

KNOW Homoeopathy Journal

Bi-Annual, Indexed, Double-Blind, Peer-Reviewed, Research Scholarly, Online Journal in Field of Homoeopathy

KNOW Homoeopathy Journal Vol-5 & Issue-1, 15 March 2025, Published at

<https://www.knowhomoeopathyjournal.com/2025/03/volume-5-issue-1.html>, Pages: 23 to 28, Title: Power of water dose - An evidence based case report of dengue fever with thrombocytopenia, Authored By: Dr Jesheela (Assistant Professor, Department of Community Medicine, Government Homoeopathic Medical College and Hospital, Bangalore.)



VOLUME-5 ISSUE-1
MARCH 2025

CASE-REPORT

Title: Power of water dose - An evidence based case report of dengue fever with thrombocytopenia

Authored By: Dr Jesheela

Assistant Professor, Department of Community Medicine, Government Homoeopathic Medical College and Hospital, Bangalore.

ABSTRACT

Although thrombocytopenia is a consistent feature and one of the diagnostic criteria of Dengue Hemorrhagic Fever (DHF), it can also be seen sometimes in Dengue Fever (DF). Its clinical presentation and relevance is still poorly described in the literature. One such case of Dengue fever with thrombocytopenia was treated with Homoeopathic medicines and is dispensed through water dose which enhanced its action over dry pills. It demonstrated the effectiveness of a water dose of Homeopathic medication in acute cases, as stated in 272 Aphorism of Organon of Medicine sixth edition.

Keywords: Dengue, Homoeopathy, Thrombocytopenia, Water Dose

How to cite this case report:

Jesheela. Power of water dose - An evidence based case report of dengue fever with thrombocytopenia, KNOW Homoeopathy Journal, 2025; 5(1):23-28, available at <https://www.knowhomoeopathyjournal.com/2025/03/Power-of-water-dose-An-evidence-based-case-report-of-dengue-fever-with-thrombocytopenia.html>

© 2025 KNOW Homoeopathy Journal

[Know more about Journal's Copyright Policy](https://www.knowhomoeopathyjournal.com/p/copyright-policy.html)

<https://www.knowhomoeopathyjournal.com/p/copyright-policy.html>



Scan-Quick Response Code

INTRODUCTION

DENV-1, DENV-2, DENV-3, and DENV-4 are the four closely related serotypes of the dengue virus (DENV) that cause dengue fever, an acute infectious arbo-viral disease. Transmitted from person to person by the bite of infective female mosquitoes *Aedes aegypti*. Also known as the "Tiger mosquito," it is a vicious biter that occurs two hours after sunrise and two hours before sunset.^[1] Standing water, water-based air coolers, tire dumps, and water gathering in containers are all suitable places for it to breed in big cities.

Problem statement

Dengue is one of the commonest fever in India next to Malaria. Commonly seen in tropical and subtropical regions. An estimated 50 million infections, 5,00,000 illnesses, and 12,000 fatalities are reported worldwide each year. In India Dengue fever has become the emerging public health problem with cyclic epidemics.^[1]

Clinical features

The clinical symptoms caused by dengue viruses range from an asymptomatic infection to a self-limiting feverish sickness to severe dengue, a potentially fatal condition marked by shock and increased capillary permeability. After an incubation period of four to seven days, signs of a clinically detectable dengue infection appear, including a sudden onset of fever, headache, and excruciating retro-orbital discomfort. The term "break-bone fever" has been used historically to describe the extreme arthralgia that some individuals experience. A macular rash may develop in the early stages of convalescence,

petechiae may occur during the "critical phase," and the skin may appear flushed in the early stages of the illness. Even with simple dengue, exhaustion can make recovery more difficult. Infection with dengue almost always results in thrombocytopenia.^[5]

Healthy adults typically have platelet counts between 150,000 to 450,000/mm³, with values below that threshold being referred to as thrombocytopenia. A typical issue with dengue is thrombocytopenia, which worries both patients and medical professionals.^[4]

Thrombocytopenia is one of the aberrant hemostatic activities that are evident in the clinical picture of dengue fever. Thrombocytopenia can be caused by either enhanced peripheral destruction or decreased production (bone marrow suppression) in Dengue Fever/Dengue Hemorrhagic Fever. Both peripheral sequestration and complement activation can result in platelet destruction.^[3]

Classification

The World Health Organization (WHO) used laboratory data to categorize DHF clinical presentations into four severity grades:

Grade I, there is a fever and a positive tourniquet test

Grade II, there is modest spontaneous bleeding

Grade III, there is a weak and fast pulse

Grade IV, there is profound shock and an undetectable pulse.^[2]

