

A Study Of Efficacy Of Homeopathic Management Of Chikungunya

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Abstract: Background: In today's era viral infections are increasing all over the world. One of the viral infection which demands study is Chikungunya. The present study shows the efficacy of Homeopathic Medicines in Chikungunya. Objective: To ascertain the role of Homeopathic medicine in Management of Chikungunya. Material & Method: Purposive Sampling for research purpose will be done. Selection of the medicine will be according to concept of individualization. Selection of the potency and repeatation was based on laws of homeopathic Posology which is described in organon of medicine. Result: In study mostly adults are more affected and acute cases are more present. Mostly higher potency was used. Conclusion: Our study has concluded that homeopathic Medicine has shown the efficacy in treatment of chikungunya. Cases were under the supervision of Homeopathic Physician (Dr. Vipul Shastri) [Shastri V Natl J Integr Res Med, 2021; 12(2):57-60]

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Introduction: Recently in the world and in India also large number of population is suffering from different viral infections. Among them, Chikungunya is also one of the viral infection from which mankind is suffering.

It is also seen that even after taking the medicines of Chikungunya, people are suffering from problem after it. So by this study we are trying not only to give cure but also to give relief in Post-Chikungunya problems which will help the mankind to reduce the suffering.

Chikungunya is Makonde word (One of the language of Tanzania) meaning "that which bends up"¹. And that is present in symptomatology also by severe joint pain. It was first isolated from patients during epidemic in Tanzania in 1952-53. This disease is caused by Group A Virus² It belongs to family Togaviridae.

The first recorded chikungunya outbreak was in Kolkata in 1963. This was followed by epidemics in Tamil Nadu, Andhra Pradesh and Maharashtra in 1964-65 and in Barsi in 1973. CHIKV then seems to have disappeared from India. The virus reemerged in 2006 after a gap of 32 years and caused an explosive outbreak affecting 13 states affecting about 1.3 million people. The state first affected were Andhra Pradesh, Karnataka, Maharashtra, Madhya Pradesh, Tamil Nadu, Gujarat and Kerala. All ages and both sexes were affected³.

It is transmitted by mosquito usually Aedes Aegypti which tends to bite during day hours.

Symptoms are usually High grade fever, muscle pain, skin rash and most important dominant Arthralgia. Arthralgia is one of the debilitating symptoms. Other symptoms include Headache, Conjunctiva infection, Slight photophobia, Insomnia and Extreme degree of Prostration.

Investigations which are necessary are CBC, ESR, CRP with Investigation important for Diagnosis of Viral Disease eg. PCR, ELISA, IgG for Chikungunya.¹ Recovery is depending upon the age. So this study will help for fast recovery and also to deal with Post -Chikungunya effects also.

Material and Methods: The research is carried out by experimental methodology.

A. Clinical Study: Study includes collection of data and cases of Chikungunya. Study included collection of data and cases from C.D.Pachchigar College of Homeopathic Medicine and Hospital, Surat from September 2006 TO December 2007.

B: Case Definition: Patient suffering from Chikungunya and willing to take homeopathic treatment was taken as case for the study after application of inclusion as well as exclusion criteria.

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C. Case Design: After conducting the preliminary study, it was decided that which patients are satisfying the criteria and then after inclusion was done. Detail history and clinical examination was done.

D. Sampling Procedure: Every case attending the OPD and IPD and which fitted into the case definition was taken for the study. Proper follow-up will be maintained as per the protocol.

E. Selection of Drug /Remedy: After detail case taking the case assigned to a group depending on the indication patterns.

F. Dose and Strength of Drug (Selection Of Potency): The potency and repetition was based on the laws of Homoeopathic Posology described in the Organon of Medicine.

G. Preparation and Administration Of The Drug: Medicine to be used was prepared according to method of dynamisation. Oral administration of the liquid or globules as per the requirement.

H. Storage: As per the directives in standard pharmacopoeia.

I. Clinical Protocol: The data was collected by proper method and will be processed in a standardized format with following aspects. Total project was sanctioned through "ETHICAL COMMITTEE". Pt was selected on the basis of case definition. Detail of research work was explained to patients through "Patients information sheet" and "Informed Consent Form" were taken from the patients. Nosological diagnosis will be done by clinical diagnosis and required investigation.

