RETROSPECTIVE & PROSPECTIVE STUDIES ON MALARIA WITH HOMOEOPATHIC MEDICINES

KEYWORDS:

Plasmodium parasites, Anopheles mosquito, splenomegaly, paroxysmal chill, heat, sweat, invasion of RBC with parasites, reliable indications, test group, controlled group, significant, non-significant.

SUMMARY:

The programme was designed to ascertain the efficacy of constitutional / indicated drug prescribed on the basis of totality of symptoms. Then to determine the effect of Azadiracta ind. Q, Alstonia sch.Q, Gentiana chi.Q, Chininum sulph.3x, Nyctanthes Q, after prescribing on their indications. Finally to prescribe indicated Homoeopathic medicine along with above mother tincture and to document the results, and to compare the results of above three categories.

Results obtained from above three groups were process for statistical evaluation and it was found the results obtained from the group where “mother tincture and indicated potency medicine” were prescribed are far superior than other two groups.

INTRODUCTION:

Malaria is one of the oldest diseases recorded in the book, probably originated in Africa. The fossils of the mosquitoes up to 30 million years old showed that the vector for the malaria was present well before the earliest history. Plasmodium parasites are highly specific with man as the only vertebrate host and anopheles mosquito as vector.

Hippocrates in 5^{th} century B.C. gave the classical description of Malaria, Charak and Shsruta of Ayurvedic celebreties gave vivid description of the disease and associated it with the bite of mosquitoes. In ancient Italy, people associated Malaria with bad air, ‘Mala’aria’ from which the name Malaria is derived.

In 1880, Laveron, a French Army Surgeon discovered the Malaria parasite in Algiers, North Africa. In 1891, Romanowski in Russia developed a new method of staining blood films, which made possible complete studies of the malaria parasites. In 1894, Manson hypothesized that mosquitoes transmit malaria. In 1897, Ronald Ross confirmed the hypothesis in Secunderabad (A.P.) and completed his work on life cycle of malaria parasites in 1898 at Clacutta.

Malaria a protozoal disease characterized by paroxysm of chill, fever, splenomegaly and invasion of red blood corpuscles by parasites.

Malaria is one of the wide spread disease in the world occurring roughly between latitudes 60 degree North and 40 degree South (Fig.-1), It occurs mostly in the tropical areas of the world. There are 143 countries or areas in the world which are still partly or wholly malarious. In Europe malaria is recorded in Turkey. In Africa situation is worse. 45 countries, south of Sahara are reported to be affected. In South East region of WHO, malaria continues to be a problem in 8 of the member countries.

At present 300 million people are affected by malaria globally. Malaria kills over 1 million people each year that means 2 deaths every minute. Every year there are over 300 million new cases of clinical malaria.

Distribution varies form country to country and within the country themselves. As the flight range of vector from a suitable habitat is fortunately limited to a maximum of 2 miles not taking account of prevailing wind.

Disease is endemic in 91 countries and name of Africa, India, Brazil, Afganisthan, Sri Lanka, Thailand, Indonesia, Vietnam, Cambodia and China are important.

Although 4 species are responsible for disease but Plasmodium falciparum is the predominant species with 20 million new cases and 1 million deaths annually. It is the Pl. falciparum, which has given rise to a drug resistant strain

In India about 4 million people are affected by malaria annually and Orissa accounts for largest number of malarial cases as well as largest number of Pl. falciparum cases.

In 2000, Orissa accounts 25% of cases of malaria registered, for 40% of Pl. falciparum, 46% of malaria death, and for more than 50% death due to cerebral malaria reported from all other the country (Fig-2,3,4).

According to a survey conducted by National Malaria Eradication Programme 2000, 872 people died of cerebral malaria in India. Out of these 452 cases was reported from Orissa.

In Orissa most of the cases were reported from tribal dominated areas last year such as

Keonjhar – 72 deaths due to cerebral malaria.

Ganjam – 65 deaths due to cerebral malaria.

Kalahandi – 65 deaths due to cerebral malaria.

Koraput – 50 deaths due to cerebral malaria.

Malaria and poverty go together. Its greatest burden falls on those who can least afford to pay for prevention and treatment especially in a developing country like India and specially in the state like Orissa.

Children below 5 and pregnant women are at high risk or we can say undoubtedly that our future is at high risk.

