Conquering Fevers with Homoeopathy

Foreword by
Dr. Rajan Sankaran

CLINICAL EXPERIENCES

Dr. Gajanan V. Dhaniskar MD
Some fevers pass on their own, some get cured with medicine, and the rest remind the physician that there is a lot more to learn.

-Hippocrates
“Life is short, art long…”
- Hippocrates

Some fevers pass on their own, some get cured with medicine, and the rest remind the physician that there is a lot more to learn.
This book is dedicated to my dear friend

Dr. Preeti Borkar

Thank you for your strength and presence in this world.

It was truly an inspiration and will always be remembered.

Your gentle and kind spirit will forever be with us.
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I would like to begin by thanking my mentors, Dr. Rajan Sankaran and Dr. Sunirmal Sarkar, for their invaluable teachings and support throughout my learning process. Over the years, I have collected many clinical gems from these two teachers, which have helped me a lot in clinical practice.

I deeply thank my dear friends - Dr. Ashok Borkar and his late wife Dr. Preeti Borkar - who have been a source of inspiration and motivation for me and have helped me in completing this project.

I would also like to express my gratitude and appreciation for my assistants, Dr. Kavita Nehete and Dr. Archana Parab. Their tireless efforts and dedication to patients in the clinic never wavered as they collected the valuable information and case notes referred to in this book.

Special credit goes to Dr. Manish Yadav, Dr. Gaurang Gaikwad, and Dr. Arti Bodhani for their valuable notes, additions and contributions to this work. Also, many thanks to Ruchita Shah for proof-reading the book.

My friend Dr. Mrs. Gayatri Vyavhare MD pathologist, has shared her inputs in the chapter on pathophysiology of fevers and the relevance of investigations in treating them. Special thanks to her for her contribution.

I am grateful to the editor of the book, Armeen Jasavala, for her dedication in making this an easy-to-use handbook that is applicable for all levels of homeopaths, from the student to the seasoned practitioner.
And Dr. Mrs. Antonia Mendonca, for the final shape and form she has given to this book, and the fine tuning of language to express what I want to convey.

Ms. Swati Thakur did a wonderful job on the book cover. She visualized it beautifully, bringing my imagination into colours on paper. My heartfelt thanks to her.

And, above all, my mother Mrs. Vaishali Dhanipkar, my father Mr. Vasant Dhanipkar, and my wife Arti, for their support and love, and Mrs. Padmavati Kadam for all her help in the making of this book.

My sincere thanks to you, the readers and students of homoeopathy. I hope this book inspires and challenges you to become a better and more confident homeopath, especially when treating cases of fever.
“Homoeopathy is very slow to act; so this form of medicine cannot be used in acute cases, especially in fever.”

This is a common myth that many doctors and patients believe. However, this declaration is certainly not true.

I believe that acute prescriptions form a major part of our practice and are more gratifying because of the kind of relief and results our medicines provide to patients. I think that fever is a common ailment that often causes more distress to the homoeopath!

Proper diagnosis, acute observation, careful questioning, detailed examination and analysis with the help of the Repertory and Materia Medica help to treat fever effectively.

This book is a factual display of how administering homoeopathic treatment in fever cases can be tremendously rewarding.

It is designed to equip students, interns and practitioners of homoeopathy with an understanding of fevers, and instill confidence in practice, and prescriptions.

If I can do it, so can you!
It all started when I was a second-year student of medicine. One night a neighbour of mine came frantically knocking at my door. To my surprise, the lady had come in search of me! Reluctantly, I got out of bed to consider the matter. She seemed to be under tremendous stress. She hurriedly explained to me that her daughter had high fever and she wanted me to go immediately to her house to give medicine.

I tried my best to explain that I was merely a second-year student and I did not know much about treating fevers, nonetheless she insisted that I see her daughter. So off we went. I was nervous, and a little hesitant, but I knew that this was a chance for me to apply whatever little knowledge I had.

We reached their house and I took the case of this young girl in as much detail as I could. The only remedy I had learned thus far at college was Belladonna and it seemed that this girl’s symptoms were a perfect match. I gave her the medicine. Without a second thought I came home and slept peacefully feeling quite proud that I could find the remedy. At that point in time I never understood the situation of fever, otherwise I am sure my sleep would not have been so peaceful!