J. Inclusion Criteria: People with classical clinical manifestation of Chikungunya were included in the study and treated as outdoor patient.

k. Exclusion Criteria: Those who had not taken the medicine regularly. Those who had left the treatment in between. Those who had taken the other mode of treatment also.

L. General Management: Patients were advised general measures for control as well as for good prognosis.

M. Criteria For Follow Up: It was differing from pt to pt but important parameters based on the

homoeopathic principles will be considered for it. Follow up will be taken every 7 to 15 days. And as and when required.

N. Investigation: Required and appropriate investigation was done from time to time. Special case paper and follow-up paper will be prepared for the study.

Result: Study of Duration was 15 months. Assessment of progress was based on clinical progress made by individual subject and changes found in the investigation. Detail qualitative data was collected. All collected data and observations were subjected to statistical study. Total 30 cases were studied.

Male And Female Incidence According To Age Group: Study shows total 20 male and 10 female were observed. So ratio was 67% male and 33% female. Total 3 children, 23 Adult and 4 old patients were observed. So % was 13% Child, 77% Adult and 10% old.

According to Acute or Chronic: Ratio of Acute cases were 23 and chronic cases were 7. So 77% cases were acute and 23% were chronic.

3. Ratio of Different Potency was Low: 3, Medium: 6 and High: 23

4. Ratio of Constitutional, Intercurrent and Antimiasmatic Medicines: Constitutional: 25 cases, Intercurrent: 02 cases Miasmatic: 3 cases
5 Homoeopathic Medicines were used as follow. Rhus tox: 7, Eupatorium: 4, Bryonia: 4, Dulcamara: 3 Kalmia, Cedron, Ledum pal, Gelsemium in 2 cases. Sulphur, Belladonna, Apis mel and Carbo-V in one cases.

6. Ratio of cured, improved and Uncured:
Total cases cured: 16 Improved: 05 Uncured: 09
So ratio of Cured; 53%, Improved 17% and Uncured; 30

Discussion: Observed result and analysis were compared with significant findings and discussed.

It is more seen in adults. Recovery was good in the child age and less in older age group. More acute cases were seen during the research study.

So it is very important to work as per Aphorism 5 which indicates "Useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease".

Aphorism 73 as per the organon of Medicine which indicates "As regards acute diseases, they are either of such a kind as attack human beings individually, the exciting cause being injurious influences to which they were particularly exposed. Excesses in food, or an insufficient supply of it, severe physical impression, chills, over heating, dissipation, strains, etc., or physical irritations, mental emotions, and the like, are exciting causes of such acute febrile affections; in reality, however, they are generally only a transient explosion of latent psora"⁴. As per this symptoms which were important for above medicines were

Rhus Tox: Ailments from getting wet, While perspiring are important exciting causing factors with that Motion always "Limbers up" the rhus tox patient hence he feels better for a time from change of position. Restlessness. This symptom was present in the initial stage of Chikungunya⁵. In Eupatorium P. violent, aching bone breaking pain, Weakness and periodicity and High grade fever were major symptoms⁶. Dulcamara which is medicine for Hot days and cold nights. With effect of damp weather and most important pain in the limbs are aggravated by every cold change⁵.

Rejikumar⁶ et al. in their preventive study on chikungunya selected Eupatorium perfoliatum as the genus epidemicus. As stated by Hahnemann that in epidemic diseases the genus epidemicus may not be same, it may vary in two different localities and at two different phases/time of the same epidemic. In their study they selected the genus epidemicus by surveying the patients in two different areas (Neyyattinkara and Vizhinjam)⁷.

Our study was not to find out Genus epidemic but it was seen that different symptoms were there in different patients which has been shown in Analysis. Thus in the case of acutest, which owing to the virulence of their etiologic agents awaken symptoms common to most susceptible individuals, individualised remedies must exhibit similitude.

The epistemological foundations of Hahnemann's Homoeopathy as preventive medicine has also been vividly discussed by Teixeira⁷ and the same has been implemented in this trial which further adds to the merit of this trial.

Bryonia alba 30C as genus epidemicus was better than placebo in decreasing the incidence of chikungunya in Kerala. The efficacy of genus epidemicus needs to be replicated in different epidemic settings⁸.

