

- Diabetes and its complications
- Chionanthus virginica
- Repertorial tracing of Diabetes
- Managing Fever - To Suppress or Not

HomeoBuzz

CONTINUING MEDICAL INFORMATION

Vol. 15, No. 04, July 2020, Total No. of Pages 16

Dear Readers,

Time is exhibiting its power, reminding of Nature's predominant supremacy over the so called evolutions. Darwin's theory is getting testified during this struggle for existence, where only the fittest will survive. Fitness as a term has evolved carrying greater significance for mental than physical aspect. Mind at both conscious and subconscious levels, is under enormous stress which ultimately impacts the body at somatic levels. This happens with majority of us, but in few, stress penetrates the psyche deeper causing depression, anxiety, OCD like psychiatric troubles. Population suffering from such mental troubles is on a surge and the real number of these sufferers is obscure owing to the attached stigma. Failed expectations, disappointments, and increasing distances with family and friends are instrumental in inflating psychiatric consequences.

Growing through good and bad times, we build up emotions, thoughts, beliefs and values, which drive us in the directions of our dreams. Name and fame appear to be far more easily attainable than it used to be in earlier times, given the advent of digital social platforms. Easy popularity is a mirage, which traps its beguiled seekers who fail to identify the oblivion.

Circumstances warrant us to educate our young ones to target short term goals one by one according to their ability and to accept failures as an essential part of life. Failures aren't final as perceived, rather they are customized doors opening up to another levels of the game of life, designed according to unique capabilities of every player. One should stay true, keep playing with best foot forward and never lose faith in self .

With best wishes.....

Kuldeep Jain
Chief Editor

Dr. Vasundhara
Editor

Dear Doctors,

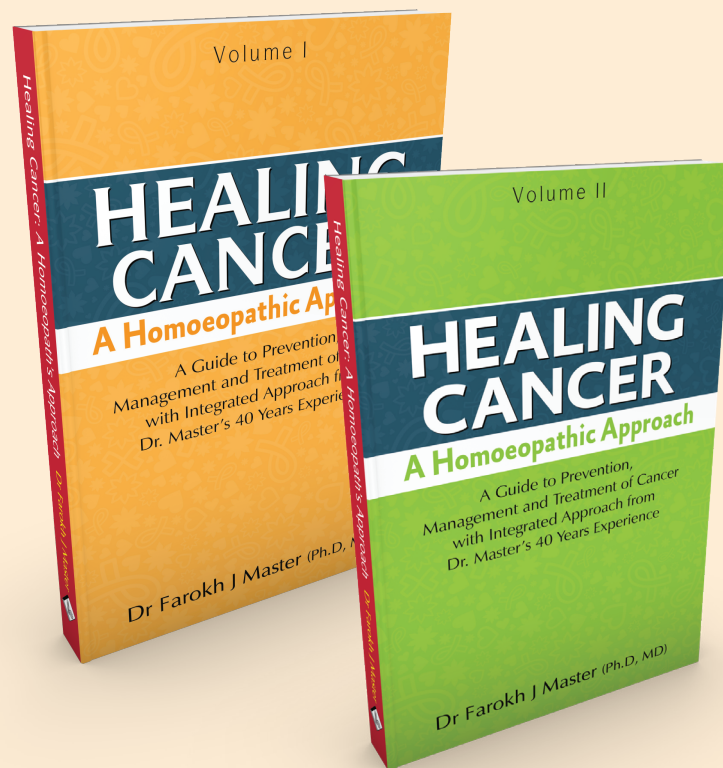
"Similia similibus curantur" has been explained best by Hughes, who says, the well known interpretation – Like cures like is rather flawed portraying homoeopathy far away from being a logical method of practicing medicine. The correct interpretation goes as, "Let Like be cured by Like" because Homoeopathy is a method based on logics and not a separate branch of medicine as perceived. This explanation justifies the purpose and fundamental ground of homoeopathy, where the Nature's law of cure- "similia" is let to cure sick people. "To Cure and Prevent" is the purpose of all streams of health sciences, whatever fundamental principles, they work upon. A logical physician should practice medicine in the light of strengths and limitations of his therapy.

