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ARTICLE

Title: Scope of homeopathic treatment in typhoid fever - A review

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ABSTRACT

Salmonella typhi still causes serious illness in many parts of the world, and one of its most dangerous side effects is the perforation of ulcerated Peyer's patches in the small intestine, which can result in peritonitis and fatal outcomes. The incidence and severity of typhoid fever are lessened by homeopathic treatments. Indications for often prescribed homeopathic treatments for typhoid are provided in this article, along with for those treatments' alternative uses.

Keywords: *Antigen, Diagnosis, Homeopathy, Salmonella typhi, Typhoid, Vaccines.*

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INTRODUCTION[1-3]

Typhoid fever, sometimes called enteric fever, is a bacterial infection of the digestive tract that has long troubled people.

Enterobacteria, specifically the genus salmonella, are the family's responsible membrane.

Typhoid fever is a potentially lethal infection. It typically spreads via infected food or drinks. After consumption, Salmonella typhi multiplies and travels throughout the bloodstream.

Worldwide burden of typhoid rises as a result of urbanization and climate change.

Typhoid fever is contagious, frequently fatal, febrile condition that typically occurs in the summer and is on bought by typhoid bacillus, which is typically consumed with food or drink and causes intestinal inflammation and ulceration. The incidence and severity of typhoid fever are lessened by homeopathic treatments. Indications for often prescribed homeopathic treatments for typhoid are provided in this article, along with those treatments' alternative use.

Typhoid fever is not a disease that has to be reported internationally to a number of countries. The previous use of antibiotics decreased the spread of salmonella in blood and feces and was used in bone marrow and biliary cultures. A new form of vaccine Compared to previous vaccinations, typhoid conjugate vaccines (TCVs) are new drugs with longer-lasting immunity. The WHO prequalified the vaccine in 2017.

ETIOLOGY

The main cause of typhoid fever is an enterobacteria family member, specifically Salmonella typhi and paratyphi. Enteritis and serovar are both members of the genus Salmonella identified after thorough analysis using multiplex quantitative polymerase chain reaction (PCR). Salmonella enterica serotypes salmonella typhi and salmonella Para typhi (A, B, C) Children who have non-typhoidal salmonella are typically just affected by gastroenteritis.

EPIDEMIOLOGY[4-5]

Typhoid fever can be found anywhere there is poor access to water and sanitation. The disease is currently less frequent in developed countries, where most cases are foreign acquired.

WHO estimates that there are 11-20 million cases of typhoid fever worldwide 128,000 to 161,000 people die every year as a result.mostly among school age children. Asia is where the majority of this strain is felt.

As a result, only close contact with those who are acutely ill or who are chronic carriers can result in the transmission of enteric fever. Direct transmission from one person to another via feces or oral intake has been observed, but it is extremely uncommon. Instead, consuming contaminated food or water is the main cause of sickness in most situations.

Over 2000 species are considered zoonotic carriers of salmonellosis. Worldwide, several countries do not require typhoid cases to be reported. Antibiotic use decreased the amount of salmonella removed from blood and feces.

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TYPHOID STAGES[6]

Typhoid fever has three stages, each of which can last up to a week. After ingestion of s typhi, the incubation period lasts 7-21 days (about 3 weeks). The following are the stages:

- First stage
- Second stage
- Third stage

FIRST STAGE – During this stage, patient experiences some early typhoid symptoms such as flushed face, body ache, anorexia, pupils dilated, distension of abdomen, frontal headache, step ladder fever and more in the evening. The temperature was 39-40 Celsius by the end of week.

SECOND STAGE – During this phase, symptoms like cough, pea soup diarrhea, epistaxis, listless, apathy, marked prostration, rose spot rash on trunk comes on 7 to 10 days (about 1 and a half weeks). The temperature rises 40-41 Celsius.

THIRD STAGE – In this stage mild infection is present (favorable outcome). Appetite returns, fever subsides by lysis, mental state clears, abdominal symptoms subside. Liver and spleen are palpable.

PATHOPHYSIOLOGY[7]

The organisms attach to the small intestinal mucosa, penetrate it, and then travel by lymphatics to the mesenteric lymph nodes after consumption and passage through the gastric acid barrier. Once they have multiplied, they spread to the liver, spleen, and bone marrow before entering the bloodstream via the thoracic duct. Then, via infected bile, secondary invasion of the blood and re-invasion of the bowel take place. The ileal peyer's patches may experience a very severe inflammatory response that can result in necrosis, ulceration, bleeding, and even perforation.

