesn't lower body temperature.

**Apis Mellifica**- Fever with Chilliness (periodic at 3 P.M). Heat predominates, without thirst (usually), with drowsiness. Heat and throbbing in the head, relieved by pressure. Sweat not marked, skin usually dry.

**Ferrum PHOS**- Fever with Chill daily at 1 p.m. All catarrhal and inflammatory fevers; first stage. In febrile situations, this medicine stands midway between the Aconite and Gelsemium. It can be distinguished by the pulse, which is full and bounding under Aconite and soft and flowing with Gelsemium. No aconite's nervous restlessness or Gelsemium's sleepiness and dullness. It can be used frequently in biochemic doses in 3x/6x potencies in all cases for the control and support.

**Baptisia**- This homeopathic drug resembles the symptoms of malarial poisoning, septic blood disorders, low fevers, and acute prostration. Beneficial for severe muscle and prostration aches associated with dengue illness. An unexplained feeling of sickness. There is constant putrid phenomena and severe muscle discomfort. Epidemic influenza.



**Muriatic acid-** Homeopathic medicine for Dengue Fever with extreme prostration. Cold extremities. Heat without thirst. Typhoid type fever, Haemorrhages. Involuntary discharges. Homeopathic Prophylaxis for Dengue Fever.

### **PREVENTION OF DENGUE FEVER (2,3)**

#### **1.PERSONAL PROPHALATIC MEASURES**

- Use of mosquito repellent creams, coils, mats, liquids Etc.
- Wearing of full pants with socks and full sleeve shirts.
- Using bed nets to protect newborns and young children from mosquito bites during the day

#### **2.BIOLOGICAL CONTROL**

- Utilizing larvivorous fish in fountains, ornamental tanks, etc.
- Use of biocides

#### **3.CHEMICAL CONTROL**

- Chemical larvicides, such as abate, are used in large breeding containers.
- Aerosol space spray during day time

#### **4.ENVIRONMENTAL MANAGEMENT & SOURCE REDUCTION METHODS**

- Detection & elimination of mosquito breeding sources
- Management of roof tops, porticos and sunshades
- Proper covering of stored water
- Reliable water supply
- Observation of weekly dry day



## 5.HEALTH EDUCATION

- Educate the general population about the illness and its vector using a variety of media, such as radio, television, movie slides, etc.

## 6.COMMUNITY PARTICIPATION

- Sensitizing and involving the community for detection of Aedes breeding places and their elimination.

## CONCLUSION:

The intension behind this article is to explore the therapeutic knowledge of homeopathic medicine in the management of dengue fever. Homeopathic medicine are very safe and effective in dengue

fever. This medicine are prescribe individually for every case as per totality of symptoms. The dose and potency will be prescribed as per requirement of individual case.

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