The next day the patient and her mother were at my door again. The patient looked so much better and the fever had vanished! This was a great moment for me. I had no idea what I had done or what was indicated, yet I gave the best remedy I knew and it had worked!

From that day on, many other neighbors started coming to see me for common ailments like cough, cold and headache. I would diligently take down the acute totality or picture, repertorize it and read the Materia Medica for confirmation.

For some reason or another, every case I saw was always an acute case, and whatever remedies I prescribed were based on
the acute totality. With this type of prescription, I gained a lot of confidence because the patients would respond and improve. When I reflect on those days and consider how I practice presently, I feel as if the ability to make these type of acute prescriptions was gifted to me.

During my higher years of schooling I had met an exceptionally good and experienced homeopath who took me into various hospitals. Until this point, my education was mostly done in the allopathic field; handling emergencies and acute cases. I felt I was getting good at it and my teacher had faith in my prescription. I would examine the patient thoroughly from head to toe, consider the physiology and pathology involved, review the main symptoms, quickly prescribe the remedy and wait for the results.

When I started to learn from this homeopath, he never gave me patients that required long case-taking. When he took me to these hospitals, he would make me attend to patients who had emergency problems like high fever, coma, chest pain, or severe allergic reactions. I sensed that he had full confidence in my ability to handle and manage emergencies.

After college, I started my own clinic but felt as if I was at level zero again. I was worried about treating these emergencies without my teacher to monitor me - especially in cases of fever. I experienced anxiety about whether the remedies would work, and whether they would work every time. What if the patient came with fever and after giving the medicine he did not improve? Would I have to suggest paracetamol, or worse, to be admitted to the hospital? Or would I ask them to patiently wait for the effect of the medicine?

Doctors suggested different formulae for fever. They advised me to prescribe Kali muriaticum, Ferrum phosphoricum or Pyrogenium to help the fever subside, but I recognized very early that a formula does not work in every case. One thing that I realized very early was that homeopathy works on the concept of individualization and generalization. I knew that in my patients I
had to find something that was very peculiar or individual to that person in the moment of their fever, in addition to evaluating the general symptoms in the situation.

After taking hundreds of cases, I reaffirmed my belief that there is always one thing that every patient does that is very peculiar or illogical when he is not well. Further, I understood that this peculiar or illogical thing need not be found in the chief complaint, but could be found anywhere in the generalities, concomitants, keynotes etc.

I would first hook on to the peculiarity and later I would confirm the rest of the case with the generals. Then I would read the materia medica and confirm the sphere of action before prescribing. I would frequently see that a single dose would bring about an immediate transformation - a bed-ridden patient would come back to activity. That is the magic of homeopathy!

Now, 20 years into practice, I am continuously working to become more specific and sharp. I am committed to treating every kind of fever and have become habituated to prescribing in a faster, sharper and more precise manner.

This technique and experience is what I will share with you as you traverse this book.
FOREWORDS

Fever cases cause panic in patients and in doctors too. To handle them requires a sound knowledge of basic principles and good skill and technique in practice.

Dr. Gajanan Dhanipkar’s book comes out of his clinical experience with several hundred cases of fever treated successfully by homoeopathy.

What I have liked in the book are the following:

1 – A systematic clinico-pathological aspect of fever – what is fever, which investigations to get done and the importance of clinical examination, diagnosis and prognosis.

2 – Different rubrics for the stages and types of fever and how to use them clinically.

3 – Case examples with clinical reports, analysis of remedies and proper follow ups.

4 – Case taking. The case taking even of children in fever is given, which is interesting learning.

5 – What to do in Pyrexia of Unknown Origin and complex fever – with cases.

6 – Short Materia Medica – with different remedies.

7 – Important aspects of follow ups in acute cases – how active we need to be and wait for the new symptoms to come.

8 – Some cases of lesser known remedies like E-Coli, Streptococcinum, Ocimum sanctum.
9 - The importance of characteristic symptoms and individualization of each case e.g., in one case with the symptom ‘chill beginning from lips’ (along with other symptoms) Bryonia was given.

