



Case report on alternative therapy for dengue fever

Vaishali Tembhare

Department of Medical Surgical Nursing, Smt. Radhikabai Meghe Memorial College of Nursing, Datta Meghe Institute of Medical Sciences (Deemed to Be University), Sawangi (Meghe), Wardha, Maharashtra, India

Correspondence Author: Vaishali Tembhare

Received 16 Nov 2022; Accepted 23 Dec 2022; Published 5 Jan 2023

Abstract

Introduction: Dengue fever is a flavivirus that is spread by arthropods and belongs to the Flaviviridae family. Japanese encephalitis and yellow fever are two more flaviviruses. Dengue fever is caused by four different viruses. Four separate serotypes of the virus cause dengue fever (DF) and dengue hemorrhagic fever (DHF) (DEN 1, DEN 2, DEN 3, and DEN 4). (DHF). Dengue fever is contracted by biting an infected mosquito.

Clinical findings: Abdominal pain, fever, (Temperature 100-degree f) Vomiting, Failure of thrive, Poor eating pattern.

Diagnostic evaluation: CBC Investigation, Blood test, Hb -10.4gm%, Total RBC Count -4.37million /cu mm, RDW-13.3%, HCT-30.5%, Total WBC Count-4000 /cu mm, Monocytes- 13%, Granulocytes-65%, Lymphocytes-30%, AST (SGOT)-28 U/L,

Peripheral smear: RBC-Normocytic mildly Hypochromic, with few microcytes, platelets-Adequate on Smear –no Hemiparasites Seen.

Therapeutic intervention: Blood Transfusion, Inj. Amin oven 200mg BD, Cefotaxime 400mg BD IV, Inj. Amikacin 130mg OD, Inj. Metrogl 90mg BD, Inj. Pantop 10mg OD.

Outcome: After Treatment the child show improvement his frequently And relived Vomiting, fever, and increases the feeding pattern.

Conclusion: My client was admitted to pediatric ward no 16 at AVBRH with a know case of Dengue Disease, and he had complaint of fever and rashes all over the body. After getting appropriate treatment and alternative therapies his condition was improved.

Keywords: dengue fever, alternative therapy, rashes

Introduction

The virus that causes dengue fever is spread by arthropods. Flaviviruses are viruses that belong to the Flaviviridae family and the Flavivirus genus. Japanese encephalitis and yellow fever are two more flaviviruses. Dengue fever is caused by four different serotypes of the virus (DEN 1, DEN 2, DEN 3, and DEN 4), each of which can produce either conventional dengue fever (DF) or dengue fever (DF).

DHF is a type of hemorrhagic fever (DHF) Dengue fever is spread through the bite of an infective mosquito, the *Aedes aegypti*. Dengue fever can last for up to fourteen days after infection. A high temperature, headache, vomiting, and unusual skin rashes are all symptoms. It usually takes two to seven days to recover. In a small number of people, the illness can progress to a more severe dengue hemorrhagic fever, which causes leaking, or to dengue fever. Dengue fever is spread by a variety of female *Aedes* mosquitos, the most common of which is *Aedes Egypt*. The virus comes in five different serotypes. Infection with one type usually results in lifetime immunity for that type, but only for a short period of time for the others. In the aftermath of an infection, when it comes to a different kind, there is a greater chance of serious consequences. To confirm the diagnosis, a variety of tests are available, including Antibodies 2. In several countries, vaccines against the virus or variants have been approved and are commercially available; nevertheless, immunization is only suggested for those who have already been infected or for populations with a high prevalence of past infection before the age of nine. Other

possibilities When it comes to a different kind, there is a greater chance of serious consequences. To confirm the diagnosis, a variety of tests are available, including. 2 Although antibodies against the virus or variations have been licensed and are commercially accessible in several countries, vaccination is only suggested for persons who have already been infected or for groups with a high prevalence of past infection. which involves providing fluids by mouth to those with mild to moderate illness. Blood may be required in more serious situations. For fever reduction and pain relief, acetaminophen) is preferred above NSAIDs [3].

The earliest accounts of an outbreak originate from 1779, the use of NSAIDs. By the early twentieth century, the virus's cause and transmission had been identified. Dengue fever has been a global concern since its second year, with cases reported in more than 120 countries. Each year, 390 million people are affected, with approximately half a million requiring hospitalization [3].

40,000 people perish. In 2019, The number of instances has increased significantly. Researchers are working on a virus-specific treatment in addition to removing mosquitos. It's broken down into the following sections. Dengue fever is an infectious tropical sickness spread by mosquitos. This illness is predominantly seen in Africa's equatorial areas, as well as the Americas, Southeast Asia, and Australia [5].

Dengue fever is found all across the tropics, with local differences in risk determined by climate a wide range of people. This can range from asymptomatic infection (when

people are unaware, they are sick) to severe flu-like symptoms in those who are afflicted. Although rare, some patients get severe dengue, which can result in a variety of consequences including severe bleeding, organ damage, and plasma leakage. Dengue fever is a mosquito-borne tropical sickness caused by the dengue virus. Symptoms usually emerge three to fourteen days following infection. Symptoms include a high temperature, headache, vomiting, muscle and joint aches, and a characteristic skin rash. Recovery normally takes two to seven days. The illness can proceed to dengue hemorrhagic fever in a small percentage of patients. Embarrassingly low blood pressure. Female mosquitos of the Aedes genus, particularly Aedes aegypti, carry dengue fever. The virus contains five serotypes; infection with one provides long-term immunity, while infection with the others provides only short-term protection. Infection with a different kind of bacteria raises the chance of serious consequences. A variety of assays, such as identifying antibodies to the virus or its RNA, are available to confirm the diagnosis.

