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EXPLORING HOMEOPATHY FOR TYPHOID FEVER, EFFECTIVE REMEDIES AND HEALING APPROACHES.

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ABSTRACT –

Typhoid fever is the result of systemic infection mainly by Salmonella typhi found only in man. The term “enteric fever” includes both typhoid and paratyphoid fevers. The disease may occur sporadically, epidemically or endemically. This article deals with the typhoid fever and its homoeopathic approach.

KEY WORDS-

Typhoid fever, Step ladder fever, widal test, homoeopathic approach.

INTRODUCTION –

Typhoid fever is the result of systemic infection mainly by Salmonella typhi found only in man.¹ The disease is clinically characterized by a typical continuous fever for 3 to 4 weeks, relative bradycardia with involvement of lymphoid tissues and considerable constitution.^{1,2} Typhoid fever is endemic in India. Reported data for the year 2013 shows 1.53 million cases and 361 deaths Maximum cases were reported from Bihar (261,791 cases with 2 deaths) followed by Andhra Pradesh (233,212 cases with 5 deaths). The other states having large number of cases are, Uttar Pradesh (223,066 cases and 161 deaths), Madhya Pradesh (114.578 cases and 28

deaths). West Bengal (108,695 cases and 39 deaths), Maharashtra (82,852 cases and 1 death), Odisha (53,743 cases and 35 deaths) ³

CAUSATIVE ORGANISMS -

- (a) AGENT: Salmonella typhi is the major cause of enteric fever. Salmonella para A and Salmonella para B are relatively infrequent. Salmonella typhi survives intracellularly in the tissues of various organs.
- (b) The factors which influence the onset of typhoid fever in man are the infecting dose and virulence of the organism

SOCIAL FACTORS -

Pollution of drinking water supplies

Open air defecation and urination

low standards of food and personal hygiene and health ignorance¹

TYPES OF CASES -

CARRIERS:

The carriers may be temporary (incubatory, convalescent) or chronic. Convalescent carriers excrete the bacilli for 6 to 8 weeks, after which their numbers diminish rapidly. By the end of three months, not more than 4 per cent of cases are still excreting the organisms, and by the end of one year, the average carrier rate is around 3 per cent ¹

CHRONIC CARRIERS –

Persons who excrete the bacilli for more than a year after a clinical attack are called chronic carriers. The famous case of "Typhoid Mary" who gave rise to more than 1300 cases in her life time is a good example of a chronic carrier

CHRONIC URINARY CARRIER –

Faecal carriers are more frequent than urinary carriers. Chronic urinary carriers are rare.

MODE OF TRANSMISSION –

The primary sources of infection - faeces and urine of cases or carriers.

The secondary sources of infection –

contaminated water, food, fingers and flies. There is no evidence that typhoid bacilli are excreted in sputum or milk.

TYPHOID FEVER AFFECTING IN DIFFERENT AGES AND SEXES –

Age: Highest incidence of this disease occurs in the 5-19 years of age group

Sex: More cases are reported among males than females.

CLINICAL FEATURES – ^{1,2}

High fever. STEP – LADDER FASHION

Malaise

Headache , cough and sore throat.

Abdominal pain and constipation.

There may be marked constipation, especially in early stage or “pea soup” diarrhoea.

Splenomegaly

Abdominal distension tenderness

Relative bradycardia

Rash (rose spots) commonly appears during the second week of infection.

DIAGNOSIS – ¹

Laboratory diagnosis of typhoid

(a) MICROBIOLOGICAL PROCEDURES: The definitive diagnosis of typhoid fever depends on the isolation of S typhi from blood, bone marrow and stools. Blood culture is the mainstay of diagnosis of this disc

(b) SEROLOGICAL PROCEDURE Fax Widal test measures agglutinating antibody levels against O and H antigens. Usually, O antibodies appear on day 6-8 and H antibodies on day 10-12 after the onset of disease.

(C) NEW DIAGNOSTIC TESTS: The recent advances for quick and reliable diagnostic tests for typhoid fever as an alternative in the Widal test include the IDL Tubes test. The newer version of the test, Typhidot M was recently developed to detect specific IgM antibodies .

COMPLICATIONS – ^{1,2}

Intestinal haemorrhage

Intestinal perforation

Urinary retention,

Pneumonia,

Thrombophlebitis,

Myocarditis

cholecystitis, nephritis and osteomyelitis.

PREVENTION- ¹

- (1) Early diagnosis: Culture of blood and stools are important investigations in the diagnosis of cases.
- (2) Notification: This should be done where such notification is mandatory.
- (3) Isolation: To prevent the spread of infection. Patient has to be isolate.
- (4) Disinfection: Stools and urine are the sole sources of infection.

CARRIERS –

The measures recommended are:

Identification:

Carriers are identified by cultural and serological examinations. Duodenal drainage establishes the presence of salmonella in the biliary tract in carriers.

HOMEOPATHIC MANAGEMENT –

1. Eucalyptus - high temperature and foul discharges with weak pulse.⁴
2. Arsenic Album - Fever accompanied with great prostration, bed sores and anxiety about health. The person keeps changing sides and place continuously due to pain and anxiety. Cold sweat, external cold with internal burning heat.⁵
- 3 Carbo Vegetabilis- Due loss of vital fluids during fever patient feels very exhausted and low⁵. Persons who have never fully recovered from the effects of some previous illness.
3. Arnica - Fever with sore, lame and bruised feeling. Fever with greatest indifference, putrid breath. Head and face hot and body cool.⁶
4. Rhus Tox- fever accompanied by relentless shooting, stitching and tearing pains in the entire body. Sensitive to cold, aching pains and bruised feeling all over the body with restlessness throughout limbs, and Amelioration from motion⁷
5. Baptisia- fever with muttering and wandering delirium. A person falls asleep while answering or does not complete his sentence. Great prostration and fetid discharges during fever⁸. In whatever position the patient lies, the parts rested upon feel sore and bruised.
6. Lachesis- with delirium where the person experiences delusions and hallucinations. Typhoid fever with bed sores with dark edges. fever with violent headache and great loquacity.⁹
7. Muriaticum Acid - fever accompanied by abdominal symptoms , with involuntary stools and flatus.⁴
8. Bryonia Alba- fever accompanied by full, hard, tense and quick pulse. Chill with external coldness, dry cough, stitches. Sour sweat after slight exertion.⁴

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