All these aspects of handling fever cases in a classical homoeopathic way with carefully taking of the case, observing, identifying the peculiarities and then looking for the remedy in books of reference, are very well illustrated through various cases. I am sure this book will encourage and guide practitioners to treat fevers in their own practice without compromising on the basic principles of homoeopathy.

Dr Rajan Sankaran

It is hard for me to say in a few and faltering words how I felt when I had the opportunity to go through Dr. Gajanan’s book on fever. In a nutshell, I can say he has crystallized all the thought processes of our old masters in this book. He has refined and restrained the ‘acute tips’ in such a way that it will help to solve the puzzle of treating all sorts of fever homoeopathically. Above all this book is free from bluff, bravado, bluster and boasting. It will be pointers to the practitioners.

Dr. Sunirmal Sarkar
CASE TAKING IN FEVERS
Introduction

Many homoeopaths have unanswered questions in their minds when a patient suffers from fever. There is fear about how to approach the case, how to take the case, what symptoms to look for and take for repertorization, and how to manage the fever after the first dose.

There are many important aspects to consider when treating patients with fever.

Accurate case-taking is the first critical step.

We will look at numerous aspects within the case-taking framework that are critical and need investigation when a patient has fever.

They include:

- Observations
- Causative factors
- Pattern/Stages of fever
- System involvement
- Physical Examination
- Concomitants
- Modalities
- Keynotes
- History
- State

We will also look at Case-taking in Paediatric Fever.
**OBSERVATIONS**

*Observation is the ability to carefully examine the significant details by using our four senses* (sight, smell, sound, and touch).

The observation of the patient is of utmost importance in homoeopathic prescribing and this continues to be true in fever cases. It begins from the time the patient enters the room and does not end until he leaves. Everything from what he says or does, how he walks and talks, his position of comfort/discomfort, any obvious discoloration, or behavior/reaction to surroundings can be an indicator of a specific medicine.

Generally, in fevers, the first things you see are very important. For example, is the patient dull, active, or in a state of torpor? Does the patient have watery, sunken, red or any specific discoloration of their eyes? Are they moaning, smiling or laughing during fever?

According to Dr. Rajan Sankaran, the seven main elements of observation include:

1. Behavior before consultation.
2. Behavior during consultation: the patient’s pace, expression, alertness, reserved or animated disposition.
3. Behavior with the doctor and the interactions between doctor and patient - eye contact while talking, clinging to doctor, suspicious or trustful or submissive.
4. Disorganized or structured.
5. Trying to be attractive or grab your attention, or being irritated, shy, embarrassed or uncomfortable.
6. Who the patient has brought with them and their relation with that person.
7. What they are wearing and what they bring into the consultation room.
CAUSATIVE FACTORS

Understanding the cause is one of the most important aspects of case-taking. It helps in accurate prescribing as well as knowing the prognosis of the case.

The cause of the fever may be an infection, or an inflammation. The immune response involving fever may also be triggered by what we call “exciting factors” such as emotions, exposure to a different climate or environmental factor. The differentiation between causes and exciting factors is not merely an academic exercise. The important thing is to know how to use them clinically and come to a remedy.

Remember, if there is a fever, there must be a cause!

The rare exceptions to this are cases of fever of unknown origin (FUO/PUO - Pyrexia of Unknown Origin), which we will examine later.

The following are suggestions for the cause of fever:

- Physical trauma
- Infection by bacteria or virus
- Dietetic errors
- Water contamination
- Change in weather
- Exposure to temperature change
- Humidity
- Mental stress, grief, anxiety, fear, etc.

Any factor which produces a physical, mental, physiological or pathological change, is of utmost importance.

This is not only important in cases of fever but it is important in every case. The probable cause must be ascertained because
**PHYSICAL EXAMINATION**

*Physical examination* of a patient is often a neglected area in the homoeopathic clinic. However, physical examination of a patient provides us with a lot of valuable symptoms, like local warmth, coldness, or sweat.

During *physical examination*, the physician carefully examines the patient from head to toe to ascertain symptoms and to find something peculiar to help select the remedy. Physical examination involves *general examination as well as a systemic examination*.

