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Scope of Alternative Homoeopathic Medicine in Chikungunya

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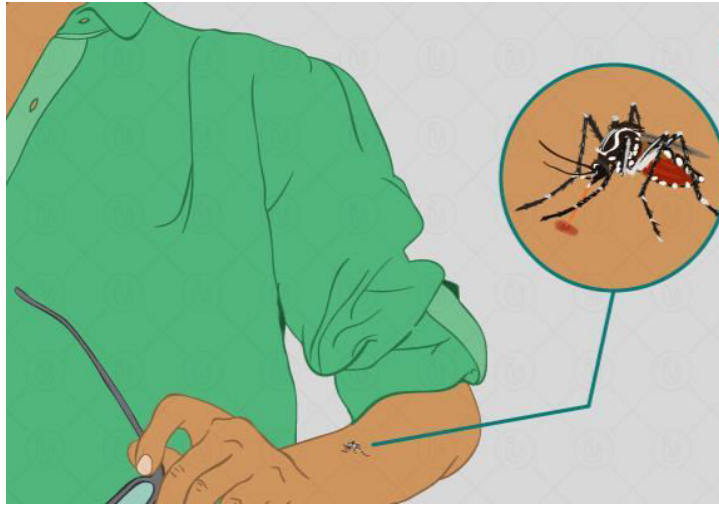
ABSTRACT: Chikungunya virus (CHIKV) is a mosquito-borne alphavirus that recently re-emerged in many parts of the world causing large-scale outbreaks. CHIKV infection presents as a febrile illness known as chikungunya fever (CHIKF). Infection is self-limited and characterized mainly by severe joint pain and myalgia that can last for weeks or months; however, severe disease presentation can also occur in a minor proportion of infections. Among the atypical CHIKV manifestations that have been described, severe arthralgia and neurological complications, such as encephalitis, meningitis, and Guillain–Barré Syndrome, are now reported in many outbreaks. Moreover, death cases were also reported, placing CHIKV as a relevant public health disease. Virus evolution, globalization, and climate change may have contributed to CHIKV spread. In addition to this, the lack of preventive vaccines and approved antiviral treatments is turning CHIKV into a major global health threat. In this review, we discuss the current knowledge about CHIKV pathogenesis, with a focus on atypical disease manifestations, such as persistent arthralgia and neurologic disease presentation. We also bring an up-to-date review of the current CHIKV vaccine development. Altogether, these topics highlight some of the most recent advances in our understanding of CHIKV pathogenesis and also provide important insights into the current development and clinical trials of CHIKV potential vaccine candidates.

I. INTRODUCTION

Family - Toga virus. Genus-alpha virus Transmitted by Aedes mosquito. Local word meaning - doubling up or bending up. Manifest with high fever and severe articular pain. Virus 1st isolated in epidemic of 1953 in Tanzania.

II. PROBLEM STATEMENT

Large epidemic Was recognize in 1953. In india 1st recognize in 1963. Major epidemic reported in calcutta and madras area. The disease reappear In india during 2006 with 1.39 million cases reported in 16 states. It 1st notice in Andhrapradesh then Tamilnadu and then spread towards North side. During 2011, 17472 cases were reported by the govt. of india. In 2019, a total 81914 cases were clinically suspected for Chikungunya virus, out of which, 12205 (14.9%) laboratory confirmed chikungunya was reported in 21 Indian states and 3 Union territories in this year. In 2023, as of 7 June, 214 317 cases and 281 deaths have been reported. The majority of cases have been reported Brazil (124 270), Paraguay (85 889), Argentina (1336), Bolivia (1233) and Thailand (453). Death have been reported from brazil (25) and Paraguay (256).



III. EPIDEMIOLOGY

Agent factor : Most commonly transmitted to Human through bite of an infected mosquito of Aedes genus, usually Aedes aegypti and Aedes Albopictus.

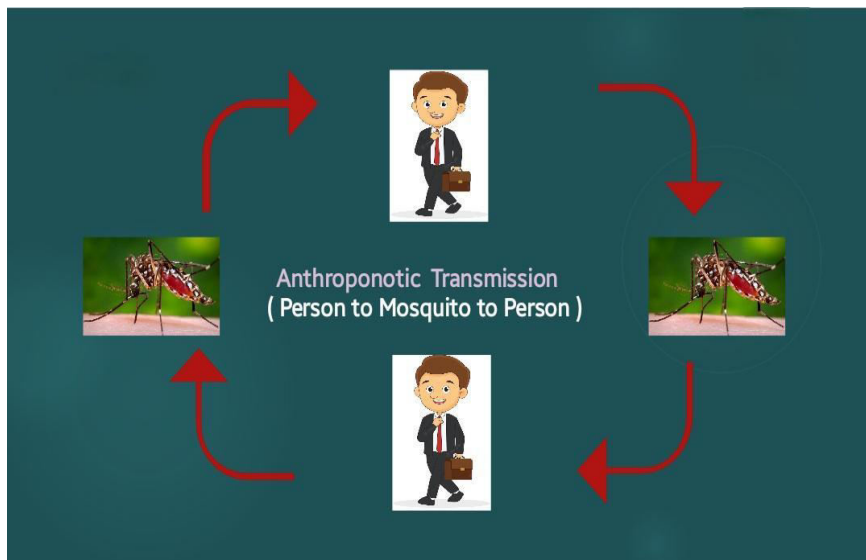
Host factor: Human and non-human vertebrates serve as Reservoir of infection.