From above study the magnitude of the disease is well understood. Despite measures to control malaria by physicians / epidemiologist, through multi dimensional approach to attack agent/ host/ environment, it has utterly failed, which is envisaged from above exposition.

Looking to the therapeutic capabilities of Homoeopathic drug all Homoeopaths are curing chronic malarial cases either chloroquine resistant or maltreated or neglected cases with appropriate constitutional remedies from the very inception of the science.

Because we all are aware of the fact that Hahnemann, the founder of Homoeopathy, while translating into German Cullen's materia medica, he found that Cinchona cured ague. He thought why Cinchona will not produce similar symptoms like ague, when taken by healthy human being. He experimented on himself and found true and which gave rise to his mind the principle of "*Similia Similibus Curentur"* and gave birth to the science called Homoeopathy, just like falling apple was to Newton and his discovery of gravitational force. If Cinchona bark study and ague gave rise to the birth of Homoeopathy how malaria can not be cured with Homoeopathic medicines? However, proper documentation of cured cases are not been done in Homoeopathy. Therefore, it was felt imperative to carry out a study to explore the efficacy of Homoeopathic drugs in the treatment of malaria.

A study was carried out to find out the efficacy of Homoeopathic medicine in this disease in two phases.

Phase-I A retrospective study from the case record of the Author's clinic from 1979 till date.

Phase-II A prospective study was carried out to ascertain the efficiency of Homoeopathic drugs in acute state of fever carried out at old town Govt. dispensary of Keonjhar.

The aims / objectives, methodology and results and their analysis are delineated below:

Aims / Objectives:

- To find out most effective drug(s) with their frequency by a retrospective study of cured cases.
- To find their reliable indications.
- To find out the effects of following drugs in 'Q' form in acute stage of malaria.
- To find out the effects of indicated drugs prescribed on the basis totality of symptoms along with the above drugs in 'Q' forms.

Methodology:

The criteria for diagnosis of the disease were as follows:

(i) Fever (with typical attack) cold stage, hot stage and sweat stage.

(ii) Examination of thick blood film to find out malaria parasite.

Parameters fixed to assess the case were as follows:

1) Positive response:

a. *Marked Improvement*:

Disappearance of fever for more than 1 year along with no M.P. on blood films.

b. *Moderate Improvement*:

Disappearance of fever for more than 1 year with or without M.P. on blood films.

c. *The frequency of relapse / magnitude* of fever has reduced with / without M.P. in blood film.

2) Negative response:

a. No improvement: Patient did not improve inspite of proper treatment.

b. Dropped out: Patient did not stick to the treatment for a long time.

For collection of repetition schedule results following parameters were fixed:

a) Single dose: Indicated drug(s) prescribed in single dose and allowing patient to wait for sufficient period of time.

b) Daily repetition: Indicated drug is administered daily.

For potencies, some case were prescribed with centesimal potency and some cases with 50 millesimal potency.

Results:

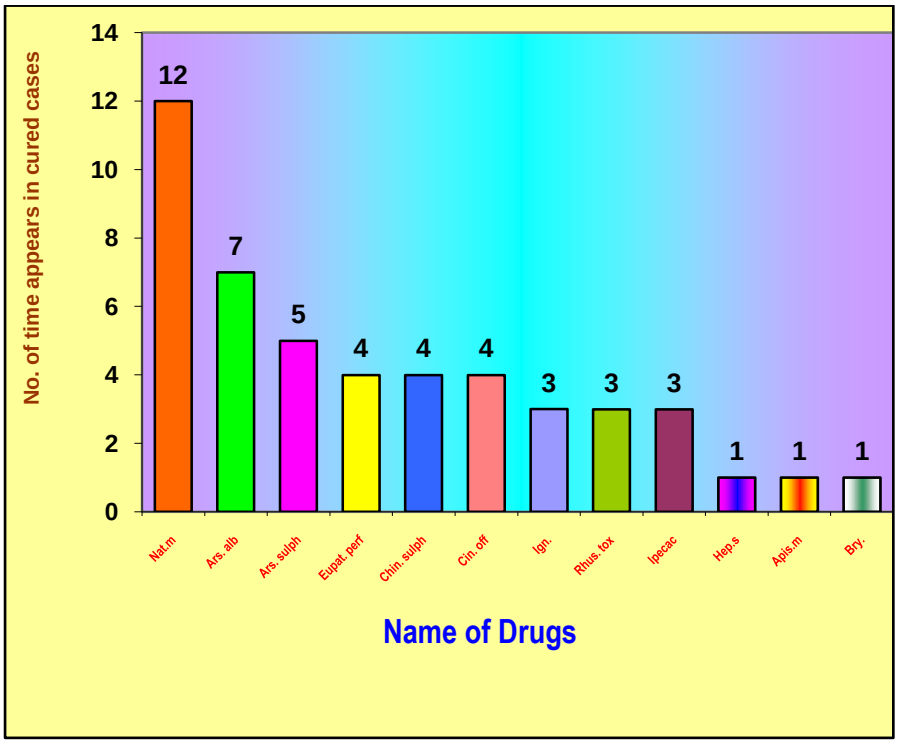
Results obtained from retrospective study of 82 patients of chronic malarial cases including maltreated / neglected / quinine resistance cases reported during the period of treatment out of which 45 got positive respons, where prescription were made on the basis of totality of symptoms.