The incubation phase may take 3 days to 3 weeks, depending on the amount of the inoculum and how well the host's immune system functions.

SIGNS AND SYMPTOMS[5]

In children, the beginning may be abrupt with chills and a high temperature; it usually comes on gradually.

The prodromal stage is characterized by malaise, headache, cough, and sore throat, frequently accompanied by constipation and abdominal pain. In a stepladder pattern, the fever rises. After around 7 to 10 days (about 1 and a half weeks), the temperature plateaus, and the patient starts to look toxic, worn out, and frequently prostrated.

In the early stage there may be marked constipation and abdominal distension. Few physical findings are present in the early phase. Later, splenomegaly, abdominal distension, tenderness, bradycardia, meningismus appear. The rose spot rashes appear during the second week of disease.

Intestinal perforation occurs during the third week of disease.

DIAGNOSIS[8]

Enteric fever is typically diagnosed by

- Isolation of bacilli
- Demonstration of antibodies
- Demonstration of circulating antigen

ISOLATION OF BACILLI - Specimens including blood, feces, urine, aspirated duodenal fluid, and others may be cultured to do this. Regarding illness duration, which is crucial for the laboratory diagnosis of enteric fever, the selection of pertinent specimens is dependent.

DEMONSTRATION OF ANTIBODIES -

- **WIDAL TEST -** It is an laboratory test used to identify H and O agglutinins in enteric fever patients. Beginning towards the end of the first week of enteric fever, salmonella antibodies begin to show up in the serum and significantly increase during the third week.

DEMONSTRATION OF CIRCULATING ANTIGEN - In the early stages of the illness, patients' blood and urine both contain Typhoid bacilli antigens. ELISA can be used to find the antigen.

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DIFFERENTIAL DIAGNOSIS[7]

- **Amoebic liver abscess –** Pain in right hypochondrium and lower chest, liver enlarged and tenderness over right lower intercostal space.
- **E-coli infection-** Septicaemia, pus in urine or tenderness in loins.
- **Miliary tuberculosis-** Respiration increase, cough and cyanosis.
- **Tuberculous meningitis-** Pupils irregular, absence of abdominal discomfort.
- **Rickettsial infection-** Mountain spotted fever, vomiting and rash is common.
- **Collagen disease-** Weakness and loss of weight is present.
- **T.B. peritonitis-** Slow onset, continous fever present.

COMPLICATIONS[9]

- Hemorrhage
- Meningitis
- Cholecystitis
- Myocarditis
- Perforation
- Bone and joint infection

RISK FACTOR[10]

The following are typical risk factors for the development of typhoid fever:

- Travel to endemic regions, poor hygiene practices', and inadequate sanitation conditions
- Consumption of raw fruits and vegetables that have been infected with sewage.

TREATMENT[8]

Antibiotics are the only effective treatment for typhoid.

Third generation cephalosporins and azithromycin are used for the treatment of enteric fever.

Other antibiotics that a doctor may prescribe include chloramphenicol, amoxycillin and cotrimoxazole.

TYPHOID VACCINE[2]

Typhoid fever can be prevented with two vaccines. Vaccines are given based on age.

- Live attenuated vaccine (consumed orally and given to children six years old and up, as well as adults)
- Inactivated vaccine (this vaccine is administered by injection to babies over the age of two years).

PREVENTION[9]

- The incidence of typhoid is decreased by better living and sanitation conditions.
- One of the three typhoid vaccines that are currently available should be given to travelers going to nations where enteric diseases are common.

HOMEOPATHIC MEDICINES FOR TYPHOID[6-11]

Homeopathy has extensive clinical research on this condition. We consider the treatment according to a superior manual. We shall add our own experiences in the shortest manner feasible.

GELSEMIUM – Most often in the first week, and especially in moderate cases. The beginning is sneaky. Feels bruised and battered all over, has a headache, is groggy, and has a red face. The patient is uninteresting and uncaring. Malaise and overall lassitude. When a headache is really severe, the patient is unable to stand and instead lies completely worn out. Better off lying in bed. Motion aggravates it, and it sweats profusely and continuously.