Talking about Strengths of Homoeopathy, the biggest one in my view is its ability to modify the dispositions due to individual constitutions and hence its capability to rectify the root cause of diseases. The limitation here is usually in the physician's skills rather than the therapy itself specially in non-surgical cases. If at all a disease is revertible and is in the hands of a skillful homoeopath, it will surely be extinguished, restoring the healthy state as if the disease never really existed!

Diabetes is an example of revertible endocrinal dysfunction, treatable by homoeopathy. Constitutional homoeopathic treatment with lifestyle and dietary regulations lead to effective control of this condition in initial phase itself. The main article of this issue focuses upon diabetic complications and two major conditions associated with it- Hypertension and Nephropathy. Living with diabetes and dodging its complications is fairly possible with Homoeopathy... but dedicated efforts are essential.

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Metabolic syndromes, Diabetes and Complications

According to WHO, "Diabetes is a chronic, metabolic disease characterized by persistently increased blood glucose (or blood sugar), which leads over time to serious damage to the heart, blood vessels, eyes, kidneys and nerves."¹

WHO estimates that, 422 million people worldwide are diabetic, the majority living in low-and middle-income countries, and 1.6 million deaths are directly ascribed to diabetes each year. Both the incidence and prevalence of diabetes have been steadily rising over the past few decades.¹

- Blindness, kidney failure, heart attacks, stroke and lower limb amputation are major complications of diabetes.¹
- Almost 50% of all deaths ascribable to hyperglycemia occur before the age of 70 years.¹
- Diabetes can be treated and its consequences avoided or delayed with diet, physical activity, medication and regular screening and treatment for complications.¹

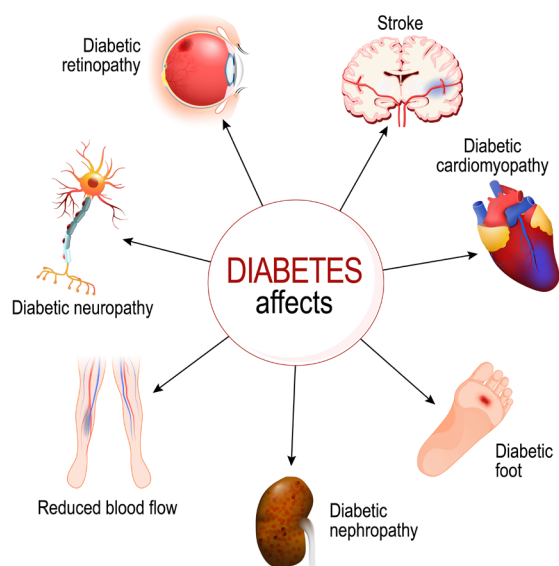
Type 2 diabetes is caused by impaired glucose tolerance (IGT) as a result of insulin resistance and subsequent islet β -cell exhaustion, resulting in insulin deficiency. The body tissues become resistant to insulin or insulin produced is insufficient to meet body's demand. In type 1 diabetes or juvenile diabetes, the pancreas fails to produce insulin or if produces then the quantity is very less.

In individuals with IGT, multiple genetic, host-related, and environmental factors contribute to the progression of insulin resistance to T2DM, like Obesity, along with Hypertention and Dyslipidemia forms a metabolic syndrome that acts as a precursor of Type 2 Diabetes. Dyslipidemia leads to high levels of circulating triacylglycerides and fatty acids originating from the diet or lipolysis in adipocytes. When the muscles are directly exposed to these fatty acids, insulin mediated glucose uptake is impaired, contributing to development of insulin resistance.²

Obesity is associated with chronic low-grade inflammation (CLGI). CLGI is of central importance in the development of type 2 diabetes, coronary and cerebral vascular disease, chronic renal failure, several cancers and endocrine and behavioural abnormalities.³

