

A Study on the Prophylactic Efficacy of Homoeopathic Preventive Medicine Against Chikungunya Fever

Dr R Rejikumar, Dr R S Dinesh et al

Abstract

Homoeopathy has established its supremacy in the control of infectious viral diseases. The widespread acclaim in this regard is now supported by this study. The study was conducted in the Chikungunya fever hit areas of Kerala. The genus epidemicus was selected after detailed analysis of the first cases of Chikungunya. This preventive medicine was widely distributed in the disease prevalent areas. A survey was conducted for the evaluation of prophylactic efficacy. The study showed a very high significant effect of Homoeopathic medicine in the prevention of Chikungunya fever.

Key words : Homoeopathy, Prophylaxis, Genus Epidemicus, Chikungunya fever

Introduction

Homeopathic prophylaxis had its beginnings with the father of homeopathy, Dr. Samuel Hahnemann (1755 – 1842). During a 1799 scarlet fever outbreak in Germany, Dr. Hahnemann observed that three children in a family contracted the disease, but the fourth remained unaffected. The fourth had been treated with homeopathic Belladonna for an unrelated joint problem. Dr. Hahnemann reasoned that perhaps the dose of Belladonna had protected the child from scarlet fever as well as treated the joint affliction. Soon afterward, he was able to test his theory when, in another of his patient's families, three children in a family of eight contracted scarlet fever. Hahnemann administered homeopathic Belladonna to the remaining un-afflicted five, and all five remained symptom free. Hahnemann continued using Belladonna during this epidemic, and soon conventional physicians took note and began using the same protocol. Of 10 allopathic physicians who were reporting their results with Belladonna, 1,646 children were prophylactically treated and then exposed to scarlet fever, but only 123 children (7.4%) developed symptoms (during the same time, disease from exposure ran as high as 90%). Hahnemann subsequently detailed his success and prophylactic recommendations in an 1801 booklet called Cure and Prevention of Scarlet Fever.

In Kerala, there has been periodic outbreaks of epidemics, viz. Japanese Encephalitis, Weil's disease, Cholera, Chickenpox, Viral Conjunctivitis and Dengue fever. The latest turn was that of Chikungunya fever.

Chikungunya is a relatively rare form of viral fever caused by an alphavirus that is spread by mosquito bites from the *Aedes aegypti* mosquito, though recent research by the Pasteur Institute in Paris claims the virus has suffered a mutation that enables it to be transmitted by *Aedes Albopictus* (Tiger mosquito). The name is derived from the Makonde word meaning "that which bends up" in reference to the stooped posture developed as a result of the arthritic symptoms of the disease. The disease was first described by Marion Robinson and W.H.R. Lumsden in 1955, following an outbreak on the Makonde Plateau, along the border between Tanganyika and Mozambique, in 1952. Chikungunya is closely related to O'nyong'nyong virus. Chikungunya is not considered to be fatal. However, in 2005-2006, 200 deaths have been associated with chikungunya on Réunion island and a widespread outbreak in Kerala.

The symptoms of Chikungunya (also called as Chicken Guinea) include fever which can reach 39°C, (102.2 °F) a petechial or maculopapular rash usually involving the limbs and trunk, and arthralgia or arthritis affecting multiple joints which can be debilitating. There can also be headache, conjunctival infection and slight photophobia. In the present epidemic in the state of Andhra Pradesh in India, high fever and crippling joint pain is the prevalent complaint. Fever typically lasts for two days and abruptly comes down, however joint pain, intense headache, insomnia and an extreme degree of prostration lasts for a variable period, usually for about 5 to 7 days.

Dermatological manifestations observed in a recent outbreak of Chikungunya fever in Southern India includes the following:

1. Maculopapular rash
2. Nasal blotchy erythema
3. Freckle-like pigmentation over centro-facial area
4. Flagellate pigmentation on face and extremities
5. Lichenoid eruption and hyperpigmentation in photodistributed areas
6. Multiple aphthous-like ulcers over scrotum, crural areas and axilla.

7. Lymphoedema in acral distribution (bilateral /unilateral)
8. Multiple ecchymotic spots (Children)
9. Vesiculobullous lesions (infants)
10. Subungual hemorrhage

Aims & Objectives

1. To assess the efficacy of Homoeopathic medicine in the prevention of Chikungunya.
2. To determine the magnitude of incidence, clinical features, mortality , social & economic impact of the Chikungunya epidemic.