As per above study; Bryonia is effective and in our study also it was seen that Bryonia was effective in four cases. The symptoms are just opp. to rhus tox where motion has aggravated the complaint. Most important dropsical swelling was seen. Character of pain was different. Pace of the complaint was slow which is also described as Complaint apt to develop slowly.

Complete recovery was seen in 84.5% Chikungunya Fever cases in a mean time of 6.8 days. 90% cases of Post-Chikungunya Chronic Arthritis recovered completely in a mean time of 32.5 days⁹.

Duration which was seen above study was not exactly in our study but it was seen that those patients who are taking homeopathic medicines from the beginning have quick result and those who have taken first other mode of treatment in that it was taking prolong period to get relief.

It was observed that there was a very quick result in acute cases. But important is the totality of symptoms which was important aspect. Another important aspect was the selection of potency and during the study it was observed that High Potency was more effective in Acute cases. It has given effective result.

Evidence that homeopathy may be effective in prevention of the above vector-borne diseases, as well as an add on therapy, especially in reducing the intensity of the disease and decreasing the duration of stay at hospital is enough to invoke more studies on this front, with better methodology and compliance levels.

As per this study Limitations of this study were small sample size a, it was difficult to objectively assess the relationship between persistent joint pains and Chikungunya virus infection. All patients included in the study fulfilled the clinical and epidemiological diagnostic criteria. Majority were not laboratory confirmed cases¹⁰.

Same thing was observed during our study also. And it was observed that homeopathic medicines are effective in Post-Chikungunya

affection but individualizing approach is the approach which can treat the patient.

Conclusion: After the research work it was concluded that homoeopathic medicine has shown the efficacy in the treatment of Chikungunya. It was observed that patients who were cured by homoeopathic medicines were not suffering from Post-Chikungunya affections. It was observed that patients who were treated by other mode of treatment were suffering from Post-Chikungunya affections. But for all this Good case taking, correct totality of symptoms, Selection of medicine and Selection of Proper potency is required. So we can say that Homoeopathy has very good efficacy in treatment of Chikungunya.

However, further randomized controlled trials with a larger sample size and longer follow up duration are required to conclusively establish these findings.

References:

1. Harrison. Text book of Practice of Medicine. 15th Edition. Published by Mcgrow Holl company; in 2002.U.S.A. ;Editors are Eugene Braunwald and others/ Pg no: 1234
2. Park, K., Park's Text Book of Preventive and Social Medicine. 17th Edition, M/s Banarsidas Bhanot, Jabalpur, 2002,Page no:289
3. Central Council of Research in Homoeopathy (CCRH) Homoeopathic Perspectives In Chikungunya. Fact Sheet (Internet) Dr. Raj K. Manchanda 5 et al. Availabe on www.ccrhindia.nic.in
4. Sarkar B.K. Hahnemann's Organon of Medicine Ninth edition Published by Birla Publicantion, Delhi; 2006-07 Page no: 116,161.
5. William Boericke. New Manual of Homoeopathic Materia Medica with and Repertory. Published by B.Jain Publisher, New Delhi Augmented edition based on Ninth edition 2002. 132, 255.
6. Phatak S.R. Materia Medica And Homoeopathic Medicines. Published by IBPS, Delhi. 1977. 240
7. Rejikumar R, Dinesh RS. Chikungunya Fever Epidemic 2006 Study Report; Govt. Homoeopathic Medical College Thiruvanathapuram [internet] Available from:[http://www.ihma.in/media/chikungunya .pdf](http://www.ihma.in/media/chikungunya.pdf).
8. KR Janardanan Nair,S Gopinadhan, TN Sreedhara Kurup 9et al.. Homoeopathic Genus

Epidemicus 'Bryonia alba'as a prophylactic during an outbreak of Chikungunya in India: A cluster randomised, double blind, placebo controlled trial. Indian JournalofResearchinHomoeopathy2014; 8 (3): 160-165.

9. Gyandas G Wadhvani. Homeopathic drug therapy Homeopathy in Chikungunya Fever and Post-Chikungunya Chronic Arthritis: an observational study. The Faculty of Homeopathy 2013 July; 102 (3): 193-198.
- 10.Tushita Thakur. Post chikungunya arthritis treated with individualised homoeopathy a case study. World journal of pharmaceutical research. 2017; 6 (6): 844-852

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