CRITERIA FOR THE DIAGNOSIS OF DIABETES MELLITUS

- Symptoms of diabetes plus random blood glucose concentration ≥ 11.1 mmol/L (200 mg/dL)^a or
- Fasting plasma glucose ≥ 7.0 mmol/L (126 mg/dL)^b or
- Hemoglobin A1c $\geq 6.5\%$ ^c or
- 2-h plasma glucose ≥ 11.1 mmol/L (200 mg/dL) during an oral glucose tolerance test^d



Complications :

Type 2 diabetes needs to be managed well so that glycemic index remains under strict control, otherwise it leads to serious complications which can be short term as well as long term with respect to their appearance during the course of disease. The short term complications include Hypoglycemia and Hyperosmolar Hyperglycemic Nonketotic Syndrome (HHNS) or very high blood glucose. Long term complications include Diabetic retinopathy, neuropathy, nephropathy and macrovascular problems.⁶

The two major correlations are discussed here.

HYPERTENSION AND DIABETES :

Data from several studies show that Hypertension plays a relevant etiologic role in the development of cerebrovascular attack, ischemic heart disease, cardiac and renal failure (Yusuf et al., 2001). High blood pressure often coexists with other cardiovascular risk factors, such as obesity, dyslipidemia, impaired glucose tolerance, and type 2 diabetes, which compound the cardiovascular risk attributable to hypertension. The concordance of hypertension and type 2 diabetes is increased in the population; *hypertension is disproportionately higher in diabetics*, while *persons with elevated blood pressure are two and a half times more likely to develop diabetes* within 5 years (Gress et al., 2000; Sowers & Bakris, 2000). The association of type 2 diabetes with hypertension markedly increases cardiovascular and renal risk are irrefutable (Fagan & Sowers, 1999): it has been shown that hypertension in type 2 diabetic patients increases the risk for macrovascular and microvascular complications (Adler et al., 2000), thus predisposing patients to stroke, cardiac death, congestive heart failure, coronary heart disease, peripheral vascular diseases, progression of nephropathy and retinopathy (Sowers & Haffner, 2002; Adler et al., 2000; Kohner et al., 1998). In 1966, Welborn and colleagues studied 19 normoglycemic patients with essential hypertension and demonstrated that these individuals had significantly higher plasma insulin concentrations compared with a normotensive control group (Welborn et al., 1966). This observation suggested that the prevalence of resistance to insulin would be increased in patients with essential hypertension. But this association was shown to be weak or insignificant in studies conducted upon various ethnic groups.⁴

A study conducted on 150 newly diagnosed hypertensive and prehypertensive patients, selected from Outdoor Patient Department (OPD) and Indoor Patient Department (IPD) in LLRM Medical College Meerut (UP) concluded that even without other co-morbidities and obesity, insulin resistance was positively correlated with essential hypertension, especially with higher stages of hypertension, for both systolic and diastolic blood pressure.⁵

DIABETES AND NEPHROPATHY :

Despite of improved treatment options for both diabetes mellitus and other associated

risk factors, diabetic nephropathy is still a major problem causing increased morbidity and mortality as the increase in total number of diabetic patients finds a reflection in increased prevalence of diabetic patients in end stage renal disease (ESRD) population. Approximately 44% of new patients entering dialysis in the United States are diabetics. According to Turkish Society of Nephrology data prevalence of diabetic ESRD patients increased from 7% to 32.5% from 1991 to 2008. Multiple risk factors for development of diabetic nephropathy were defined:

Most important of these seems to be the **duration of diabetes mellitus**. 20-30% of type I diabetics are supposed to have clinically significant renal involvement (microalbuminuria) after 20 years duration and 15-20% develop ESRD after an additional 10 year. These durations are not well defined for type 2 diabetics. 5-25% of these patients might have clinically significant renal failure or even ESRD (1%) at time of diagnosis and approximately 20-30% reach ESRD at 20 years duration.