Results obtained were as follows:

Frequency Table

Name of drags	Nat. mur.	Ars. alb	Ars. sulph	Eupat. perf	Chin. sulph	Cin. off	Ign.	Rhus. tox	Ipec.	Hep. s.	Apis.m	Bry.
No. of time appears in cured case	12	7	5	4	4	4	3	3	3	1	1	1

Let us now delineate the reliable indications of few drugs of cured cases.



Reliable indicationsof cured drugs:

Nat. mur

Fever paroxysmal <11 a.m. - 12

Fever with dry tongue with thirst - 12

Constipation	-	12
Anaemia	-	8
Anorexia	-	8
Hot patient	-	8
Desire salt	-	7
Desire bitter	-	7
M.P. (+) tive	-	6

Ars. alb.

Fever < mid day / mid night	-	7
Restlessness	-	7
Patient is exhausted	-	7
Patient is chilly	-	7
Thirst for small quantity of water at small interval	-	6
Likes to take warm drinks	-	6
Aversion to sweet	-	4
M.P. (+) tive	-	4

Ars. sulph.

Fever < mid day / mid night	-	5
Restlessness	-	5
Weakness	-	5
Patient is hot	-	5
Thirst for small quantity of water at small interval	-	4
Aversion to sweet	-	4
M.P. (+) tive	-	4

Eupt. Perf.

Fever < morning hours	-	4
Chilliness preceded by thirst	-	4
Aching of bones & soreness of body	-	4
Head ache	-	4
Head ache not relieve after fever	-	4

Bitter taste in mouth with thirst - 3

M.P. (+) tive - 3

Chin.sulph

Fever < afternoon 3-5 p.m. - 4

Chilliness - 4

Severe frontal headache - 4

Anaemia - 3

M.P. (+) tive - 2

Cinchona off..

Paroxysmal fever - 4

Anticipatory chill - 4

Weakness - 4

Chilly patient - 4

Anaemia - 4

Spleen enlargement - 3

Irritable - 3

Desire for sour food - 3

M.P. (+) tive - 2

With above protocol and parameters a controlled trial was carried out to assess the effect of following drugs in mother tincture form in 10 to 20 drops doses in 1 to 2 hrs. intervals in 36 patients (test group) and 10 (control group) patients. Results obtained are presented below in tabular form:

Results of drugs in mother tincture form:

Drugs	Azadiracta ind.		Alstonia sch.		Nyctanthes		Gent. chi.		Chin.sulph. 3x		Total	
	(+) response	(-) response	(+) response	(-) response	(+) response	(-) response	(+) response	(-) response	(+) response	(-) response	(+) response	(-) response
Test group	3	3	4	3	5	2	4	4	4	4	20	16
Control group		2		2		2		2		2		10

From above cured cases a reliable indications of drugs were prepared which were as follows:

Reliable Indications of drugs in mother tincture form:

Azadiracta indica – Q:

- Afternoon fever - 3
- Sweat on upper part of body - 2
- Fever with aching pain - 2

Alstonia scholaris – Q:

- Malarial fever with diarrhea/ diysentery / indigestion - 4
- Anaemia - 3
- Diarrhoea < after eating - 3

