Homeopathy (2013) 102, 193–198

http://dx.doi.org/10.1016/j.homp.2013.02.001, available online at http://www.sciencedirect.com

ORIGINAL PAPER

Homeopathic drug therapy Homeopathy in Chikungunya Fever and Post-Chikungunya Chronic Arthritis: an observational study

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Objectives: **To observe the effect of homeopathic therapy in Chikungunya Fever (CF) and in Post-Chikungunya Chronic Arthritis (PCCA) in a primary health care setting.**
Methods: **A prospective observational study was conducted at Delhi Government Homeopathic Dispensary, Aali Village, New Delhi, India, for a period of 6 months, from 1st October 2010 to 31st March 2011. 126 patients (75 CF, 51 PCCA) were enrolled based on predefined inclusion criteria. A single homeopathic medicine was prescribed for each patient after case taking with the help of Materia Medica and/or Repertory. Results were evaluated on the basis of visual analogue scale and symptom scores.**
Results: **Complete recovery was seen in 84.5% CF cases in a mean time of 6.8 days. 90% cases of PCCA recovered completely in a mean time of 32.5 days.**
Conclusion: **Homeopathic therapy may be effective in CF and PCCA. A randomized controlled trial should be considered.** *Homeopathy* (2013) **102**, 193–198.

Keywords: Chikungunya Fever; Epidemic; Post-Chikungunya chronic arthritis; Pilot study; Homeopathy; Individualization

Introduction

Chikungunya fever (CF)

CF is an arboviral illness caused by CHIK virus (genus *Alphavirus*, family Togaviridae) and transmitted by the bite of the *Aedes aegypti* mosquito.[1] The disease was first described in 1955 by Robinson[2] and Lumsden,[3] following an outbreak at Tanzania in 1952. The disease is so named from Makonde language meaning 'that which bends up'.[4] Chikungunya virus infection (even silent) produces life-long immunity.

The incubation period of CF is from two to twelve days and 'silent' Chikungunya virus infections do occur.[5] The disease is characterized by a sudden onset of high grade fever (lasting from 2 to 5 days), rash (maculo-papular on trunk/limbs) and musculoskeletal symptoms ranging from arthralgias to arthritis persisting for weeks or months, and in some cases years.[6] Ankles, wrists and small joints of the hand are the most affected though larger joints like knee and shoulder may also be involved (focusing the joints with preceding trauma or degeneration) and are worse in morning hours and exacerbated by movements rendering the affected person crippled. Migratory polyarthritis with synovitis is reported in 70% of the cases. Other non-specific symptoms including conjunctival injection, headache, nausea, vomiting and photophobia may also occur.

Complete recovery from the disease varies with age: younger patients take between 5 and 15 days; middle-aged patients take about 1–2.5 months and the elderly longer.[4] World Health Organization (WHO) 2008 guidelines on Chikungunya estimate that complete resolution occurs in 87.9%, episodic stiffness and pain in 3.7%, persistent stiffness without pain in 2.9% and persistent painful restriction of joint symptoms in 5.9% cases.[7]

Chikungunya virus has been cited as the cause of numerous human epidemics in many areas of Africa, Asia and in some parts of Europe. India witnessed its first epidemic in Calcutta in 1963 and the most widebreak outbreak in 2005 affected more than 1.4 million people

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Received 10 September 2012; revised 18 January 2013; accepted 5 February 2013

over 13 states.[8] The residual musculoskeletal complications cause hardship to the bourgeoning population of India especially because this disease is more prevalent in socio-economically weaker section of society who are not living in hygienic surroundings and cannot afford costly medical treatment of this disease. Delhi witnessed an outbreak of CF epidemic in October 2010. The number of reported cases increased from 33 on October 19, 2010 to 1000 on 1st November 2010. [9,10]

