

Efficacy of Homoeopathic Medicines in Cases of Rheumatic Fever in Children of Paediatric Age Group

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Abstract: *Rheumatic fever (RF) is an autoimmune, multiorgan inflammatory disease that occurs as a result of group A β -hemolytic streptococcal infection in genetically susceptible individuals. Modern medicine uses Antibiotics and anti-inflammatory drugs in the treatment of RF whereas Homoeopathy can be a potential alternative in the treatment of RF without any adverse effects.*

Keywords: Homoeopathy; pediatric; Rheumatic Fever

1. Introduction

Acute rheumatic fever is a delayed, non-suppurative sequel to a pharyngeal infection with the group A streptococcus. Following the initial streptococcal pharyngitis, there is a latent period of 2 to 3 weeks. The onset of disease is usually characterized by an acute febrile illness, which may show itself in one of three classical ways: (i) the patient may present with migratory arthritis predominantly involving the large joints; (ii) there may be concomitant clinical and laboratory signs of carditis and valvulitis; and (iii) there may be involvement of the central nervous system, manifesting itself as Sydenham's chorea. The clinical episodes are self-limiting but damage to the valves may be chronic and progressive, resulting in cardiac decompensation and death.

Predisposing Factors:

Age: Common in lower age group (5-15 yrs.).

Sex: Commonly seen in females.

Season and climate: Mostly in winter and in temperate climates.

Heredity: May run in families.

Social environment: Affects poor class living in unhygienic conditions.

Upper respiratory infection: Usually preceded by upper respiratory infections, commonly tonsillitis, pharyngitis etc.

Group a streptococci and rheumatic fever:

There is little evidence for the direct involvement of group A streptococci in the affected tissues of patients with acute rheumatic fever, but there is a large body of epidemiological and immunological evidence indirectly implicating the group A streptococcus in the initiation of the disease process.

For example:

- 1) It is well known that outbreaks of rheumatic fever closely follow epidemics of either streptococcal sore throats or scarlet fever.
- 2) Adequate treatment of a documented streptococcal pharyngitis markedly reduces the incidence of subsequent rheumatic fever.
- 3) Approximate antimicrobial prophylaxis prevents recurrences of the disease in patients known to have had acute rheumatic fever, and
- 4) If one tests the serum of the majority of patients with acute rheumatic fever for three anti-streptococcal antibodies (streptolysin O, hyaluronidase, and streptokinase), the vast majority of samples (whether or not the patients recall an antecedent streptococcal sore throat) will have elevated antibody titres to these antigens.

Phases in development of disease:

- 1) Prodromal phase: Tonsillitis or sore throat 1-4 weeks prior to onset of acute rheumatic fever. Vague prodromata include GROWING PAINS, anorexia, pallor, fatigability & nervous irritability & low grade febrile attacks.
- 2) Latent period: When antibodies to the preceding streptococcal infection are produced. May vary in length from a few days to several weeks.
- 3) Phase of onset of acute rheumatic fever.

Clinical Presentation

Symptoms:

- 1) History of sore throat over last 2 weeks.
- 2) Fever with chill.
- 3) Sour perspiration.
- 4) Malaise.
- 5) Anorexia.
- 6) Acute excruciating pain in big joints.
- 7) Swelling of joints.
- 8) Fleeting arthritis:
 - Single joint.
 - Seldom involved for more than few days.

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- No residual trace or deformity remains.
 - Another joint gets involved.
- 9) Skin changes
- Rheumatic nodules: They are non-tender small nodules found over bony prominences or around affected joints. Pathologically they are aggregations of Aschoff's nodules.
 - Erythema nodosum: Tender nodules chiefly present over shin bone.
 - Erythema marginatum: These are reddish patches seen over the trunk, margins of which are elevated and irregular. Some coalesce and form big patches.
 - Subcutaneous nodules.
- 10) Heart changes
- Apex beat may be shifted out.
 - Heart rate increased.
 - First heart sound is accentuated but soft.
 - A soft systolic murmur (Carey coomb's murmur) due to mitral valvulitis.
 - Signs of congestive heart failure may be seen.
 - Sometimes pericardial friction may be heard due to associated pericarditis.
 - Cardiomyopathy.

11) Chorea

It is due to the involvement of basal ganglia (Caudate nucleus) and mild encephalitis (Sydenham's chorea).

Signs:

- Pallor.
- Fast pulse.
- Temperature: 38-39°C
- Rheumatic nodules:- small subcutaneous nodules at bony prominences.
- Erythema marginatum on trunk.
- Knee, ankle, elbow joint affected.
- Affected joint red, hot & swollen.
- Affected joint extremely tender.

Diagnosis-(Duckett Jones Criteria) for

Rheumatic Fever

One major & two minor, or two major & one minor criteria.

Major criteria

- Carditis.
- Polyarthrititis.
- Subcutaneous nodules.
- Erythema marginatum.
- Sydenham's chorea.

Minor criteria

- Fever.
- Polyarthrititis.
- History of rheumatic fever.
- Raised ASO titre.
- Raised ESR, CRP, TLC, prolonged P-R interval.