Materials & Methods

After detailed analysis of Chikungunya cases in Neyyattinkara & Vizhinjam, the Genus epidemicus was selected to be Eupatorium perfoliatum. The 200th centesimal potency of this medicine was given in 15 doses (3 doses daily for 5 consecutive days). The distribution was done through various agencies, NGOs, FRAT etc. The details of distribution were recorded for the feedback study. The survey form for feedback study was prepared in Malayalam (Annexure-2A & 2B). The efficacy survey was conducted in the period of 20th – 30th November 2006 in the epidemic hit areas of Vizhinjam, Valiathura, Pothencode, Manacaud & Kamaleswaram, where preventive medicines were also distributed.

Survey Details

The field survey team comprised of 36 students of III BHMS course headed by the survey supervisor, Dr. Sheela A. S (Head of the Dept. of community Medicine). The survey data entry team comprised of 52 Post Graduate students in the various departments. (Annexure-3). The Computerised data entry team comprised of 5 Post Graduate students. (Annexure-4). The Data analysis was done by subject experts.

Results & Discussion

Total persons surveyed : 2000
 Excluded cases : 376
 Cases included : 1624

Treatment Group

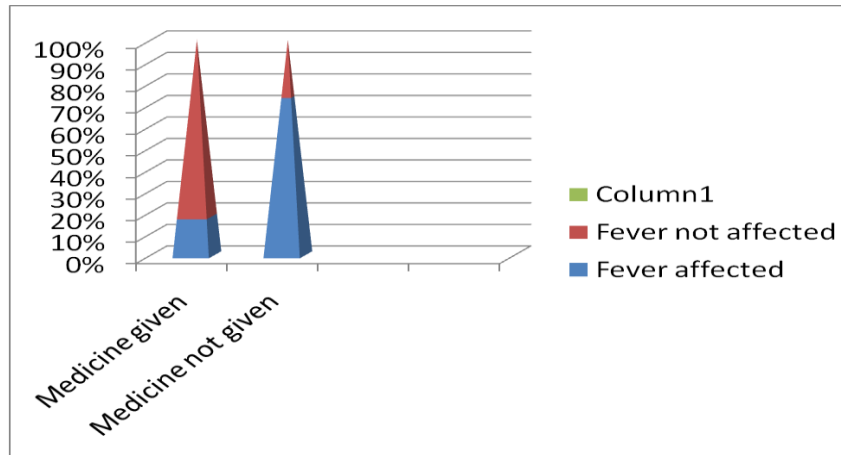
Total no. of persons who have taken Homoeopathic Preventive Medicine : 1061
 Total no. of persons who were affected with fever after the medicine : 189
 No. of persons in which the preventive was effective : 872
 % Efficacy : 82.19 %

Control Group

Total no. of persons who haven't taken Homoeopathic Preventive Medicine : 563
 Total no. of persons who were affected with fever : 413
 No. of persons protected naturally (ie, without medicine) : 150
 % of cases protected naturally (ie, without medicine) : 26.64 %

Statistical Analysis (see Annexure – 1)

	Fever affected	Fever not affected
Medicine given	189	872
Medicine not given	413	150



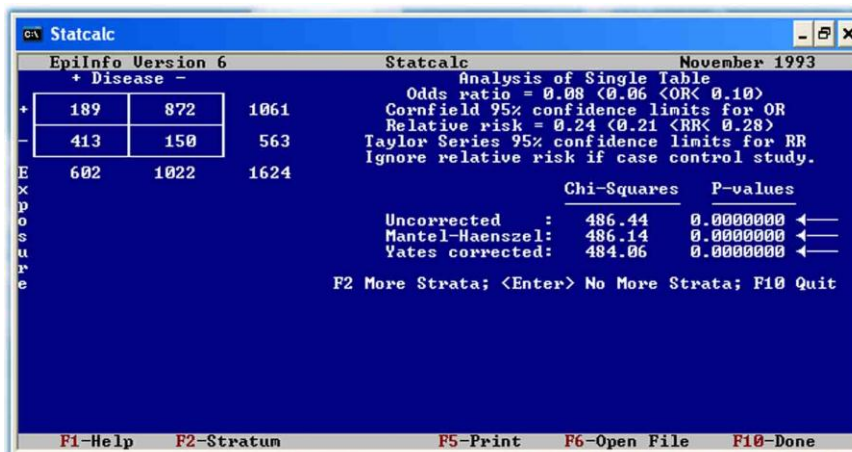
Chi square test value = 486.44
 P value < 0.0001
 The study is highly significant.