Diagnosis

Dengue fever can be diagnosed with laboratory microbiological tests. Viral antigen identification (e.g., for NS1), nucleic acid detection by PCR, virus isolation in cell cultures, or particular antibody (serology) can all be used to accomplish this. While NS1 detection during the febrile phase of a primary infection may be more than 90% sensitive, it is only 60–80% sensitive in subsequent infections. It takes 5–7 days for both IgG and IgM to be generated. The highest IgM levels, or titers, are found after an initial infection, although reinfection also produces IgM. After a primary infection, IgM becomes undetectable 30 to 90 days later, but sooner after re-infections. Conversely, IgG can be detected for more than 60 years and is a good way to determine a history of infection even if there are no symptoms.^[6]

Presenting one such case of Dengue fever with thrombocytopenia treated by Homoeopathic medicine. Even though thrombocytopenia is not commonly seen in Dengue fever but common in Dengue Hemorrhagic fever and the cause for both is unknown.

CASE REPORT

A male patient aged 59 years of age who was a known case of type 2 Diabetes Mellitus on allopathic medications came with the complaints of high grade fever with chills on and off

especially in the morning since 10 days, generalized weakness and body pain, headache. He has taken allopathic medicines for the same complaints with no relief. Appetite was reduced, sleep was disturbed, thirst was increased to cold water, bowels passed once daily and urine frequency was increased 4 to 5 times in the day and 2-3 times in the night. Perspiration increased on head and thermally chilly patient. Yellow coating of tongue.

Totality of symptoms

Homoeopathic symptoms used for clinical decision was intermittent fever in the morning, body pain, thirst increased for cold water and yellowish coating of tongue.

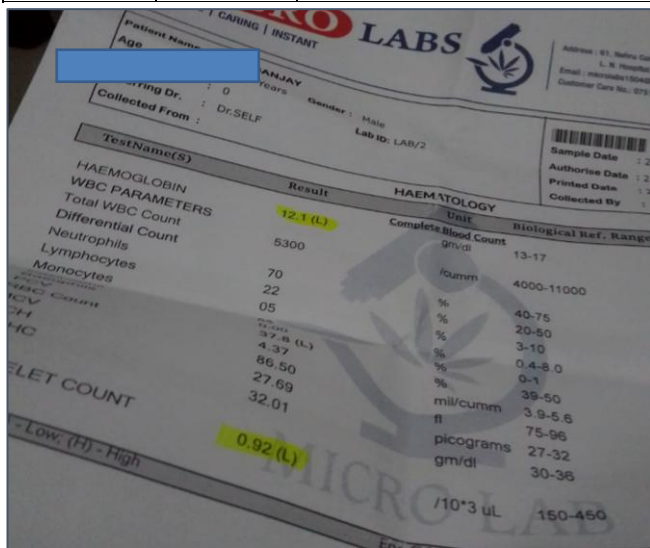
Therapeutic interventions

Individualized Homoeopathic medicine was prescribed on the basis of symptom similarities. Eupatorium Perfoliatum 200, 2 drops of dilution are added to 1 dram dry Saclac pills and to be taken 6 pills thrice daily, and in follow up changed to 6 pills dissolved in half cup of water and asked to take every 30 minutes once, after improvement three times in a day and as patient improved it was reduced to once daily and next placebo was advised which is reported along with the investigations findings of platelet count, follow ups and outcomes. There were no adverse or anticipatory events seen in the follow up.

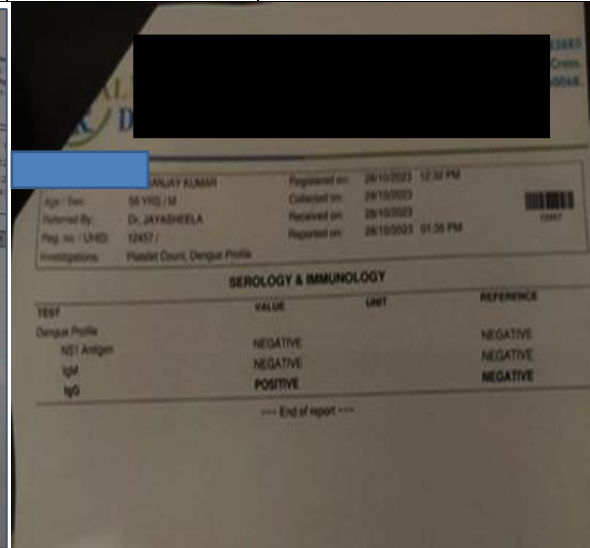
Table 1: Timeline of patient response and medicine prescribe with lab reports