Homoeopathic Therapeutics

ACONITE:

High fever, dry, hot skin, thirst, redness of the cheeks; shooting or tearing pains, worse at night; redness of shining swelling of the parts affected; pain aggravated by touch; extreme irritability of temper; disposition to uncover the parts, and relief from doing it. Throat red, dry, constricted, numb, prickling, burning, stinging. Tonsils swollen and dry.

ANACARDIUM:

Rheumatic affections of pericardium. Uneasiness in the heart. Piercing pains (stitches) through the region of the heart, quickly succeeding each other, sometimes they extend to the back. Sharp stitches through cardiac region. Stitches being "double", i.e. one stitch quickly followed by another; then a long interval.

ARNICA

Soreness, numbness, swelling of affected joint. Dreads touch. "Bed too hard". Worse moving the part. Intercostal rheumatism simulates pleurisy. Worse damp cold weather. Heart affected, with dilatation and dyspnoea.

BRYONIA

Shooting, tearing, or tensive pains; shifting pains, which affect the muscles rather than the bones; red and shining swelling and rigidity of the parts affected; parts worse at night, and on the least movement; profuse perspiration, or coldness and shivering; much heat, with headache and derangement of the stomach; peevish or passionate temper. Throat dryness, sticking on swallowing, scraped and constricted. Tough mucus in larynx and trachea, loosened only after much hawking; worse coming into warm room.

CACTUS

Inflammatory rheumatism with heart trouble. Constriction, everywhere. Constriction of the heart, as if an iron band prevented its normal movement; or as if caged. Dryness of tongue, as if burnt; needs much liquid to get food down. Suffocative constriction at throat, with full, throbbing carotids in angina pectoris.

DROSERIA

Internal chilliness; shivering, with hot face, cold hands, no thirst. Is always too cold, even in bed. Gnawing and shooting in the shafts of the long bones, arms, thighs and legs: with severe stitches in the joints. Ankle bones are specially affected. Pains as if dislocated: great stiffness. "Bed too hard" sensation. Shivering when at rest: when moving, no shivering. Febrile rigor all over body, with heat in face, but cold hands: without thirst. Night-sweats.

EUPATORIUM PERF.

Feels bruised-broken-dislocated. Bones as if broken. Rheumatism with perspiration and soreness of bones. Chills and high fever. Much shivering. Joints especially affected, hip, shoulder, inside knee, foot, great toe, elbow. Sharp pains in hip, ankle and shoulder. Pains worse 10 a.m. to 4 p.m. Wants to keep still, but must move.

FERRUM PHOS.

Acute articular rheumatism; attacking one joint after another; joints puffy, but little red; high fever. Or red, swollen, and very sensitive. Worse from slightest movement.

KALMIA

Migratory rheumatism, with the heart affected. Pains extend downwards, and shift suddenly. Often remarkable slowness of pulse. Adapted to acute neuralgia, rheumatism, gouty complaints, especially when heart is involved as a sequel of rheumatism or gout. In heart diseases that have developed from rheumatism, or alternate with it.

NUX VOMICA

“Whole body burning hot, especially face red and hot, yet cannot move or uncover in the least without feeling chilly. “Rheumatic fever: vertigo, chilliness alternating with heat, pains in head, back and limbs; thirst; dry skin; scanty, dark urine; delayed stool.

RHUS TOX

Pulse irregular, generally accelerated but weak, soft, sometimes it cannot be felt or is intermittent. Shivering and coldness, generally in evening, and accompanied by paroxysms of pain, and other accessory symptoms. External coldness along skin, coldness, but does not mind cold air. Shivering and shaking in open air, with violent thirst. Pain in chest (often rheumatic), worse by using arms as in making a bed, sweeping, Rheumatic tension, drawing, tearing in limbs, during rest. Excessively cold hands and feet all day. Tearing, burning, or wrenching pains; sensation of weakness and crawling in the affected limb; red, shining swelling of the joints, with rigidity or shootings when touched; pains worse during rest, or in cold, damp weather.

SALICYLIC ACID

Acute, inflammatory rheumatism of one or more joints, especially elbows or knees. Great swelling and redness. High fever. Very sensitive to least jar. Motion impossible

SPIGELIA

Spigelia is excellent for Rheumatic fever with heart complaints. Spigelia is best adapted to anemic, debilitated, rheumatic and scrofulous persons. There is high fever with chilliness on least motion. Sore throat with lancinations and swelling in palate. There is drawing, tearing twitching pain in limbs and joints. Rheumatic carditis with trembling pulse. There is violent palpitation which is audible.

2. Conclusion

Rheumatic fever (RF) is an autoimmune, multiorgan inflammatory disease that occurs as a result of group A β -hemolytic streptococcal infection in genetically susceptible individuals. Modern medicine uses Antibiotics and anti-inflammatory drugs in the treatment of RF. Homoeopathy can be a potential alternative in the treatment of RF keeping the fact in mind that the selection of the homoeopathic medicine should be purely on symptom totality.

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