Conclusion

The Homoeopathic preventive medicine distributed for Chikungunya epidemic was highly effective.

ANNEXURE – 1

BIostatISTICS REPORT & ANALYSIS



I do hereby certify that the study was carried out by the Post Graduate Scholars of Government Homoeopathic Medical College, Thiruvananthapuram under my guidance based on standard research protocol and the result is showing very high significance pointing the efficacy of Homoeopathic preventive medicine in preventing Chikungunya Fever.
 (Sd/-)

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 Dept. of Community Medicine
 Medical College, Thiruvananthapuram

ചികിത്സാസൗകര്യം /പങ്കെടുപ്പിപ്പതി
ഹോമിയോപ്പതി പ്രതിരോധ ഔഷധ ഫലസിദ്ധി പഠന സർവ്വേ

• പേര്: _____ • വയസ്സ് : _____ • പു/ സ്ത്രീ/കു: _____

• വിലാസം: _____

• തൊഴിൽ: _____ • വരുമാനം: _____

• കുടുംബാംഗങ്ങളുടെ എണ്ണം: _____

• പഞ്ചായത്ത്/മുൻസിപ്പാലിറ്റി/കോർപ്പറേഷൻ/വില്ലേജ്/താലൂക്ക്/ജില്ല: _____

1) ഹോമിയോപ്പതി പ്രതിരോധ ഔഷധം കഴിച്ചിട്ടുണ്ടോ? ഉണ്ട് ഇല്ല

2) നിർദ്ദേശാനുസരണം കൃത്യമായി ഔഷധം കഴിച്ചിട്ടുണ്ടോ? ഉണ്ട് ഇല്ല

3) പ്രതിരോധ ഔഷധം കഴിച്ചിരുന്ന സമയത്ത് മറ്റു മരുന്നുകൾ ഉപയോഗിച്ചിട്ടുണ്ടോ?
 ഹോമിയോപ്പതി അലോപ്പതി ആയുർവേദം ഇല്ല

4) മറ്റേതെങ്കിലും രോഗത്തിന് ദീർഘകാലമായി ചികിത്സയിലായിരുന്നുവോ?
 ഹോമിയോപ്പതി അലോപ്പതി ആയുർവേദം ഇല്ല

5) പ്രതിരോധ ഔഷധം കഴിച്ചതിനുശേഷം പനി ബാധിച്ചിട്ടുണ്ടോ? ഉണ്ട് ഇല്ല
 പനി ബാധിച്ചിട്ടുണ്ടെങ്കിൽ _____

6) പ്രതിരോധ ഔഷധം കഴിച്ച് എത്രദിവസം കഴിഞ്ഞ് പനി ബാധിച്ചു? 1-7 8-14 15-28

7) എത്രദിവസം പനി നീണ്ടു നിന്നു? 1-7 8-14 15-28

8) പനിയോടൊപ്പം ഉണ്ടായിരുന്ന ലക്ഷണങ്ങൾ
 കഠിനമായ ശരീരവേദന സന്ധിവേദന നടുവേദന തലവേദന
 പേശിവേദന കുളിരും.വിറയലും ചർദ്ദി തിണർപ്പുകൾ

9) പനിമൂലം ആശുപത്രിയിൽ കിടത്തി ചികിത്സിച്ചിരുന്നുവോ? ഉണ്ട് ഇല്ല
 ഉണ്ടെങ്കിൽ: ഹോമിയോപ്പതി അലോപ്പതി ആയുർവേദം

10) എത്രദിവസം _____ 1-7 8-14 15-28

11) ലബോറട്ടറി പരിശോധനകൾ നടത്തിയിരുന്നോ? ഉണ്ട് ഇല്ല

12) ആകെ എത്രദിവസം ചികിത്സവേണ്ടിവന്നു 1-7 8-14 15-28

13) പനിമൂലം എത്ര ദിവസത്തെ കോലി/ക്ലോസ്റ്റ് നഷ്ടപ്പെട്ടു? 1-7 8-14 15-28

14) പനിയുടെ ചികിത്സ ചെലവിനായി എത്ര രൂപ ചെലവഴിച്ചു? <500 >500 >1000

15) ചികിത്സാഫലം: രോഗം പൂർണ്ണമായും ഭേദപ്പെട്ടത് രോഗമുർച്ഛ മരണം

മേൽപ്പറഞ്ഞ വിവരങ്ങൾ സത്യമാണെന്ന് ഞാൻ ബോധിപ്പിക്കുന്നു.