Lab report Dates	Visit date	Follow up	Platelet Count/Dengue Serology	Prescription
22.10.23		Fever with chills Generalized weakness Joints pain and headache App: reduced Sleep: disturbed	0.92x10 ³ uL [Report 1.1]	Eupatorium Perfoliatum 200, 6-6-6 pills. Advised for Dengue serology with platelet count
27.10.23	27.10.23	Generalized weakness and fever intermittent Joints pain and headache App: reduced Sleep: disturbed	-	Eupatorium Perfoliatum 200, 6-6-6 pills. Advised for Dengue serology with platelet count
28.10.23	28.10.23	Generalized weakness	0.68Lakh/cumm	Eupatorium

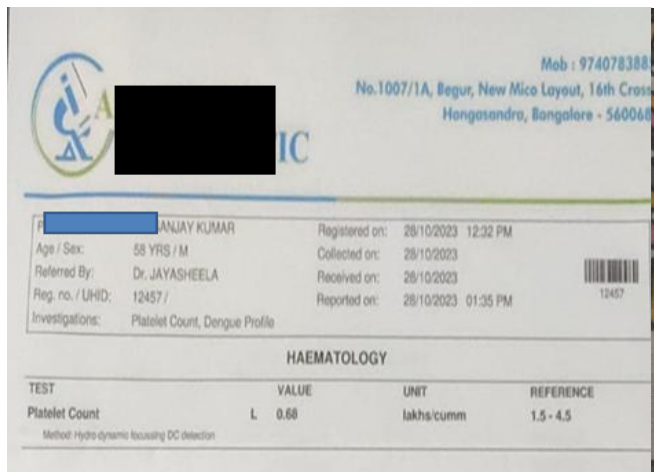
		Fever intermittent App: reduced Sleep: disturbed	IgG positive [Report 1.2]	Perfoliatum 200, 6 pills in 30ml of water and 1 tablespoon taken every 30 min once
29.10.23	29.10.23	Weakness slightly better Fever no further episodes App: reduced	0.70Lakh/cumm [Report 1.3]	Eupatorium Perfoliatum 200,6 pills in 30ml of water and 1 table spoon taken daily thrice
30.10.23	30.10.23	Generalized weakness better Appetite improved	0.93Lakh/cumm [Report 1.4]	Eupatorium Perfoliatum 200 6 pills in 30ml of water and 1 table spoon taken once daily
04.11.23	4.11.23	Generalized weakness is better Patient is feeling good. Appetite and sleep are better	2.11Lakh/cumm [Report 1.5]	Sac lac pills 6-0-6 x 1week



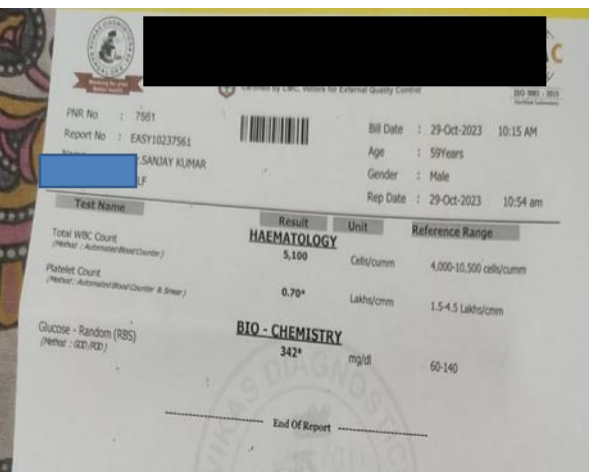
Report 1.0: Platelet count on 22.10.23



Report 1.1: Dengue serology on 28.10.23



Report 1.2: Platelet count on 28.10.23



Report 1.3: Platelet count on 29.10.23



SANJAY KUMAR
 Age / Sex: 59 YRS / M
 Referred By: Dr. JAYASHEELA
 Reg. no. / UHID: 12487 /
 Investigations: Platelet Count

Registered on: 30/10/2023 05:40 PM
 Collected on: 30/10/2023
 Received on: 30/10/2023
 Reported on: 30/10/2023 06:26 PM

12487

HAEMATOLOGY

TEST	VALUE	UNIT	REFERENCE
Platelet Count	L 0.93	lakhs/cumm	1.5 - 4.5

Method: Hydro dynamic focussing DC detection

--- End of report ---



SANJAY KUMAR
 Age / Sex: 59 YRS / M
 Referred By: Dr. JAYASHEELA
 Reg. no. / UHID: 12555 /
 Investigations: Platelet Count, RBS, Dengue Profile

Registered on: 04/11/2023 05:38 PM
 Collected on: 04/11/2023
 Received on: 04/11/2023
 Reported on: 04/11/2023 06:03 PM

12555

HAEMATOLOGY

TEST	VALUE	UNIT	REFERENCE
Platelet Count	2.11	lakhs/cumm	1.5 - 4.5

Method: Hydro dynamic focussing DC detection

Report 1.4: Platelet count on 30.10.23

Report 1.5: Platelet count on 04.11.23

To evaluate the likelihood of the improvements being associated with the Homeopathic treatment, used the Modified Naranjo Criteria in Table 2.