Poor glycemic control is another important risk factor for development of diabetic renal involvement. The Diabetes Control and Complications Trial (DCCT) demonstrated that interventions that improve glycemic control in patients with type 1 diabetes mellitus reduce the risk of development and slow the progression of diabetic microvascular disease, and may also protect against the occurrence of macrovascular disease.

Hypertension, another important risk factor. In fact hypertension is a cause and also a result of diabetic renal disease. Among those with type 1 diabetes, the blood pressure typically begins to rise within the normal range about three years after the onset of microalbuminuria. Ultimately, the incidence of hypertension is approximately 15 to 25% in all patients with microalbuminuria and 75 to 85% in those with overt diabetic nephropathy. On the other hand type 2 diabetic patients already have hypertension, even without renal involvement/microalbuminuria at the time of diagnosis.

Obesity and hyperlipidemia might also cause progression of diabetic nephropathy while weight loss and control of hyperlipidemia by using statins might improve renal status.

Approximately one-half of patients with type 1 diabetes of less than five years duration have an elevated glomerular filtration rate (GFR) that is 25 to 50 percent above normal and this situation was reported to have negative effects on disease progression. If GFR is above 150 mL/min risk for developing microalbuminuria significantly increases.

Some **genetic susceptibilities** for developing diabetic renal disease were also reported.⁴

Prevention and Management:

Strict glycemic control decreases development of diabetic nephropathy in both type 1 and 2 diabetics. **Intensive insulin therapy** partially reverse the glomerular hypertrophy and hyperfiltration, delay the development of microalbuminuria, reduce the onset or progression of diabetic nephropathy compared to less intensive therapy, stabilize or decrease protein excretion in patients with microalbuminuria.

Reducing the intraglomerular pressure with dietary protein restriction or antihypertensive therapy with an angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) can minimize progression of or even prevent glomerular disease in the absence of glycemic control. WHO advises to keep blood pressure below 130/80 mmHg in diabetic patients for prevention and/or slowing diabetic

nephropathy progression.

Salt intake should be restricted (< 70 mEq/day) for a better antiproteinuric effect. Hyperlipidemia should also be screened in diabetic patients and must be treated with statins or fibrates if needed.⁴

CLINICAL APPROACH

Diagnostic Classification should be done for patients presenting with DM.

- Patients with type 1 DM frequently present with : (1) onset of disease prior to age 30 years; (2) lean body habitus; (3) requirement of insulin as the initial therapy; (4) propensity to develop ketoacidosis; and (5) an increased risk of other autoimmune disorders such as autoimmune thyroid disease, adrenal insufficiency, pernicious anemia, celiac disease, and vitiligo.⁷
- On the contrary, individuals with type 2 DM often present with the following features: (1) develop diabetes after the age of 30 years; (2) are usually obese (80% are obese, but elderly individuals may be lean); (3) may not require insulin therapy initially; and (4) may have associated conditions such as insulin resistance, hypertension, cardiovascular disease, dyslipidemia, or PCOS.⁷

An assessment of symptoms and signs of Acute Hyperglycemia and screening for the chronic complications associated with DM should be done with history and thorough physical examination of the patient. Weight, hereditary predisposition, risk factors for cardiovascular disease, exercise, diet, smoking and alcohol habit should be enquired for. Symptoms of hyperglycemia viz polyuria, polydipsia, weight loss, fatigue, weakness, blurry vision, frequent superficial infections (vaginitis, fungal skin infections), and post traumatic slow healing of skin lesions should be looked out for.⁷

Patients with established DM should be assessed for prior HbA1C levels, results of self glucose monitoring, hypoglycemic episodes, presence of DM associated complications and the knowledge level of the patient about the management of DM.⁷

Glucose dysregulation should be promptly treated with medicines and optimum plasma glucose levels should be maintained with dietary regulations and moderate physical activity.