Nyctanthes – Q:

- Fever with thirst before & during Chill & heat stage - 4
- Sweat stage most mark - 4
- Constipation - 4

Gentiana chirata – Q:

- Chill with nausea & bitter vomiting - 3
- Desire for hot drinks in heat stage - 3

Chininum sulph – 3x:

- Chill < 3 p.m. - 3
- Subnormal temperature - 3
- Painful swelling of veins - 2
- Sensitiveness of dorsal spine - 2

In the next phase of a prospective study / controlled study carried out where indicated medicine in potency(ies) along with above drugs in mother tincture form were given with their indications. Trial was given in 46 cases, [test group-31 cases, control group – 15 cases].

Results obtained are documented which are follows:

Results of mother incture with indicated potency medicine.

Drugs	Azadiracta ind. With indicated potency medicine		Alstonia sch. With indicated potency medicine		Nyctanthes With indicated potency medicine		Gent. Chi. With indicated potency medicine		Chin.sulph. 3x With indicated potency medicine		Total	
	(+) response	(-) response	(+) response	(-) response	(+) response	(-) response	(+) response	(-) response	(+) response	(-) response	(+) response	(-) response

Test group	4	1	5	1	10	0	3	1	5	1	27	4
Control group												15

Final results table on efficacy of Homoeopathic drugs in treatment of Malaria

Drugs	Results of Hom. Medicine in potency Gr.-I		Results of Hom. Medicine in in 'Q' form Gr.-II		Results of Hom. Medicine in potency along with mother tincture Gr.-III	
	(+) response	(-) response	(+) response	(-) response	(+) response	(-) response
Test group	45	31	20	16	27	4
Control group	0	0	0	10	0	15

Discussion:

Results obtained were processed for reliability test through chi-square test by using (2x2) contingency table. On referring the chi-square table with 1 degree of freedom, the value of chi-square for a probability of 0.05 is 3.841, the calculated values were as follows:

Group-I : 0.01

Group-II : 9.84

Group-III : 31.88

From this result, it is concluded that,

Group-I the null-hypothesis is accepted and the result is "non-significant".

Group-II the null-hypothesis is rejected and the result is "significant".

Group-III the null-hypothesis is rejected and the result is "significant".

Again looking the calculated value of group-II and group-III it is noticed that the value of group-III is higher so the result obtained in group-III (i.e. Homoeopathic indicated remedy in dilution with drug in mother tincture) is superior than group-II (indicated mother tincture prescribed, to malaria cases.

CONCLUSION:

From above study it is envisaged that when indicated Homoeopathic potency medicine is prescribed with mother tincture with their indication the cure rate is augmented / fostored perhaps due to following reasons:

a) Disease malaria has both acute and chronic phase. The indicated medicine is taking care of the constitution and patient as a whole whereas the mother tincture is taking case of the acute exacerbation / acute symptoms of the patient.

b) Drugs have varied kind of actions such as synergetic / complementary / cognate / inimical / antidotal etc. Here the acute and chronic remedies are synergetic to each other which is a new dimension of the drug properties in relationship of Homoeopathic drugs which needs to be explored.

Or

c) Medicine prescribed in alternation with each other or prescribed in series are not new to the practice of medicine. When the evolution of disease is centrifugal (from mental plane to physical plane) the single medicine, in infrequent repetition is the principle of application but when disease evolution is centripetal i.e., from physical / chemical / mechanical / biological the principle of application is perhaps different. In support of this the Hannemann's concept can be quoted from his writing at 72 aphorism footnote. In most urgent cases where danger to life, immediate death allows no time for the action of Homoeopathic medicine, Antipathic mode of treatment is required. But further details regarding exact modalities and applications have not been delineated. Perhaps here "Mother Tincture" is combating the material cause 'parasites' immediately and indicated Homoeopathic potency medicine are correcting the dyscrasia at late part by acting through vital force.

This particular project is an ongoing project of a P.G. student of my department. This result will be verified in larger number of cases to opine concretely tomorrow.

Author is helpful, if this hypothesis will be true in practice, then it will pave a path for many such diseases where cure rate is very low in Homoeopathy in such diseases of centripetal evolution and may acute emergencies can be tackled easily. Then Homoeopathic I.P.D. will be flooded with patient.

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