DEPARTMENT OF HOMOEOPATHY-RAECH-SLEG
HOMOEOPATHIC PROTOCOL FOR SHORT FEBRILE ILLNESS

As with all systems febrile illnesses has also been treated by homoeopathy. In fact homoeopathy system owes its origin to the treatment of malaria and its inferences by Dr Hahnemann. But it is also a fact that there has been lot of variations in managing different episodes resulting in varied results after treatment. Since Homoeopathy emphasizes that individuality of diseased person is the basis of treatment, many rules applicable to other systems cannot be followed as such. Standardization of disease management also has to be incorporated to avoid the pitfalls in diagnosis, assessment of severity, planning management, follow up and referral .These serve as yardstick of good treatment practices.

SFI (Short Febrile Illness)

Usual Presentation

- Temperature more than 38.5 C for more than two consecutive days. It may be continuous or remittent without severe chills or rigor.
- Non specific headache which correspondingly increases with temperature
- Dry cough with minimal white mucoid sputum
- General aches and pains without real arthritis
- Running nose, sneezing and nasal block characteristic of influenza
- A reasonable provisional diagnosis of SFI can be made. 90% have uneventful recovery within 7 days.
- While arriving at a diagnosis, routine examinations of vital signs and basic investigations may be made and rule out other diseases.

Always check these vital signs in any febrile illness

1) Pulse rate (PR/HR)
2) Tachypnoea
3) BP – always check in unusually sick fever cases–
4) Sensorium
5) Record temperature and verify with pulse rate

Next make a systemic examination also

6) Inspect for evidence of pharyngitis, tonsillitis, throat ulcers or abscesses (H1N1)
7) Look carefully in skin of extremities, face for discoloration, petichae etc (hemorrhagic signs), eschar conjunctiva for yellow discolouratin, suffusion (redness)
8) Palpate the abdomen for hepato splenomegaly or renal mass (haemolysis, hemorrhagic fevers), lymphnodes preauricular, post occipital, cervical, pretibial, inguinal,above cubital fossa
9) Auscultate lung for bronchial breathing, crepetitions/rhonchi (bronchopneumonia, H1N1)
10) Auscultate the heart for tachycardia, murmur or gallop (myocarditis)
11) Check for neck rigidity- kerning's sign, brudenzkis's sign (meningitis)

Thus we can reasonably suspect these disorders by checking the vital signs.

Once you have a suspicion confirm it by relevant laboratory examinations. Usually need to be done after 2 day of non resolving fevers

General approach

- If fever presentation is on first day - make a provisional diagnosis and manage based on symptoms and relevant history
- If fever has history of more than 3 days or has been treated partly - diagnosis should include investigations and proper decisions on management or referral should be made

Investigations to be done

- ✓ Blood- TC, DC, ESR, platelet count, PCV
- ✓ Urine routine-
- ✓ Chest X RAY (if cough persists and presents with breathing difficulty, chest pain etc)- PA view- -homogenous or patchy shadows - bronchopneumonia

Special investigations

- ✓ LFT /RFT – if urine shows blood or pus or albumin or bile pigments.
- ✓ Immunological tests like IgM Dengue, IgM lepto can confirm your suspicion. You should know where these tests are available in your locality.NS1Ag is the latest screening test which can diagnose dengue fever within 48 hours.

Based on symptomatology and indications given in primary lab investigations appropriate confirmatory tests may be ordered to identify other diseases

Other febrile conditions to be differentiate are as follows

With a specific localizing cause----like, injury, abscess, skin infection, etc- --- investigate, collect relevant totality and manage

Without any localizing cause---

a) If with upper respiratory symptoms-sore throat, rhinorrhoea, sneezing, cough etc--- suspect ARI, SARI, scrub typhus ILI. In children consider pertussis and diphtheria also

b) If without upper respiratory symptoms-consider dengue, malaria, leptospirosis, chikungunya etc

c) With rash, petichae-think of measles, dengue, IMN, rubella, HFM, yellow fever, Kawasaki disease, measles etc

d) With GIT symptoms like diarrhoea or vomiting suspect, food poisoning, dengue, yellow fever, malaria, tyhoid

e) With neurological signs- JE, meningitis

Communication to authorities

Once the disease is identified the case may be labeled as follows in any communication to the authorities.

- If the case corresponds to the above symptomatology then it is designated as a ***suspected case***
- If the case of above symptomatolgy come from area of identified cases and has a contact history, then it is designated as ***probable case***
- If the confirmatory diagnostic investigations are carried out and is positive then it is considered as ***confirmed case***

Management and follow up

First two days - cases are to b recorded as per homoeopathic case taking methods. the cases may be asked to report the next day if there are any unusual sick(warning) signs or on the third day with routine investigations prescribed, if febrile episode does not subside

Third day - if the case present as a fresh case on third day or has been partially treated somewhere make sure you arrive at a diagnosis and presence or absence of warning signs detailed below. if present, a detailed case taking has to be done and using rubric analysis and a decision of medicine is arrived at and medicine administered. The patient may be asked to report everyday in op or if facilities available be admitted in higher centre. Clinical and medicinal follow up may be done every 4-8 to 12-hours

Referral to a higher centre

If inspite of this treatment the vital indices continue to fall then patient may be informed of the condition and your decision for referral to a higher centre.

While treating febrile illness look for these 8 (eight) warning symptoms on review

1) Rash-lepto, dengue,IMN
2) fits- meningitis
3) bleeding from any site- haemorrhagic fevers(lepto dengue)
4) Jaundice(leptospirosis, hepatitis,malaria
5) reduced quantity of urine(lepto)
6) breathing difficulty(bronchopneumonia)
7) altered behavior (encephalitis,JE,KFD)
8) eschar

If the case show progressively deteriorating platelet count, rising-haematocrit and reducing pulse pressure and going into shock and need blood transfusion, fluid replacement, oxygen, dialysis, be sure that the patient has that facilities in the place you treat or sent him to such institution soon. These critical period happen usually on the third day in dengue, leptospirosis etc