Homoeopathy for diabetes

Individualized homoeopathic treatment, with recommended clinical management, dietary regulation and regular monitoring of plasma glucose levels yields safe and sustainable results in DM. Omeo Diabetes is a reliable combination of herbs which have proven efficacy in reducing blood glucose and boosting insulin production by the pancreatic cells.

References:

1. DIABETES; <https://www.who.int/news-room/fact-sheets/detail/diabetes>; accessed on 2-7-2020
2. Oluwafemi O. Oguntibeju ; DIABETES MELLITUS - INSIGHTS AND PERSPECTIVES
3. Philip C. Calder and Parveen Yaqoob; Diet, Immunity and Inflammation
4. Mark B. Zimring, MD, PhD - Recent Advances in the Pathogenesis, Prevention and Management of Type 2 Diabetes and its Complications -InTech (2011).pd
5. Abha Gupta et.al.; Association of Insulin Resistance and Blood Pressure in Newly Diagnosed Patients of Essential Hypertension: A Cross-Sectional Study; Journal, Indian Academy of Clinical Medicine 1 Vol. 20, No. 3-4 1 July-December, 2019
6. Lisa M et.al.; Type 2 Diabetes Complications- How to Prevent Short- and Long-term Complications ; <https://www.endocrineweb.com/conditions/type-2-diabetes/type-2-diabetes-complications>; accessed on 3-7-2020
7. KASPER et al. Harrison's Principles of Internal Medicine; 19th Edition

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Indications:

- As advised by the physician.

Composition :

Arnica montana	2X	10%
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Secale cornutum	3X	10%
Viscum album	Ø	40%
Excipients		q.s.
Alcohol content		65% v/v

Dosage: 10-20 drops should be diluted with water and taken 3-4 times a day, or as prescribed by the physician



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Lycopodium clavatum	4X	10.0%
Uva ursi	2X	10.0%
Sarsaparilla	3X	10.0%
Excipients		q.s.
Alcohol content		39%v/v

Dosage: 10-15 drops should be diluted in water and taken 2 hourly, 6 times a day in acute pain. Once improvement starts reduce dose to three times a day or as prescribed by the physician.



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Composition:

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Abroma augusta	∅	12.5%v/v
Acidum phosphoricum	∅	12.5%v/v
Syzygium jambolanum	∅	12.5%v/v
Cephalandra indica	∅	12.5%v/v
Gymnema sylvestre	∅	12.5%v/v
Helonias dioica	∅	12.5%v/v
Excipients		q.s.
Alcohol content		51%v/v

Dosage: 8-10 drops in 1/4th cup of water, 2 times a day or as prescribed by the physician.



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CHIONANTHUS VIRGINICA



Natural Order : Oleaceae.

Common Name : Fringe tree.

Preparations : Mother tincture prepared from the fresh bark; and dilutions.

CLINICAL: Many types of headaches, neurasthenic, periodical sick, menstrual and bilious. Hepatic derangements. Jaundice specially of children and pregnant women. Enlarged spleen. Gallstones. Diabetes mellitus.¹

Indications:

- ✓ This is the first remedy to be thought of in the jaundice of childhood and pregnancy, and it is seldom that a second remedy has to be studied. It is indicated in engorgement and acute congestion of the liver with catarrh of the common bile-ducts.²
- ✓ It is particularly useful in jaundice that recurs annually, and which refuses to get better in spite of all treatment.³
- ✓ Aching in forehead, chiefly over the eyes. Billious headaches, sick headache periodical, with coated tongue, nausea and complete anorexia. Nervous headache.⁴
- ✓ Eyeballs very painful, with pressure over root of nose. Yellow sclerotica. Conjunctiva yellow.⁴
- ✓ An excellent remedy for gall - stones. It is said to prevent their formation and promotes the discharge of those already formed.⁴
- ✓ Urine - Large amount of high specific gravity; frequent urination; bile and sugar in urine. - Urine very dark.⁴
- ✓ Diabetes with liver disorder. (Dr George Royal) Dry sensation in mouth though it is filled with saliva. Drowsy, listless and weak condition.⁵