We can look for many rubrics in the following areas during examination:

- **Head**: perspiration, coldness or heat, discoloration of any part
- **Eyes**: discharge, vision problems, discoloration, general
- **Ear, Nose and Throat (ENT)**: this examination is a must in children
- **Throat and tonsils**: glandular swellings, discoloration (redness, etc), eruptions
- **Tongue**: color and coating
- **Torso**: coldness, heat, sweat, discoloration
- **Skin**: rashes
- **Chest**: wheezing, rhonchi, rales etc.
- **Abdomen**: distention, peristalsis, organomegaly etc.
- **Auscultation**: to rule out abnormal breath and heart sounds
- **Pulse**: fast, slow, gentle, feeble, strong etc.

Examination of all vital parameters including pulse, temperature and blood pressure along with assessment of the level of orientation, respiratory system, cardiovascular system, central nervous system, and local examination, will help to define the patient.
The word “concomitant” means “accompanying”, and originates from the early 17th century Latin word “concomitari” (companion).

We may define a concomitant symptom as:

- A symptom that co-exists with the main symptoms without having any pathological or physiological relationship with it. The only relationship is a time association.
- A symptom, that neither has a separate existence nor has any cause for its existence.

Concomitants are of invaluable help in narrowing down the search for the remedy.

We can look for concomitants occurring before, during and just after the fever, and during the stages of fever (heat, chill, sweat).

We can also find concomitant symptoms on clinical examination.

The concomitants/peculiars are only a window to the totality or the state. The physical generals and the other important symptoms must be covered by the same remedy.

**Man covering face**

A patient asked me to treat him for high fever. When I entered the room, I saw that he had covered his face with a towel and was wearing a woollen cap. He said he was feeling very chilly.

I thought it was very peculiar that he was covering only his face! I asked him why he covered only his face. He explained that since the fever and chills began, his face felt as if it was burning and he
Modalities are factors that have an influence on the intensity of discomfort of the patient. They make the patient in general or the chief complaint worse or better.

What ameliorates or aggravates the patient?
Is it an extrinsic factor or emotional factor that makes the patient better or worse?
Do they want to cover or not? Does it help them or not? Are they moving around or lying still? If so, why?
Does any type of food make them feel better or worse?
Does application of hot or cold things help them? Or worsen their discomfort?
How do light and sound affect them?

Once you have a general idea about these things, then one can dwell more specifically on areas like thermals and cravings or aversions during fever.

The modalities will not become an indication for prescribing unless they are very peculiar.

Some interesting modality rubrics include:

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<tr>
<th>EXERTION after amel. (3)</th>
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<td>1 ign, 2 sep, 1 stann</td>
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<tr>
<th>UNCOVERING amel. (17)</th>
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<tr>
<td>1 acon, 2 ars, 2 bov, 2 cham, 1 chin, 1 chin-ar, 1 coloc, 1 ferr, 1 ign, 2 led, 1 lyc, 1 mur-ac, 1 nux-v, 1 plat, 2 puls, 2 staph, 1 verat</td>
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</table>
HISTORY

History is another area that is sometimes neglected in cases of fever.

As we know, fever generally presents as an acute phenomenon and is treated considering the symptoms that are predominant at that moment. The goal is to find the remedy of that state and we usually prescribe on peculiar symptoms, concomitants and physical generals to which the patient responds well.

However, in some cases of recurrent, long-standing or infective and intermittent fevers, the fever recurs despite choosing the well indicated remedy. The remedy seems to work but then the fever returns. Usually after the fever recurs we try changing the potency or try to look for something we have missed. Most of the time, we have missed significant points in the history.

If a good history of the case is taken at the onset, we would choose a better remedy; one which would also include the traits in the past.

For example, if we have a patient who comes with fever and a history of sore throats, we can think of Streptococcinum if indicated.

History from birth until the present age should be elicited. By doing this we know exact traits and in the case of a recurrence, we can give an intermittent remedy that removes the block to cure.