BRYONIA ALBA – Most effective when typhoid fever is still in the early stages. Complaints take time to manifest. Malaise rises in the morning with a dull, congestive headache and a stupid feeling in his brain; dullness of mind prevents him from working, and this feeling steadily worsens until he is languid and exhausted. Remittent at first, then develop into a persistent fever. Ingests enormous amounts of liquid over extended periods of time. Although the faeces are mostly constipated, soft, mushy stools can occasionally be found.

ARNICA MONTANA – Sores develop on the lips and teeth, and the tongue becomes glossy. The patient is so painful that he can only lie in one spot for a short period of time before he must move to another spot or switch sides. Easy bleeding from the body's many orifices.

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Stupor with uncontrollable discharges. Typhoid outbreak relapses. Delirium when asked a question in order to respond accurately, but returning to unconsciousness and delirium. Uncontrollably urinate while you're asleep.

ARSENIC ALBUM – Anxiety and irritation accompany prostration. The patient is dizzy, faint, fatigued, and sweating. The teeth and mouth are Surrounded by sordes. Diarrhoea with thick, foul-smelling stools. All of the symptoms of restlessness are worse after midnight.

LACHESIS –It is indicated in the later stages of typhoid when the patient has a lower jaw fracture and is storporous. Low murmuring or talkative madness. Unpleasant diarrhoea. The tongue trembles, feels dry, and snags on the teeth when it protrudes. Any opening in the body might rupture and cause bleeding.

MURIATIC ACID – More Later stages are suitable. Very poor. Breathing problems and mucous membrane ulcers are both quite harmful. Mouth is quite uncomfortable, and salivary glands are tender and swollen. A weak, erratic pulse is present. Each third beat is an interruption. It rattles in the mouth because the tongue is so parched. It frequently leaks out while urinating and is watery.

PHOSPHORIC ACID – Indifference, apathy, and marked sensory depression. A nose bleed. The abdomen is swollen and distended, and there is a lot of gurgling and rumbling, painless diarrhoea, and faeces that frequently contains undigested material. The teeth are swollen and the tongue is dry. The patient's fixed, idiotic, glassy stare indicates a dislike of speech.

PHOSPHORUS – More sensory stimulation and tongue dryness are seen in phosphorus. It is the major treatment for complicated pneumonia.

CONCLUSION

Typhoid fever is an infectious disease that only affects human and is spread by the fecal oral route. Though it usually causes gastrointestinal symptoms, typhoid enteric fever can cause multisystemic disease if the infection it severe. Prompt diagnosis or a high index of suspicion, proper antibiotic medication, and early beginning of sepsis management are all part of therapeutic strategy.

REFERENCES

1. World health organization (WHO) [Internet]. Who.org. [cited 2023 Oct 10]. Available from: http://Www.who.org
2. Garcia S, Hampstead B, Larson MJ. National institutes of health (NIH). In: Encyclopedia of Clinical Neuropsychology. Cham: Springer International Publishing; 2017. P. 1–4.[cited 2023 10 October)
3. Gotuzzo E. Typhoid fever: A current problem. Int J Infect Dis [Internet]. 2018;73:46–7. Available from: http://dx.doi.org/10.1016/j.ijid.2018.04.3528
4. Harrison, T. R. (2002). Harrison's principles of internal medicine (A. S. Fauci, D. L. Kasper, S. L. Hauser, D. Longo, & J. L. Jameson, Eds.; 15th ed.). McGraw-Hill Education (ISE Editions).p.1908
5. Park, K. (2017). Parks text book of preventive & social medicine. Banarsidas Bhanot.P.272
6. Chauhan, V. K., & Gupta, M. (2023). Homeopathic principles & practice of medicine: A textbook for medical students & homeopathic practitioners. B Jain.p.148-151
7. Golwalla, A. F. (2017). Golwalla's medicine for students: A reference book for the family physician (25th ed.). Jaypee Brothers Medical.P.743-744
8. Baveja, C.p. V. (n.d.). Complete microbiology for mbbs. Aryan Publishing Company. P. 267-270
9. Penman, I. D., Ralston, S. H., Strachan, M. W. J., & Hobson, R. (Eds.). (2022). Davidson's principles and practice of medicine (24th ed.). Elsevier Health Sciences.P.260-261
10. Wikidoc. (n.d.). Wikidoc.org. Retrieved October 10, 2023, from http://Www.wikidoc.org
11. Rapou, A. (2012). A treatise on typhoid fever and its homoeopathic treatment. General Books.P.48