Prescribed dose: Tincture and first attenuation.⁶

References:

1. BOERICKE W., The Twelve Tissue Remedies of Schussler
2. BLACKWOOD A. L., Diseases of the Liver, Pancreas and Ductless glands
3. CHOUDHURI N.M., A Study On Materia Medica
4. COWPERTHWAIT A.C., Textbook of Materia Medica and Therapeutics
5. MATHUR K. N., Diabetes Mellitus Its Diagnosis and Treatment
6. VARMA P.N and INDU V., Encyclopaedia of Homeopathic Pharmacopoeia

REPERTORIAL TRACING OF DIABETES

Single remedy rubrics for Diabetes Mellitus from Synthesis Repertory.

Diabetes Mellitus-

- Accompanied by abscesses – Arsenicum album
- Accompanied by acne – Arsenicum bromatum
- Accompanied by albuminuria – Helonias
- Accompanied by apoplexy – Conium mac.
- Accompanied by eczema- Insulinum
- Accompanied with gallstones – But. Acid
- Accompanied with gastric disorder – Uranium nit.
- Accompanied with glycosuria; true – Phos. acid
- Accompanied by heat; flushes of, menopause; during – Bor. Acid
- Accompanied by hypertension – Secale cor
- Accompanied by hyperthyroidism – Kali iod
- Accompanied by leucorrhoea –Abroma aug
- Accompanied by paralysis – Cur.
- Accompanied by Psoriasis – Mang. Acet.
- Accompanied by raw food constant desire for – Tarant.
- Accompanied by respiration Asthmatic – Nat. sulph
- Accompanied by thirst – Helonias
- Accompanied by urination frequent and copious – Vince.
- Accompanied by urine; constant urging of –Nat.phos
- Accompanied by abdomen; tympanitic distention of –Uran.nit
- Accompanied by ankles swelling of – Argent.met
- Accompanied by feet; numbness of- Helonias
- Accompanied by parotid gland; swelling of left- Conium mac
- Accompanied by pituitary gland; complaints of – Flor.p
- Accompanied by tongue; cracked and dry –Bor.ac
- Accompanied by bright red discoloration of tongue – Nat.s
- Accompanied by vagina; coldness of – Bor.ac
- Bronze diabetes – adren
- Incipient – staph

- Inflammation of the nervous system; after – Lycps.v

Male genitalia, sexual desire diminished –diabetes in – Cupr.

Eye – inflammation – retina – diabetic – Sec.

Chest – pthisis pulmonalis – accompanied by, diabetes – phos.

Kidneys – complaint of kidneys – accompanied by, diabetes – saroth.

Generals- neurological complaints- accompanied by- diabetes – Helonias

Important multi remedy rubrics for Diabetes mellitus from Synthesis Repertory.

Generals - Diabetes mellitus-

- Accompanied by Appetite ravenous – graph., iod., kali-p., lac-ac, rat., sec., uran-n.
- Accompanied by Arteriosclerosis – aur., chlorpr., plb., syzyg.
- Accompanied by Boils – Anthrac., Anthraco., arn., ars., cephd-i., chlorpr., graph., ins., iod., led., nat-p., ph-ac.
- Accompanied by Dropsy – acet-ac., kali-act.
- Accompanied by Gangrene – Ars., con., cup-ars., Kreos., Lach., Merc., Sec., Solid.
- Accompanied by ulcers – sec., syzyg.
- Accompanied by skin; itching of the – Con., Graph., Sulph-ac.
- Accompanied by spleen, enlarged – Chin., eup-p.
- Accompanied by urinary tract, inflammation of – canth., helon., rhus-a.

Generals- diabetes mellitus – nervous origin – ars., aur-m., calc., ign., ph-ac., stry-ar.

Male genitalia/sex- erections wanting , diabetes with – acon., cann-s., coca., con., cupr., eup-p.,

Helon., Kali-c., Mosch., Ph-ac., Sulph.