Patient identification

A male child of 11 years from wardha admitted to pediatric ward no 16 in AVBRH on 27 July with a known case of Dengue fever disease, his weight is 28 kg and his height is 140cm.

Present medical history

A male child of 11 years old was admitted to AVBRH on 27 July 2021 by his parents with a complaint of child having high grade persistent fever, vomiting, abdominal pain, rashes on the body for two days.

Past medical history

Client was diagnosed as Dengue fever, at the age of 11 year when he was admitted to hospital due to fever, and vomiting, and other investigation are done.

Family history

There are four members in the family my patient was diagnose to have Hirschsprung's disease, and his parents are healthy and he his belongs to nuclear family type of marriage parent is non consanguineous marriage all other member of the family were not having complaints in three health except my patients who was being admitted in the hospital.

Past intervention and outcome

My patient was diagnosed with a Dengue fever he was 13-year-old time onwards he was admitted to hospital time to time for further treatment of the disease it was found effective as the patient does not develop complication till them.

Clinical finding

Fever (temperature 100-degree f), vomiting, rashes, Abdominal pain.

Etiology

Female mosquitos of the Aedes aegypti and, less frequently, Aedes albopictus species transmit the viral subtypes that cause dengue disease. Aedes mosquitoes are often found in urban and suburban regions, according to the World Health Organization, because they like to reproduce in man-made containers such as

tyres, flowerpots, and domestic water containers. They bite throughout the day, especially during the summer. around dawn and dusk Mosquitos of the Aedes albopictus species have been transferred from tropical areas to North America and Europe, where they can live in freezing temperatures, allowing dengue fever to spread to cooler climes. According to certain studies, persons of European or Asian heritage are more likely than other ethnic groups to acquire severe dengue illness.

Physical examination: There is not much abnormality found in head to toe examination all are normal.

Diagnosis assessment

CBC Invesgition, Blood test, Hb -10.4gm%, Total RBC Count -4.37million /cu mm, RDW-13.3%, HCT-30.5%, Total WBC Cont-4000 /cu mm, Monocytes- 13%, Granulocytes-65%, Lymphocytes-30%, AST (SGOT)-28 U/L, Platelet Count 75,000 micro litter, MCV -69.8%, MCH -32.9%, MCHC -34.2%.

Eosinophil-02%, Basophil 0%, KFT-Urea 15%, Creatinine -0.4 %, Sodium-138%, Potassium- 43%.

Peripheral smear

RBC-Normocytic midly Hypochronic with few microcytes, platelates-Adequate on Smear-no Hemoparocytes Seen.

Therapeutic Intervention

Blood Transfusion, Inj. Aminoven 200mg BD, Cefotaxamine 400mg BD IV, Inj. Amikacin 130mg OD, Inj. Metrogyl 90mg BD, Inj. Pantop 10mg OD, Inj. KCL 2ml BD, Inj. MVI 2ml BD, Inj Emset 1.5mg 8 hourly.

Alternative therapies

1. As the child was having high grade fever tepid sponging was done whenever he was having episode of fever.
2. Giloy juice 3tsf twice in a day, Giloy is an Indian herb which help in improving the metabolism.
3. Papaya leaf juice 3tsf twice in a day, Papaya leaf juice is a great remedy to increase platelet count.
4. Fresh Gauwa juice; Gauwa juice is loaded with multiple nutrients, it is rich in vitamin C which help in building immunity.

Discussion

A male child of 11 years old form chitoda Dist. wardha was admitted to pediatric ward no 22 on AVBRH on 27th July 2021 with a complaint of abdominal pain, fever, vomiting, failure of thrive, poor feeding, he is a known case of Dengue disease which was diagnose when he was 11 year old as soon as he was admitted to hospital investigation were done and appropriate treatment were started and after getting treatment he is show great improvement and the treatment was still going on till my last date of care.

Alternative therapy termed as complementary form of medicine which can heal the body and help to manage disease condition. It supports the treatment by improving metabolism, hydration and immunity boosting. But there is no research available that it can cure the dengue. So, the alternative therapies are considered as supportive therapy in dengue treatment.

Conclusion

Dengue fever is a disease that has spread around the world over the world and is currently generating concerns. New molecular-based diagnostic approaches have shown promise in terms of early diagnosis, but they are still limited in terms of cost and consistency. Antiviral medications are being investigated as a possible treatment for dengue illness.

References

1. Datta P. Pediatric nursing second edition new Delhi Jaypee Brother Medical Publishers, p301-305.
2. "Dengue and severe dengue Fact sheet N°117". WHO, 2015.
3. Wijewickrama A, Fernando S, Bandara Jayathne GS, Asela P, Abeynaike S, Gomes L, *et al.* Emergence of a dengue virus serotype 2 causing the largest ever 2 dengue epidemic in Sri Lanka short title: dengue serotype 2 causing a large outbreak in Sri Lanka running title: dengue serotype 2 causing massive outbreak in Sri Lanka. 10.1101/329318. [cited 2019 Jan 5]
4. WHO. Comprehensive Guidelines for Prevention and Control of Dengue and Dengue Haemorrhagic Fever, 2011.
5. Sellahewa KH. Haematological disturbances in dengue Haemorrhagic fever - its pathogenesis and management perspectives. Hematol Oncol Res. 2015;1(3):15-24.
6. Khan S, Gupta N, Maheshwari S. Acute gingival bleeding as a complication of dengue hemorrhagic fever. J Indian Soc Periodontol. 2013;17(4):520. doi: 10.4103/0972-124X
7. Ameer A, Arachchi WK, Jayasingha P. Psoas haematoma complicating dengue haemorrhagic fever: a case report. Gall Med J. 2009;14(1):83. doi: 10.4038/gmj.v14
8. www.google.com