Man with active tuberculosis

A young man of 22 years, diagnosed with Multi-Drug Resistant Tuberculosis, consulted me for treatment.
STATE

In some cases, irrespective of the pathology, causative factor, and physiological change, patients may present with a mental or emotional state that predominates the physical complaint.

After observing and ascertaining the diagnosis and cause of disease, the state of the patient (the changes seen in the patient physically and mentally since being unwell) can be determined or elicited.

There can be both subjective as well as objective changes displayed by the patient in fever.

Physical indications of the state:
- Activity (torpor / dullness / playfulness / hyperactivity)
- Aggravating and ameliorating modalities
- Thirst in quantity and frequency
- Thermal state - chilliness / hotness
- Coverings (preferring / avoiding)

Mental indications of the state:
- Sensorium - alertness/delirium
- Speech and ideas
- Mood: Irritability / mildness / quietness / indifference
- Emotions such as fears, grief
- Reaction to the surrounding persons or to conversation (prefers / avoids)
- Reaction towards his duty (in school / work / home / family / kids)
- Moaning
CASE-TAKING IN PEDIATRIC FEVER

Introduction

In any clinical practice, roughly 40% of patients are pediatric cases. Children commonly suffer from recurrent illnesses including cold, cough and fever. In most cases, antibiotics do not help them in preventing recurrence, and this is where homeopathy can play an important role. Homeopathy can help the fever in the acute stage and if it is recurring.

Case-taking in pediatric cases is like adult cases. The major difference is that we need to observe the patient keenly, especially their reactions and/or behavior during fever.

Getting the information from the parent is the real art in case-taking because most of the information given by the parents is full of their own anxieties and worries, rather than the information about the patient’s suffering.

In these cases, the questions need to be so specific that the parents give objective information about the child rather than their feeling about the problem.

For example, the parents should be asked which part is hot or cold, what is the pattern of fever, what are the changes they have observed in the child since he fell sick, what is the coping mechanism of the child (behavior and physical generals), whether there is any significant history, causative factors, and/or family history (for example, both mother and child may have bronchial asthma).

In my experience, it is very difficult to elicit the various symptoms in each stage of fever [namely in the heat, sweat and chill stages] in children and infants. However, in pediatric cases the observations, physical examination, concomitants, cause, state and modalities are the most important.
TYPES OF FEVER
Introduction

In this section I have classified fevers based on the different approaches to them with homoeopathic treatment.

I. Intermittent fever
II. Recurrent fever
III. Infective fever
IV. Pathological fever
V. Pyrexia of Unknown Origin or P.U.O.

We will also discuss the treatment of Complex Fevers.

Note: Most of the acronyms used in the following chapters are explained in the last section on Clinico-pathophysiology.
INTERMITTENT FEVER

Definition: An intermittent fever is a fever where there are intervals of normal temperature (for example: malaria, kala-azar, pyemia, or septicemia).

*Periodical intermittent fever can be classified into three types:*

I. *Quotidian fever:* with a periodicity of 24 hours, typical of *Plasmodium falciparum* or *Plasmodium vivax* malaria

II. *Tertian fever:* with a 48-hour periodicity, typical of *Plasmodium vivax* or *Plasmodium ovale* malaria

III. *Quartan fever:* with a 72-hour periodicity, typical of *Plasmodium malariae* malaria

*Causes of intermittent fever:*

- Systemic diseases
- Pyrexia of Unknown Origin (PUO)
- Infective diseases

Hahnemann’s Aphorisms about Intermittent Fever:
OTHER CONSIDERATIONS
WHEN TREATING FEVER
Introduction

- The Similimum
- Management of Fever
- When to Administer the Remedy
- Potency and Remedy Repetition
- Which Repertory and Materia Medica to Use
- Remedy Study
- FAQs in Fever
What is the similimum?

In my understanding, the similimum is not the remedy that covers what we call the “totality” only, but it is the remedy that covers the peculiarity, the physical general symptoms, the concomitants and has all the symptoms in its sphere of action (physiologically, pathologically or emotionally).

Generally, when we make a totality of the patient’s characteristic symptoms in an acute case we come to the most common remedies.