Mind – alcoholism – diabetes with – med., nux-v.

Mind – memory- weakness of memory – diabetes in – Kali-br., lyc., nux-m., nux-v., ph-ac.

Mind – sadness – diabetes; during – Helon., Nat-s., Opium

Generals – Diabetes mellitus – pregnancy agg. during – allox., murx., podo., zinc.

Generals – Diabetes mellitus – rapidly developing- cur., morph.

Generals – Diabetes mellitus – Pancreas, from complaints of – iris., pancr., phos.

Compiled by:
Dr. Vasundhara
Editor

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Ocimum Sanctum	Ø	0.05ml
Azadirachta Indica	Ø	0.05ml
Rhus Toxicodendron	3x	0.05ml
Eupatorium perfoliatum	3x	0.05ml
Gelsemium sempevirens	3X	0.05ml
Belladonna	3X	0.05ml

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Excipients q.s. to make 5ml

Dosage: 2 teaspoons, three to four times a day or as prescribed by the physicians.



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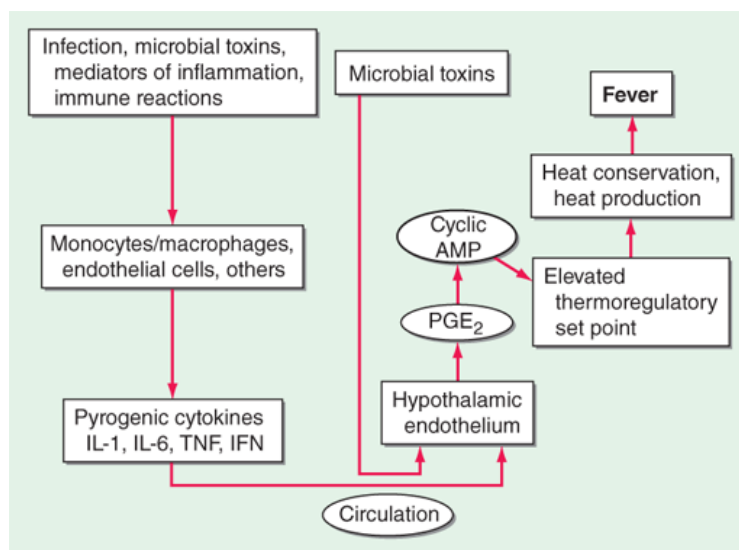
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Fever or raised body temperature is a common manifestation of a wide range of infections and inflammations and is a result of hypothalamic reaction to the injurious effects of pyrogens on the body.

Hypothalamus is the thermoregulatory centre of body and it maintains the temperature within a normal range irrespective of the variations in external environmental temperature under ordinary circumstances. **This range is $36.8^{\circ} \pm 0.4^{\circ}\text{C}$ ($98.2^{\circ} \pm 0.7^{\circ}\text{F}$)** which is lowest at around 6 a.m in the morning and the highest at around 4-6 p.m. in the evening.¹

'Fever' implies an elevated core body temperature $> 38.0^{\circ}\text{C}$, i.e. above the normal daily variation.²

Pathogenesis of fever



Pyrogens (Greek pyro means “fire”) are the substances that initiate the immune reactions in our body resulting in fever or elevated body temperature. Mostly they are **exogenous**, being derived from sources external to the body such as microbial products, microbial toxins, or whole microorganisms (including viruses).¹

Pyrogenic cytokines are **endogenous** variety of pyrogens capable of producing fever. Both exogenous and endogenous pyrogens help in elevating prostaglandins in the circulating

blood which reset the hypothalamic temperature at a higher level. The resetting of temperature set point in hypothalamus is followed by a series of vasoconstriction, chills and rigor till the temperature reaches the elevated set point resulting in fever.