Environmental factor: Occurs mainly in rainy Season, when mosquito vector population is at its peak. Incubation period 4-7 days

CYCLE:



SYMPTOMS:



Sudden onset With fever(103°F-104°F) , chills, cephalgia, Anorexia, lumbago and conjunctivitis, nausea. Sometimes adenopathy may seen a prominent symptoms ARTHROPATHY. Arthropathy manifest by pain, swelling & stiffness of joint Morbiliform rash with purpura on trunk and limbs. (In 60-80% of patients) Rarely fatal disease. Symptoms are self limited and last for 3-4 days. Hemorrhagic version of illness, that can lead to shock.

WHO IS MOST AT RISK FOR CHIKUNGUNYA?

Neonates exposed intrapartum, Older adults (> 65 years), Persons with underlying medical conditions (hypertension, diabetes, or cardiovascular disease).

IV. COMPLICATION

Most common complication is : Chronic Arthritis

Rare and serious complications are : Heart affections, Inflammation of eye, Acute kidney disease, Inflammation of coverings of the brain, Stroke and Paralysis, Severe large skin lesions, Infection from mother to newborn during delivery, Rarely, death

V. DIAGNOSIS

Several method can be used for Diagnosis such as:

1. Enzyme linked immuno sorbent Assay (ELISA) may confirm the Presence of IgM and IgG Antibodies.
2. RT-PCR. – Since the virus Replicates quickly, the PCR test helps With early detection of the illness Immediately after the onset, that is, Within the first week.



VI. TREATMENT

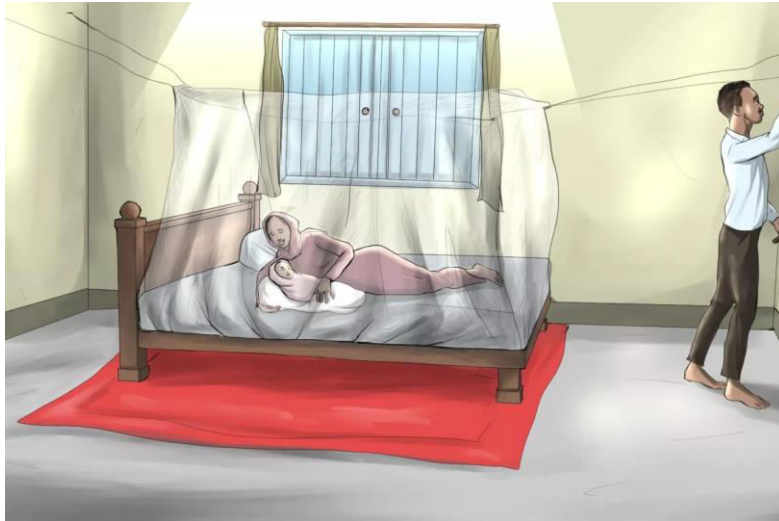
No specific treatment for chikungunya. Primary treatment is antiviral drug. Including antipyretic, optimal analgesic and fluids Therapy. **Aspirin and steroids should be avoided.** Analgesic, antipyretic like- Paracetamol, Diclofenac Sodium, Chloroquine.

VII. CONTROL

Vector: The aedes aegypti Mosquitos to should be the main target of Control activities. It requires to keep water Storage containers free from Mosquitos and to eliminate the other breeding places of Mosquitoes in and around houses and dwelling Targeted residual spraying and space spraying/fogging when There is an outbreak is recommended to rapidly reduce the Adult mosquito population.



Personal prevention: To avoid mosquito bite : 1) Use of insecticide – treated bed Nets is limited by the fact that Aedes mosquito bites during Daytime. 2) People living in houses with solid Floors and roofs, window scree And air conditioning



Avoid oily and spicy food Applying garlic paste or clove oil With pepper can help in reducing Inflammation and joint pain, Especially around the knees. Taking a bath in hot water mixed With salt and neem leaves can Also improve immunity and lesser Pain.

VIII. DIET AND NUTRITION

Soft balanced diet with plenty of liquids. Foods rich in selenium, zinc, vitamin C. Foods rich in vitamin A such as yellow orange fruits and Vegetables. Foods loaded with omega 3 fatty acids such as fish, almonds, Walnuts, etc. Orange juice is a good digestive and is helpful for recovery.

VACCINE



No vaccine yet been developed that is considered suitable for use.

IX. COMPLICATION

Young children, infants and old patients are at a higher Risk of developing complications Myocarditis, nephritis, hepatitis, Gullaine Barre syndrome and some cranial nerve Palsies are also possible. It is rare for chkiungunya to result in a fatality.

X. HOMOEOPATHIC TREATMENT

- 1) **Polyporus pinicola** = Severe headache with confusion in head.
 - Constant Nausea
 - Fever with chill and shiver.
- 2) **Eupatorium Perfoliatum** = To manage fever and pain.
 - Vomiting after chill
 - Feel as if bone are broken
 - Pain all over the body
 - High fever
- 3) **Bryonia alba** = To Manage Fever, Joint / Muscle Pains.
 - Warm application on Joint offers relief
 - Worse with motion
 - Joint pain swollen and feel warm
- 4) **Rhus Tox** = To Manage Joint Pains, Muscle Pain, Backache.
 - Pain worse while resting and Amel. By motion/movement.
 - Also indicate for chronic Chikungunya artgrit
 - Backache during fever
- 5) **Actaea Spicata** = To Manage Small Joint Pain
 - Pain in small joints including the Wrist, fingers, ankle, and toe
 - The affected joint may be swollen as Well.
 - Pain gets worse upon touching and Moving the affected joint.

OTHER MEDICINE:

- Belladonna
- Arsenic Album
- Nux vom

XI. CONCLUSION

Chikungunya disease is expanding throuout The world. The spread of the disease depends on the Distribution of its vectors. The disease is rarely fatal, but can impose a Heavy burden on the health systems. Prevention is the target as it has no specific treatment . Vector reduction is the ultimate way to prevent Chikungunya

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