For a remedy to be the similimum, the genius of the remedy should match the genius of the patient. For example, if you get Arsenicum in repertorization and the patient does not have restlessness or mental anxiety, the patient does not need Arsenicum. The genius of the remedy must be there!

The ‘genius’ of a remedy is a distillation of the most important symptoms and pictures of a remedy - the genius is the center of a remedy. It is the essential nature and pattern of the remedy. It is the main idea or flavor of the remedy.

Suppose a patient is toxic or has a septic infection, you cannot give a remedy that has only inflammation as it’s genius and does not have sepsis. For example, if a patient is having septicemia or a urinary tract infection, when you take the common and general rubrics, a common remedy that comes up is Belladonna. However, this remedy may not have the same efficacy as the remedy Pyrogen or China in toxic or septic states because ‘sepsis’ is not in the genius of Belladonna.

The similimum in fever may not be the same as the constitutional remedy that the person has previously received. This point is very important. The similimum used in fever is specifically for the superimposed fever state or any other acute state that has taken over the constitution for that moment.
REMEDY STUDY

I give in this chapter remedies that I have found useful in my clinical experience with fevers. The information is based on my clinical findings and verifications. These are not the entire pictures of the remedies, but the symptoms given are those that I have witnessed in my practice. With this understanding of the medicines, treating various kinds of fevers in practice has been very effective.

1. Acidum phosphoricum
2. Aconitum napellus
3. Anthracinum
4. Arana diadema
5. Arnica montana
6. Arsenicum album
7. Baptisia tinctoria
8. Belladonna
9. Bryonia alba
10. Cedron
11. Chininum sulphuricum
12. Cimex
13. Cinchona officinalis
14. Eupatorium perfoliatum
15. Ferrum phosphoricum
16. Gelsemium sempervivens
17. Hepar sulphuris
18. Ignatia amara
19. Ipecacuanha
20. Lachesis
21. Muriaticum acidum
22. Nux vomica
23. Ocimum sanctum
24. Phosphorus
25. Pulsatilla
26. Pyrogenium
27. Rhus toxicodendron
28. Sabadilla
29. Sulphur
Remedy Study
Drugs of Hindustan
Shared by Dr. Gaurang Gaikwad

In cases of fever, we often see that it is difficult to elicit exact symptoms and a proper history of the origin, duration and progression of fever. Because of this, choosing the appropriate homeopathic medicine can be difficult.

In 2012-2013, I visited Kolkata for the first time to learn from Dr. Sunirmal Sarkar and many other experienced homeopaths. I stayed in West Bengal for more than seven months.

In this region of India, I realized that many patients depended on homeopathic medicines. Here, I learned the art and technique of using various drugs of Hindustan, especially in cases where the characteristic symptoms were not clear. I learned from these masters in West Bengal, that there is a certain art and level of skill required to prescribe these drugs. They were highly skilled in observation and in finding objective symptoms.

I remember extensively (and so clearly) my own case of fever. I had developed fever with haematuria during my stay. The urine was bright red and I had slight pain in the renal angle. I was bedridden. I spoke to Dr. Sarkar about my health and he prescribed *Ocimum canum* 6C, every 3 hours. The next day, my urine was totally normal and I did not get a spike of fever after that. I never understood why he prescribed this medicine, but I was surprised at how I miraculously got better overnight. Such is the magic of these remedies from Hindustan.

Throughout my time in West Bengal I collected many pointers of these remedies and how to use them. The following materia medica information comes from my personal experience with these remedies.

Just a word of caution for the readers: these remedies should be used only when other indications are not available.
CLINICOPATHOPHYSIOLOGY OF FEVER
By Dr. Gayatri Vyavhare (M.D. Pathologist)
Introduction

This section is included for review purposes and it contains important clinical information and details pertaining to fever.

It is also designed to explain the clinic-pathophysiology of fever to those individuals who have not studied it previously.

In this section, we will examine two things: What is fever? Importance of Investigations

Some of the information in this section follows more of a ‘medicalized’ approach to understanding fever including the language and various medical acronyms.

LEGEND

The following legend will be helpful to those readers who are not too familiar with medical acronyms or for those who need a review. You will come across many of these short forms as we pass through the next few sections.