India being a tropical land is an endemic zone for fevers and vector-borne diseases. According to “Tropical fevers: Management Guidelines” of NCBI, tropical fevers are the infections prevalent in tropical and sub-tropical regions throughout the year with post-monsoon exacerbations. These include dengue hemorrhagic fever, rickettsial infections/ scrub typhus, malaria (usually falciparum), typhoid, and leptospira bacterial sepsis and common viral infections like influenza. A “syndromic approach” is recommended by a committee formed by the Indian Society of Critical Care Management for the diagnosis and treatment of critical tropical infections. They have identified five major clinical syndromes viz : undifferentiated fever, fever with rash / thrombocytopenia, fever with acute respiratory distress syndrome (ARDS), fever with encephalopathy and fever with multi organ dysfunction syndrome.³ This syndromic categorization has a set pattern of medical intervention which prevents valuable time spent on investigations and diagnosis in critical cases.

MANAGING FEVER - TO SUPPRESS OR NOT**Managing Fever : The Natural Way**

Fever as we know is a symptom rather than a disease per se, but a persistently increased body temperature causes anxiety and metabolic stress to the patient. Hence the widespread use of antipyretics. But there has been since the time of Hippocrates himself, a line of thinking which supports to “Let the Fever Ride”. The supporters of this thinking believe that fever is a protective mechanism with benefits ranging from enhancing cellular immunity to promoting antimicrobial activity (5,6) Evidences collected from a study conducted in 2005 showed that aggressively treating fever in critically ill patients may lead to a higher mortality rate.(7) Similarly another study concluded, “systematic suppression of fever may not be useful in patients without severe cranial trauma or significant hypoxemia. Letting fever take its natural course does not seem to harm patients with systemic inflammatory response syndrome or influence the discomfort level and may save costs.”(8)⁴

These studies are in sync with the homoeopathic approach of fever management, where suppression is prohibited and the general amelioration of symptoms with medicines is sought after. The general discomfort associated with any fever is taken as a guide to select an appropriate medicine and likewise relief in general condition of the patient is seen as a sign of improvement. Homoeopathic approach to febrile cases depends upon uncommon, peculiar, striking and characteristic symptoms of the patient which help in the selection of most suitable remedy. But in cases of emergency which run a very short course, it is often challenging for the homoeopathic physician to reach the simillimum in least time. Homoeopathic combinations with proven efficacy act as the most trusted aid of doctor in such cases, like Omeo D-FvR syrup. It is a combination of homoeopathic medicines which are the best natural febrifuges and help to safely and effectively relieve the sufferings of a febrile case.

Reference:

1. KASPER et al. Harrison's Principles of Internal Medicine; 19th Edition
2. NICKI R.COLLEDGE et al. Davidson's Principles and Practice of Medicine; 21st Edition
3. Sunit Singhi et al. The Indian Society of Critical Care Medicine Tropical Fever Group, "Tropical Fevers: Management Guidelines"; Indian J Crit Care Med. 2014 Feb; 18(2): 62-69. doi: 10.4103/0972-5229.126074; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3943129/>; accessed on 27-6-19
4. Ray JJ, Schulman CI. Fever: suppress or let it ride?. J Thorac Dis. 2015;7(12):E633-E636. doi:10.3978/j.issn.2072-1439.2015.12.28
5. Ryan M, Levy MM. Clinical review: fever in intensive care unit patients. Crit Care 2003;7:221-5. [PMC free article] [PubMed] [Google Scholar]
6. Mackowiak PA, Ruderman AE, Martin RM, et al. Effects of physiologic variations in temperature on the rate of antibiotic-induced bacterial killing. Am J Clin Pathol 1981;76:57-62. [PubMed] [Google Scholar]
7. Schulman CI, Namias N, Doherty J, et al. The effect of antipyretic therapy upon outcomes in critically ill patients: a randomized, prospective study. Surg Infect (Larchmt) 2005;6:369-75. [PubMed] [Google Scholar]
8. Gozzoli V, Schöttker P, Suter PM, et al. Is it worth treating fever in intensive care unit patients? Preliminary results from a randomized trial of the effect of external cooling. Arch Intern Med 2001;161:121-3.

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