WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.084
Volume 12, Issue 21, 1273-1277. Review Article ISSN 2277–7105

MALARIA AND ITS HOMEOPATHIC MEDICINES

Dr. Pankaj Sharma[1], Dr. O. P. Sharma[2], Dr. Harish Jabdoliya[3], Dr. Geetanjali Mathur[4], Dr. Ankita Sharma*[5] and Dr. Kanak Choudhary[6]

[1]HOD of Organon of Medicine and Philosophy, Swasthya Kalyan Homoeopathic Medical College and research center, Jaipur, Rajasthan, India.

[2]Professor of Organon of Medicine and Philosophy, Swasthya Kalyan homoeopathic medical College and Research Center, Jaipur, Rajasthan, India.

[3]Associate Professor of Organon of Medicine and Philosophy, Swasthya Kalyan Homoeopathic Medical College and Research Center, Jaipur, Rajasthan, India.

[4]Assistant Professor of Organon of Medicine and Philosophy, Swasthya Kalyan Homoeopathic Medical College and Research Center, Jaipur, Rajasthan, India.

[5,6]PGR at Organon of Medicine and Philosophy, Swasthya Kalyan Homoeopathic Medical College and Research Center, Jaipur, Rajasthan, India.

Article Received on
20 October 2023,

Revised on 10 Nov. 2023,
Accepted on 01 Dec. 2023

DOI: 10.20959/wjpr202321-30515

***Corresponding Author**
Dr. Ankita Sharma
PGR at Organon of Medicine and Philosophy, Swasthya Kalyan Homoeopathic Medical College and Research Center, Jaipur, Rajasthan, India.

ABSTRACT

By biting infected female Anopheles mosquitoes, the protozoan illness known as malaria is spread. Malaria, which affects 3 billion people in 91 countries, is the most serious parasitic disease that affects humans. It accounts for 1200 fatalities daily. As a result of very effective malaria control programmes in numerous countries, mortality rates have substantially fallen during the previous 15 years. As it has been for millennia, malaria continues to be a major burden on tropical people, a threat to nonendemic nations, and a risk to travellers.[1] Homoeopathy is a unique area of medicine that places an emphasis on each patient's individuality and clinical similarities. It treats the illness of a man as a separate entity.

KEYWORDS: Malaria, Homeopathy.

INTRODUCTION

Nearly all human cases of malaria are caused by six species of the genus Plasmodium. These include P. malariae, P. falciparum, P. vivax,

two sympatric species of P. ovale (curtisi and wallikeri) that have physical similarities, P. malariae, and—in Southeast Asia—the monkey malaria parasite P. knowlesi. Falciparum malaria accounts for most deaths; however, P. knowlesi and, infrequently, P. vivax can also result in life-threatening disease.[1]

ETIOLOGY AND PATHOGENESIS

When a female anopheline mosquito feeds on blood, it inoculates plasmodial sporozoites from its salivary glands, which then spread to humans. These malaria parasite's minute motile forms quickly travel via the bloodstream to the liver, where they penetrate hepatic parenchymal cells and start an asexual reproductive cycle. A single sporozoite can generate between 10,000 and >30,000 daughter merozoites through this amplification process, also known as intrahepatic or pre-erythrocytic schizogony. Eventually, the diseased liver cells break, releasing mobile merozoites into the blood. Following their invasion of red blood cells (RBCs), these merozoites proliferate six to twenty times every 48 hours. The symptomatic stage of the infection starts when the parasite density reaches 50/L of blood (100 million parasites in the blood of an adult).[1]

PATHOPHYSIOLOGY

ERYTHROCYTE CHANGES- The expanding malarial parasite gradually consumes and degrades intracellular proteins, primarily haemoglobin, after infecting an erythrocyte. Lipid-mediated crystallisation converts the potentially deadly heme into the physiologically inert hemozoin (malaria pigment). The parasite also modifies the RBC membrane by exposing hidden surface antigens, altering its transport characteristics, and introducing new parasite-derived proteins. The RBC becomes less deformable, more antigenic, and more amorphous.

HOST RESPONSE - The host's initial response to a malaria infection is the activation of general defence systems. The elimination of both infected and uninfected erythrocytes increases splenic immunologic and filtrative clearance functions. The spleen also eliminates damaged ring-form parasites (a procedure known as "pitting") and releases the formerly infected erythrocytes back into circulation, where their survival is decreased. When the schizont ruptures, the parasitized cells that eluded splenic clearance are obliterated. The substance produced causes proinflammatory cytokines to be released along with monocyte and macrophage activation, which results in fever and other pathologic consequences.[1]

EPIDEMEOLOGY - Nearly all tropical areas on the planet experience malaria. P. vivax is more prevalent in Central and South America, while P. falciparum predominates in Africa, New Guinea, and Hispaniola (i.e., the Dominican Republic and Haiti). On the Indian subcontinent as well as in eastern Asia and Oceania, these two species are rather common. Although it is substantially less frequent, P. malariae is present in many endemic regions, particularly in sub-Saharan Africa. Outside of Africa, P. ovale is rather uncommon and makes up less than 1% of isolates. P. knowlesi, whose primary hosts are long-tailed and pig-tailed macaques, frequently infects humans on the island of Borneo and, to a lesser extent, elsewhere in Southeast Asia.[1]