ANA — Antinuclear Antibody Test
BM — Basal Metabolic
CBC — Complete Blood Cell Count
CML — Chronic myelogenous leukemia
CMV — Cytomegalovirus
CNS — Central Nervous System
CRP — C-Reactive Protein
CT Scan — Computed Tomography scan
CVD — Cardio vascular disease DNA - Deoxyribonucleic acid EBV - Epstein-Barr Virus
ESR — Erythrocyte Sedimentation Rate
EVS - Enteroviruses
WHAT IS FEVER?

Fever can be the simplest or the most difficult and challenging symptom to treat. In the patient’s eyes, fever is one symptom. However, the doctor must consider the hundreds of causes.

It is important to know the history of common febrile illnesses to rationalize a diagnosis and treatment plan and it is beneficial to have this background knowledge when it comes to applying it to the patients.

Definition:
Fever is an increase in body temperature above the normal circadian range (i.e. 36.8 to 37.8 Celsius). This occurs because of a change in the thermo-regulatory center in the anterior hypothalamus.

Pathophysiology:
Causative agent: bacteria, virus, toxins etc.
• Trigger release of mediators of inflammation and pyrogens
• Act on the anterior hypothalamus
• Thermoregulatory set point of hypothalamus is increased
• Vasoconstriction at periphery
• Increased heat production and increased heat conservation
• Fever

Fever has a protective role by inhibiting the virulence and growth of the causative organism but at the same time it causes discomfort to the patient, increases oxygen consumption and calorie consumption in the body.

Though fever can be treated by antipyretics it is important to find its cause and treat its causative factors for effective treatment.

Types of Fever:

