

Efficacy of Complete Repertory in the Management of Pyrexia of Unknown Origin

Ramneek Kaur

Abstract: *Pyrexia of unknown origin (P. U. O.) is defined as fever of unknown origin with a temperature that is more than 101°F, with duration of more than 3 weeks. In cases where patients have chronic fevers but the investigation do not show anything disastrous, one need not to panic.*

Keywords: PUO, Types, causes, FAST, Homoeopathy, aphorisms, Organon of medicine

1. Introduction

The syndrome of pyrexia of unknown origin (PUO) was first defined in 1961 but remains a clinical challenge for many physicians. Different subgroups with PUO have been suggested, each requiring different investigative strategies: classical, nosocomial, neutropenic and HIV - related.

Causes

- Infective.
- Non - infectious inflammatory diseases.
- Neoplastic
- Miscellaneous

Investigations

- CBC with peripheral smear and ESR
- Leukopenia: Lupus, lymphoma, typhoid, chronic infection
- Eosinophilia: Drug fever, trichinosis, Polyarteritis nodosa
- Basophilia: Lymphoma
- Monocytosis: sarcoidosis, SLE, TB, CMV
- Lymphocytosis: CMV, EBV, Toxoplasmosis
- Thrombocytopenia: Lymphoma leukemia
- LFT, CRP
- Urine analysis Cultures (Urine, stool, blood, sputum)
- ESR (>80mm/hr to rule out CVD)
- serology: igG and igM (CMV, EBV, HIV, Brucellosis, histoplasma) ANA, DNA, Perinuclear antineutrophilic cytoplasmic Ab, RA,
- CT scan of abdomen pelvis r/o lymphoproliferative disorders, Subdiaphragmatic, retroperitoneal abscesses
- MRI to rule out spinal epidural abscesses

Homoeopathy in Fever (Organon of Medicine)

APHORISM 238

Nevertheless, there are at times cases, though seldom, where the intermittent fever returns after several days' Well - being.

APHORISM 240

But if the remedy found to be the homeopathic specific for prevalent epidemic of intermittent fever do not effect a perfect a marshy district that prevents the cure, it must always be thepsoric miasm in the background, in which case the antipsoric medicines must be employed until complete relief is obtained.

APHORISM 241

Epidemics of intermittent fever, in situations where none are endemic, are of the nature of chronic diseases, composed of

single acute paroxysms; each single epidemic is of a peculiar, uniform character common to all the individuals attacked, and when this character is found in the totality of the symptoms common to all, it guides us to the discovery of the homeopathic (specific) remedy suitable for all these cases, which is almost universally serviceable in those patients who enjoyed tolerable health before the occurrence of the epidemic, that is to say, who were not chronic sufferers from developed psora.

APHORISM 242

If, however, in such an epidemic intermittent fever the first paroxysms have been left uncured, or if the patients have been weakened by improper allopathic treatment; then the inherent psora that exists, alas in so many persons, although in a latent state, becomes developed, takes on the type of the intermittent fever, and to all appearance continues to play the part of the epidemic intermittent fever, so that the medicine, which would have been useful in the first paroxysms (rarely an antipsoric), is now no longer suitable and cannot be of any service. We have now to do with a psoric intermittent fever only, and this will generally be subdued by minute and rarely repeated doses of sulphur or hepar sulphuris in a high potency.

Role of Complete Repertory

- Author: Roger Van Zanvoort
- Year of publishing: 1996
- Number of remedies: 1725
- Volume: Three also in one big volume having almost 2830 pages
- PREFACE by **Dr. Dario Spinedi**

Most complete work on Kent's Repertory. Initially it came out as database file for use with kent Homoeopathic association, MAC Repertory and for HOMPAT Soft ware. Now other softwares (ISIS) also giving options of complete repertory.

2. Method / Approach

Study was a clinical observational study that was carried out in the out patient department of Sri Guru Nanak Hospital & College, Ludhiana and its peripheral OPDs. Patients of all age groups, both male & female were taken. Inclusion Criteria: Almost all cases of convulsions, also includes cases where patients were resistant to conventional drugs. Exclusion criteria: Cases which needs surgical intervention advance pathology, mentally unstable, pregnant and lactating mothers

has been excluded. Detailed case history was taken as per proforma which was used after its validation of the questionnaire by face validity. On the basis of totality of symptoms, most similar medicine was prescribed.

3. Discussion and Conclusion

After going through multiple literature on pyrexia, it is evident that though allopathic medicine was mostly taken by patients for pyrexia as per their belief that it has only quick solution for our problem, but such treatment can never amount to more than symptomatic control, also they do come with lot of adverse effect and patients has to take medicines for long time. Through my study, I have found Homoeopathy offers possibility of genuine cure in majority of cases and in certain circumstances it can be combined with conventional methodology. During my study, 50 cases were taken up at random for study. Out of 50 patients included in the study, 56% were male and 44% were female. Adolescents and old age are majorly affected. More than 95% patients were on anti inflammatory drugs. After taking case history, medicines were selected on the basis of totality of symptoms. Homoeopathy recognizes the uniqueness of each individual and treats him accordingly. The signs and symptoms effectively improved during the treatment. After prescription, the efficacy of Homoeopathic medicine proved as 2% cases showed marked improvement, 42% showed mild improvement.

4. Future Scope

Homoeopathy is an alternative therapy that has been used over 200 years. Homoeopathic remedies are used in pyrexia to offers a genuine cure in the majority of cases. The conventional approach of anti - inflammatory drugs may provide a quick solution in that fever gets controlled. However, such treatment can never amount to more than symptomatic control and complete control cannot be achieved. Many clinical trials and case - control studies have been published about the effectiveness of homoeopathic remedies for pyrexia. This article reviews some of this homoeopathic application in cases of fever. For studying the efficacy of Homoeopathy in cases of pyrexia i found the result to be positive. The study opens a window for new further researches on cases of pyrexia of unknown origin. This was a modest effort on my part to contribute in the medical community towards finding the treatment for pyrexia of unknown origin through Homoeopathy.

References

- [1] Tiwari, S., 2006. Essentials of Repertorization.4th ed. New delhi: B. Jain Publishers (P) Ltd.
- [2] Petersdorf RG. Beeson PB. Fever of unexplained origin: report on 100 cases. *Medicine (Baltimore)*]
- [3] Durack DT. Street AC. Fever of unknown origin—reexamined and redefined. *Curr Clin Top Infect Dis.*1991]
- [4] Tal S. Guller V. Guervich A. Fever of unknown origin in older patients. *Clin Geriatr Med.*2007.
- [5] Beresford RW. Gosbell IB. Pyrexia of unknown origin: causes, investigation and management. *Intern Med J.*2016.

Author Profile

Dr. Ramneek Kaur is the PG student of Sri Guru Nanak Dev Homoeopathic College &Hospital, Ludhiana in the subject of Repertory session 2021 - 2022.