CLINICAL FEATURES - In tropical nations, malaria is frequently to blame for fever. The reliability of clinical diagnosis is infamously poor. The non-specific initial signs of malaria include a general lack of well-being, headache, exhaustion, abdominal discomfort, and muscular aches, which are all symptoms of a mild viral disease. A prominent headache, chest discomfort, abdominal pain, cough, arthralgia, myalgia, or diarrhoea may occasionally point to a different diagnosis. The typical malarial paroxysms, which are periodic spikes in fever, chills, and rigours, are uncommon and single infection (often relapse) with P. vivax or P. ovale. When falciparum malaria first strikes, the fever is frequently unpredictable. Nonimmune people frequently experience fevers above 40°C (104°F), along with tachycardia and even delirium.[1]

DIAGNOSIS - Normal anaemia is normochromic and normocytic. The leukocyte count is normal, although it may increase in serious infections. In the weeks following an acute infection, there is mild monocytosis, lymphopenia, and eosinopenia, along with reactive lymphocytosis and eosinophilia. Typically, the platelet count is decreased to 105/L. There are increased levels of C-reactive protein and other acute-phase proteins, plasma viscosity, and erythrocyte sedimentation rate.[1]

HOMOEOPATHIC TREATMENT[2,3]

1) Eucalyptus globulus

An increase in temperature, ongoing fevers. Scarlet fever (both preventive and therapeutic). There is a propensity for foulness, high warmth, and an accelerated but weak pulse in the discharges. Make use of the tincture.

2) Eupatorium perfoliatum

Except for headaches, all symptoms are relieved by sweating. Chill between 7 and 9 a.m., accompanied by extreme discomfort and bone aches, preceded by thirst. nausea, bile vomiting near the end of a cold or hot phase, and a sharp headache. He recognises a chill setting in because he keeps drinking too much.

3) Populus tremuloides

The symptoms related to the stomach and urine suggest that it may be helpful for bladder cystitis and dyspepsia, particularly in elderly individuals. Excellent treatment for post-operative physical issues and throughout pregnancy. Cystitis. head fullness and a feeling of warmth across the body's surfaces. Sweats at night. Agonise.

4) Alstonia scholaris

The general circumstances that indicate this therapy are malarial disorders, including diarrhoea, dysentery, anaemia, and poor digestion. The weakness and sinking feeling in the abdomen are the characteristics. a restorative after high fevers.

5) Ammonium picricum

A treatment for neuralgias, malaria, and what are known as bilious headaches. pain in the mastoid and occiput. whooping cough.

6) Anemopsis californica

A drug for mucous membranes. Schneiderian membrane inflammation is chronic and characterised by significant relaxation and copious outflow. primary benefit in cases of catarrhal disease, characterised by a full-blown congested head and throat. beneficial for sprains, wounds, and bruises, as well as for malaria and diuretics. Although not yet established, it has been found to be helpful in cases of urethritis, nasal and pharyngeal catarrh, diarrhoea, and copious mucous or serous discharges. It is suggested for heart patients as a calming substance when they become overly stimulated. flatulence, which aids with digestion.

7) Aranea diadema

Coldness, along with a lengthy bone ache and an abdominal stone sensation that occurs every day at the same hour. Chilly day and night, with rain making it much worse.

8) Boletus laricis

A constant, scorching flash and a chilly feeling down the spine. stretches and yawns in the cold. severe pain in the small of the back, shoulders, and joints. heavy sweating at night, along with a temperature and frantic chills.

9) Canchalagua

All over cold, especially in bed at night. sensitive to the Pacific Coast's chilly trade winds. Overall sensation of pain and bruises; queasiness and itching.

10) Ceanothus americanus

This treatment appears to have a particular connection to the spleen. Malarial ague cake. Usually, a cure comes from the left side. people with anaemia, in whom the spleen and liver are the cause. heavy secretion associated with chronic bronchitis. significant drops in blood pressure and strength. Active haemostatic, significantly lowering blood coagulation.

CONCLUSION

Homoeopathic physicians use individualization and reportorial analysis to determine which medication is most beneficial in treating a variety of ailments. The Fifth and Sixth Editions of the Organon of Medicine's Aphorism 270-Foot state that susceptibility determines the appropriate potency.[4]

REFERENCE

1. Kasper, D., Fauci, A., Hauser, S., Longo, D., Jameson, J. L., & Loscalzo, J. (2019). Harrison’s manual of medicine (20th ed.). McGraw-Hill Education.
2. Boericke, W., & Boericke, O. E. (1990). Homoeopathic materia medica with repertory comprising the characteristic and guiding symptoms of the remedies (R. B. Savage, Ed.; 2nd ed.). Homoeopathic Book Service.
3. Homeopathy software online. (n.d.). Radaropus.com. Retrieved November 23, 2023, from http://www.radaropus.com.
4. Hahnemann, S. C. F. *Organon of medicine, tr. By R.e. dudgeon*. Legare Street Press, 2023.