In this chapter, we will consider only two types of fever.
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<tr>
<th>BOOK</th>
<th>CONCEPT(S)</th>
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<tr>
<td>The Elements of Homoeopathy by Dr. P. Sankaran</td>
<td>This book illustrates practically every aspect of homoeopathic medicine, whether it is the study of Materia medica, Hints on Case-Taking, Value of Repertory, Cross References to the Repertory, Difficulties in Practice, and The Scope of Homoeopathy.</td>
</tr>
<tr>
<td>The Spirit of Homoeopathy</td>
<td>This book is divided into four sections: Philosophy, The Mind, Case-Taking and Finding the Remedy, and Materia medica. The first section looks at what disease is - the origin and the dynamics of disease. The second investigates the understanding of delusions, mental state as a whole and body-mind connection. The third section covers the artistic aspect of homoeopathy, understanding the patient. The final section furthers the understanding of remedies, and includes remedies as examples.</td>
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<td>The Substance of Homoeopathy</td>
<td>This book illustrates how delusions can be classified using Hahnemann’s theory of miasms. With numerous illustrative cases, this classification can be used as a map of disease to facilitate remedy selection. A detailed study of homoeopathic drugs with reference to their source reveals the purpose of the traditional classification into plant, animal and mineral kingdom.</td>
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<td>The Soul of Remedies</td>
<td>Clear, concise, confirmed descriptions of the inner view of a hundred different remedies and how they express this in clinical situations.</td>
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<td>The System of Homoeopathy</td>
<td>Illustrating the method of case-taking, case analysis and follow-up, this book includes detailed cases and a number of short cases, through which emerges a System of Homoeopathy. Hints and guidelines about understanding the mental state, eliciting the mind and body connection, central delusion, what to do and what not to do with dreams, plus a further understanding of miasms and kingdoms.</td>
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<td>The Sensation in Homoeopathy</td>
<td>Using numerous case examples, this book gives one the ability to know at all times in a given case, where to begin and where to aim, through The Seven Levels of Experience. This way of working gives a definitive pathway for case-taking, a means by which to observe and utilize the active energy patterns of the patient (hand gestures and movements), plus a way of matching the patient’s level to the remedy and potency that is required.</td>
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<tr>
<td>BOOK</td>
<td>CONCEPT(S)</td>
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<tr>
<td>An Insight into Plants - Volumes 1, 2, 3</td>
<td>This book provides a framework of how the plant kingdom can be classified and understood. Tracing the common sensation of each family, this book shows how this sensation can be seen in the remedies in that family. The remedies are differentiated by the miasm to which they belong.</td>
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<tr>
<td>Sankaran's Schema</td>
<td>This book aims to bring in a nutshell, in a tabulated form, the different concepts and information spread over Dr. Sankaran’s books - The Spirit of Homoeopathy, The Substance of Homoeopathy, The System of Homoeopathy, The Sensation in Homoeopathy, and An Insight into Plants (Volume I, II, III), and Sensation Refined.</td>
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<tr>
<td>Structure - Experiences with the Mineral Kingdom</td>
<td>The periodic table readily lends itself to the task of classification. Its seven rows and 18 columns can be understood, seen and experienced as stages of human development. Recent explorations into the rows, backed by several clinical cases, provings and research, have thrown new light on the Mineral Kingdom that makes it significantly easier to recognize the remedies in practice.</td>
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<tr>
<td>Sensation Refined</td>
<td>This book addresses the problems and pitfalls that seekers in this method face. It answers many queries about the sensation and its expression, and how to understand it better, in a clearer and simpler way. Here, there is a deeper understanding of the experience, living it and seeing almost nothing else.</td>
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<td>Survival - The Mollusc</td>
<td>Within are described the qualities of Mollusca in nature, its subdivisions, and expressions in the human being. Each of these is described with source words, proving information and clinical cases, to make it easy to recognize in clinical practice.</td>
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<td>Survival - The Reptile (Volume 1 and 2)</td>
<td>Within are described the qualities of Reptilia in nature, its subdivisions, and expressions in the human being. Each of these is described with source words, proving information and clinical cases, to make it easy to recognize in clinical practice.</td>
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<td>The Synergy in Homoeopathy - An integrated approach to case-taking</td>
<td>An integrated approach to case-taking and analysis. Never before has the connection between the patient and the remedy been so clear - symptoms and system are two sides of the same coin and this results from an integrated approach. Both the factual and conceptual aspects of the patient and the remedy must be seen together. The knowledge of old masters, such as C.M. Boger, is explained in detail. Through illustrative cases, the secret of success is depicted through this integrated approach. Through a seamless blending of the old and new, conventional and contemporary, the results are proof of a quantum leap in homoeopathic practice.</td>
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<td>case-taking and analysis</td>
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<td>Synergy Synopsis</td>
<td>This book is a small handbook, updated with the latest developments in advanced homoeopathic practice. It is intended to be a ready reference guide for participants who attend seminars, and for others who wish to have an overview of this system of practice.</td>
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<tr>
<td>Just You See Broadening The Homoeopathic Horizon</td>
<td>This is a book which brings to light the many different approaches and clinical Materia medica of Dr. Sunirmal Sarkar. He is one of busiest homeopathic practitioners in Kolkata, India and sees up to 100 patients a day, 50 of which are cancer cases. This book also describes in depth the different sources and methods which help to solve cases, such as Materia medica, the Repertory, Indian Drugs, Potentised Allopathic Drugs, Sarcodes, and Organ Remedies amongst others.</td>
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<td>Dr. Sunirmal Sarkar</td>
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<td>From Similia to Synergy</td>
<td>From Similia to Synergy guides the reader through the full spectrum of homoeopathic knowledge. Sankaran demonstrates integration with actual case studies. Case-taking discourses have been transcribed and parsed to allow the reader to understand the Sankaran's thought processes. Thoughout, the reader is encouraged to refer to supporting bodies of work for further research and comprehension.</td>
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<td>Dr. Rajan Sankaran</td>
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Conquering Fevers with Homoeopathy

Fever cases cause panic in patients and doctors as well.

But chill!

As a homoeopathic physician, armed with the standard materia medicas and repertories, and applying basic skills of observation, clinical examination and remedy analysis, you can certainly conquer fevers in practice.

In his first book, Dr. Gajanan Dhanipkar MD (Hom) unfurls the simple and practical methods of approaching, solving and handling fever cases homoeopathically.

It is amply illustrated with cases from his daily practice, including diagnoses, analysis charts and results verified by laboratory reports.

It is a masterpiece of a clinically verifiable practical application of homoeopathy.