ഗ്രഹണാമന്റെ പേര്: _____ ഒപ്പ്: _____

സർവ്വേ നമ്പർ: _____ സ്ഥലം: _____ തിയതി: _____ സമയം: _____

സർവ്വേ സംഘാംഗത്തിന്റെ അഭിപ്രായം: _____

സർവ്വേ സംഘാംഗത്തിന്റെ പേര്: _____ ഒപ്പ്: _____

സർവ്വേ സംഘത്തലവന്റെ പേര്: _____ ഒപ്പ്: _____

കമ്മ്യൂണിറ്റി മെഡിസിൻ ഡിപ്പാർട്ടുമെന്റ്
ഗവൺമെന്റ് ഹോമിയോപ്പതിക് മെഡിക്കൽ കോളേജ്, തിരുവനന്തപുരം. Ph : 2459459

ANNEXURE – 2B

SURVEY FORM FOR FEEDBACK STUDY (English version)

CHIKUNGUNYA / EPIDEMIC FEVER HOMOEOPATHIC PREVENTIVE MEDICINE EFFICACY SURVEY

Name : _____ • Age : _____ • Sex: _____
 • Address : _____
 • Occupation : _____ • Income : _____
 • No. of family members : _____
 • Panchayat/ Municipality/ Corporation/ Village/ Taluk/ District : _____

-
- 1) Have you taken Homoeopathic Preventive Medicine? Yes No
- 2) Have you taken the medicine in the prescribed dose? Yes No
- 3) Have you taken any other medicine in between? Yes No
 If yes, specify Homoeopathy Allopathy Ayurveda Other
- 4) Were you under any chronic medication? Yes No
 If yes, specify Homoeopathy Allopathy Ayurveda Other
- 5) Have you developed fever after taking preventive medicine? Yes No
 If yes,
- 6) After how many days did fever develop? 1-7 8-14 15-28

ANNEXURE – 3

SURVEY DATA ENTRY TEAM

Sl. No	Name of PG Scholar	Dept	Survey Forms	Remarks
1	Dr. Anisha P. J	MM	101-20, 1001-1020	
2	Dr. Anuji . A. John	Ph	21-40,1021-1040	
3	Dr. Arun Raj	OM	41-60, 1041-1060	
4	Dr. Asha R	Ph	61-80, 1061-1080	
5	Dr. Ashamol K. N	Ph	81-100,1081-1100	
6	Dr. BabySini	CR	101-120,1101-1120	
7	Dr. Baiju M.S	OM	121-140,1121-1140	
8	Dr. Beena Abraham	OM	141-160,1141-1160	
9	Dr. Deepa A. S	OM	161-180,1161-1180	
10	Dr. Deepa S.S	OM	181-200,1181-1200	
11	Dr. Dileep Chandran	MM	201-220,1201-1220	
12	Dr. Femina	MM	221-240,1221-1240	

13	Dr. Gopu Sankar	OM	241-260,1241-1260	
14	Dr. Jayanthi.N.K	Ph	261-280,1261-1280	
15	Dr. Joby.J	OM	281-300,1281-1300	
16	Dr. Jyothisai	MM	301-320,1301-1320	
17	Dr. Kavitha V. S	OM	321-340,1321-1340	
18	Dr. Lali I.S	PM	341-360,1341-1360	
19	Dr. Lekshmi V.R	OM	361-380,1361-1380	
20	Dr. Lekshmpriya T	PM	381-400,1381-1400	
21	Dr. Lima M. L	PM	401-420,1401-1420	
22	Dr. Manju G. S	Ph	421-440,1421-1440	
23	Dr. Manju Rani. M	OM	441-460,1441-1460	
24	Dr. Namitha K.R	CR	461-480,1461-1480	
25	Dr. Nebu P Mathew	CR	481-500,1481-1500	
26	Dr. Nisha A. N	Ph	501-520,1501-1520	
27	Dr. Padma Suganya	Ph	521-540,1521-1540	
28	Dr. Pradeep Kumar K	PM	541-560,1541-1560	
29	Dr. Preeta Nair	CR	561-580,1561-1580	
30	Dr. Ranjini. C	MM	581-600,1581-1600	
31	Dr. Rejikumar.R	OM	601-620,1601-1620	
32	Dr. Sajeev.V	PM	621-640,1621-1640	
33	Dr. Saleena	PM	641-660,1641-1660	
34	Dr. Saritha Kolarath	MM	661-680,1661-1680	
Sl. No	Name of PG Scholar	Dept	Survey Forms	Remarks
35	Dr. Sedhy P Issac	MM	681-700,1681-1700	
36	Dr. Seema Murali	CR	701-720,1701-1720	
37	Dr. Simi C.S	CR	721-740,1721-1740	
38	Dr. Simi Sarang	CR	741-760,1741-1760	
39	Dr. Sindhu Venugopal	Ph	761-780,1761-1780	
40	Dr. Smitha K Mohan	PM	781-800,1781-1800	
41	Dr. Smitha M Nair	MM	801-820,1801-1820	
42	Dr. Smitha P.S	CR	821-840,1821-1840	
43	Dr. Smitha R.S	MM	841-860,1841-1860	
44	Dr. Sophy.R.Das	PM	861-880,1861-1880	
45	Dr. Sreekumar	CR	881-900,1881-1900	
46	Dr. Sreerekha	PM	901-920,1901,1920	
47	Dr. Thanka R	OM	921-940,1921-1940	
48	Dr. Thrushala R.J	Ph	941-960,1941-1960	
49	Dr. Vineetha	CR	961-980,1961-1980	