Conventional treatment is symptomatic and includes anti-inflammatory drugs such as ibuprofen and naproxen, paracetamol (acetaminophen), rest and fluids. A comparative evaluation of different systems of medicine (Allopathy, Ayurveda, Homeopathy or Traditional) for Chikungunya was carried out by Dilip et al[11] and concluded that, "….. *all the systems of medicine are equally important for the management of Chikungunya*….". A study on homeopathic treatment of CF was conducted in Kerala by Biju and Sarathchandran[12] on 532 patients in which, nine homeopathic medicines were used (*Ledum palustre*, *Ruta graveolens*, *Rhus toxicodendron*, *Belladonna*, *Eupatorium perfoliatum*, *Bryonia alba alba*, *Apis mellifica*, *Formica rufa* and *Arsenicum album*) were prescribed (unpublished study). Rao and Kurian[13] and Rejikumar et al[14] have also carried out studies of homeopathic prophylaxis in CF.

Post-Chikungunya chronic arthritis (PCCA)

A chronic inflammatory, erosive and rarely deforming polyarthritis reportedly occurs in 5.6% cases after acute Chikungunya infection; it is rheumatoid sero-negative and anti-CCP positive.[15] But Bouquillard & Combe reported 21 cases of Rheumatoid Arthritis (RA) following Chikungunya infection.[16] Differentiating features between RA and PCCA include the nature of onset, evidence of similar illness in the family, age of onset, serological evidence (rheumatoid factor, anti-CCP), radiological changes like erosions and histopathological evidence. Further genetic studies and animal models are required to fully define PCCA.[8] Disease modifying anti-rheumatic drugs such as sulfasalazine and methotrexate are used in treatment of PCCA.[15]

Objectives

To observe the effect of homeopathic therapy in CF and in PCCA.

Materials & methods

A prospective observational study was conducted at Delhi Government Homeopathic Dispensary Aali Village (DGHDAV), New Delhi, India, for a period of 6 months, from 1st October 2010 to 31st March 2011. 126 patients (75 of CF and 51 of PCCA) gave consent and were registered for the study based on the defined inclusion criteria. Prior approval for the study from the ethical committee was not taken, since it merely observed usual practice.

Study setting

Aali Village is a rural area in the National Capital Territory of Delhi with a population of over 100,000 people, mostly migrants from various states of India, consisting of skilled labor and working class of low socio-economic group with poor literacy rate and their families. The open drainage system provides ample opportunity for mosquito breeding. The DGHDAV has been functioning in the area since 1999 providing primary health care services.

Inclusion/exclusion criteria

CF: Diagnosis was made on the basis of WHO guidelines[17]:

1. Fever of recent origin
2. Severe joint pains with or without swellings
3. Rash
4. Gastro intestinal tract symptoms viz. nausea, vomiting
5. Headache
6. Ophthalmological complaints including photophobia, conjunctivitis etc.

PCCA:

1. Diagnosis was made on the basis of elicited history of fever with Chikungunya like features followed by persistent joint pains with or without swelling.
2. Rheumatoid factor negative.

A positive Chikungunya IgM antibody was taken as confirmatory biological marker in both the conditions wherever possible. It could not be taken as a mandatory inclusion criterion owing to poor socio-economic status. Patients with positive rheumatoid factor, history of alcohol/abuse or under narcotic medication were excluded from study.

Selection of remedies

A single suitable homeopathic remedy was prescribed by individualising each patient after case taking with the help of Materia Medica and/or Repertory. To minimize the effect of confounding variables, the patients were asked to discontinue the use of analgesics and anti-pyretics.

For CF, during the acute stage centesimal potencies were used. Each case was prescribed four pills of indicated remedy in 30CH potency every 3 h initially. Frequency of repetition was decreased as the patient improved.

For PCCA, all the remedies were prescribed in 50 Millesimal potency scale starting from LM1 and rising to LM2, LM3 etc. Initially three times daily, on improvement reduced to once or twice daily. The medicine was prepared by dissolving one globule of the potency to100 ml of water and then adding 40 drops of alcohol. The patients were directed to strike the bottle 10 times (using the dominant hand on to the palm of the other hand) then mix 1 teaspoonful in ½ cup of water and drink all of it each time. [18,19]

The second prescription, whether same remedy and potency, same remedy and higher potency or different remedy was decided in accordance with the homeopathic guidelines.[20]