Table 2: Modified Naranjo Criteria

Questions	Scores
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1
3. Was there an initial aggravation of symptoms?	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	0
5. Did overall well- being improve?	+1
6. A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease	0
6. 6B Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms—from organs of more importance to those of less importance? —from deeper to more superficial aspects of the individual? —from the top downwards?	0
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?	0
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider the known course of the disease, other forms of treatment, and other clinically relevant interventions)	0
9. Was the health improvement confirmed by any objective evidence?	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	+2
Total scores	8

DISCUSSION

The present case belongs to the Dengue

fever with thrombocytopenia which is treated through Homoeopathy. Nayak et al

demonstrated positive effect of adjuvant Homeopathy in management of thrombocytopenia due to Dengue when compared with usual care.⁹ This case emphasizes the remedy *Eupatorium Perfoliatum* 200c on symptom similarities in water dose which proved effective.

It is an attempt to share the importance of water dose in Homoeopathic practice. As mentioned in aphorism number 272 in *Organon of Medicine* of 6th edition laid down by Dr Hahnemann “Such a globule, placed dry upon the tongue, is one of the smallest doses for a moderate recent case of illness. Here but few nerves are touched by the medicine. A similar globule, crushed with some sugar of milk and dissolved in a good deal of water (§ 247) and stirred well before every administration will produce a far more powerful medicine for the use of several days. Every dose, no matter how minute, touches, on the contrary, many nerves”.¹ These globules (§ 270) retain their medicinal virtue for many years, if protected against sunlight and heat.

CONCLUSION

The strength of this study was patient responded well to the individualized Homoeopathic medicines by limiting the sickness and hospital admission with increase in platelet count. This is an attempt to show the power of water dose over dry pills while dispensing the Homoeopathic medicine in acute cases as mentioned by Dr. Hahnemann in §272. A need for larger randomized studies are required to precisely define the Homoeopathic Medicine *Eupatorium Perfoliatum* in water dose for Dengue fever.

REFERENCES

1. Suryakantha A H: *Community Medicine with Recent Advances*. 7th edition, New Delhi. JAYPEE brother's medical publishers;2023. p.117.
2. Azeredo, Elzinandes Leal de, Monteiro, Robson Q, De-Oliveira Pinto, Luzia Maria,

Thrombocytopenia in Dengue: Interrelationship between virus and the imbalance between co-agulation and fibrinolysis and inflammatory mediators,(Internet) 2015, Hindawi Publishing Corporation <https://doi.org/10.1155/2015/313842>

3. Adane T, Getawa S. Coagulation abnormalities in Dengue fever infection: A systematic review and meta-analysis. *PLoS Negl Trop Dis*. 2021:15

4. Muhammad UK, Raima R, Muhammad G, Waqas L. Incidence of thrombocytopenia in seropositive dengue patients. *Int J Med Med Sci*. 2014:113-6.

5. Whitehorn J, Farrar J. Dengue. *Br Med Bull*. 2010:161-73.

6. Dengue fever [Internet]. Wikipedia, The Free Encyclopedia; updated 19 June 2024. Available from: https://en.wikipedia.org/wiki/Dengue_fever#Diagnosis

7. Hahnemann S, Boericke W. *Organon of Medicine*. 6th edition. New Delhi: B Jain Publishers Pvt Ltd; 2007.p.218-19

8. Boericke W. *PockeT manual of Homoeopathic Materia Medica & Repertory*.9th edition. New Delhi: B Jain Publishers Pvt Ltd; 2013.p.274-275.

9. Nayak D, Chadha V, Jain S, Nim P, Sachdeva J, Sachdeva G, Vivekanand K, Khurana A, Raheja SM, Manchanda RK. Effect of Adjuvant Homeopathy with Usual Care in Management of Thrombocytopenia Due to Dengue: A Comparative Cohort Study. *Homeopathy*. 2019 Aug; 108:150-157. doi: 10.1055/s-0038-1676953. Epub 2019 Mar 5. PMID: 30836407.