50	Dr. Usha	CR	981-1000,1981-2000
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ANNEXURE – 4

COMPUTERISED DATA ENTRY TEAM

Sl. No Name of PG Scholar Dept

- 1 Dr. Rejikumar.R OM
- 2 Dr. Narayana Prasad CR
- 3 Dr. Dinesh R.S MM
- 4 Dr. Mridula Gopinathan PM
- 5 Dr. Ariharan.S Ph

ANNEXURE – 4

COMPUTERISED DATA ANALYSIS TEAM

1. Dr. Sajith Kumar MD
Dept. of Community Medicine,
Medical College, Thiruvananthapuram
2. Dr. R. S Dinesh MD(hom)
State Chairman, Indian Homoeopathic Research Centre
3. Dr. R. Rejikumar MD(hom)
State Secretary, Indian Homoeopathic Medical Association

ANNEXURE – 6

BASIC DATA ANALYSIS (BDA) SHEET

No	Date	Locality	Name	Age Group (in years)				Sex
				< 1	1 - 12	13 - 40	> 40	
801	28/11	pothencode	surendran				56	m
802	28/11	pothencode	sujith			24		m
803	28/11	pothencode	meena				44	f
804	28/11	pothencode	geetha			39		f
805	28/11	pothencode	rakesh krishnan			19		m
806	28/11	pothencode	rajamma				62	f
807	28/11	pothencode	molly			28		f
808	28/11	pothencode	swarnamma				70	f
809	28/11	pothencode	visakh		8			c
810	28/11	pothencode	sudheendran				42	m
811	28/11	pothencode	shruthi			12		c
812	28/11	pothencode	saraswathy				82	f
813	28/11	pothencode	jinadev			22		f
814	28/11	pothencode	hema			30		f
815	28/11	pothencode	alby				40	m
816	28/11	pothencode	manikandan nair				41	m
817	28/11	pothencode	asha			32		f
818	28/11	pothencode	sasikala				40	f
819	28/11	pothencode	madhavan				68	m
820	28/11	pothencode	swarnamma				56	f

APPENDIX

Notations used in the Survey Data Analysis Sheet (see ANNEXURE – 4)

No Survey form serial number

1a Answer to the 1st question is YES (see ANNEXURE – 1B)

1b Answer to the 1st question is NO

(Similarly a number followed by an alphabet is used respectively to denote the question number and answer choice to enter the survey data into analysis sheet)

4d	5a
1	

Answer to the 4th question is 4th answer choice (Other)

4d	5a
	0

Answer to the 5th question is 1st answer choice (Yes) ie, the person was affected with fever
0 indicates that this person belongs to control group (ie he/she has not taken homœopathic preventive medicine)

ACKNOWLEDGEMENTS

1. Dr. V. M. Janakikutty, Principal & Controlling Officer, Government Homœopathic Medical College, Thiruvananthapuram
2. Dr. S. Saveesh Kumar, Superintendent Government Homœopathic Medical College Hospital, Thiruvananthapuram
3. Dr. A. S. Sheela, Head of the Dept., Dept. of Community Medicine, Government Homœopathic Medical College, Thiruvananthapuram
4. Dr. S. Sajith Kumar, Asst. Professor, Dept. of Community Medicine Medical College, Thiruvananthapuram
5. Dr. M. Premachandran, State President, IHMA
6. Dr. K. Narayana Pai, State General Secretary, IHMA