

A Study of Trial of Windose Active Ingredient Andro Grap Holidep Articulate an Extract of Enriched Kalmegh or Kalmegha Extract (Kalmegh or kalamegha) or Nilavembu Root Extract & Caripill or Caripappa (Papaya Leaf extract) in the Treatment of Dengue, Chicken Guniya & Post Viral Arthritis

Dr. An. Kalanithi. MD.,PhD., F.R.C.P (Glasgow), F.I.M.S.A., PhD., F.I.C.A(USA) F.C.I.P.(Ind) F.C.C.P(USA) F.R.S.H. (Lond) F.R.S.T.M.(Lond) F.I.S.E(Ind) F.A.I.M.S. F.S.A.M.S. F.M.M.C. F.C.A.M. F.A.C.A& Dr. Kanimozhi Baskaran, MBBS., DCH.

Introduction

Severe Fever with Thrombocytopenia syndrome. This is recently described tick-borne disease caused by previously and still unclassified phlebo virus. A virological diagnosis of severe Dengue can be made by the usual means initially caused by a mosquito "A-Aegypti".

This study focus on the use of papaya leaf extract of Eranda Karkati and Nilavembu root extract (Kalmegh or kalamegha).

The common name comes from the Taino word papaia that was changed in Spanish to papaya the word mostly used world wide, with some changes. In Australia & some countries of the Caribbean the fruit is called "PaPaw" or "Paw Paw".

Botanical Name: "Carica papaya"

Highlights :-

In the recent decade, dengue has re-emerged and with it being endemic in more than 110 countries, it has been the most prevalent arthropod-borne viral diseases in terms of morbidity and mortality. Two-fifths of the world populations are at risk, estimating around 100 million of dengue fever infections, 2.1 million cases of dengue hemorrhagic fever and 200 thousand deaths worldwide are caused by dengue every year.

Objective:- To study or assess the value or effectiveness of two drugs described increases the Immunity and also increases WBC & Platelet count.

Material & Methods:- 100 cases of Viral Fever with Thrombocytopenia have been admitted in KHM Hospital without gender bias age ranging from 3 years to 55 years. Patients were admitted with the platelet

count 10000 to 1.2 lakhs. The Temperature was as high as 102°F – 104°F. After the administration of RL and NS 50ml/hr for children & 100ml/hr for adults, with paracetamol, 650mg 3-4 times a day and in case of children according to the weight T.Caripill 3 times daily and Windose 2 times daily were given though initially platelet count and WBC count dropped, from the 3rd day of admission WBC and platelet were increased.

Conclusion:-

The drug efficiency is proved significantly good, in raising the WBC count & platelet count.

I. INTRODUCTION

Dengue fever is a viral fever transmitted by the bite "A - Aegypti" mosquito. Resulting in high grade fever 102-104°F with severe body pain, headache, vomiting, abdomen pain and some cases loose stools.

II. MATERIALS & METHODS

Dengue has been an epidemic in state of Karnataka (South India) where 28000 peoples affected. Kerala (God's own country) 18000 peoples and in Tamilnadu (South India) 14000 peoples affected between the month of August to 10th of October. The main reason being 1. Ignorance of the people. 2. Keeping unnecessary unused tyres, utensils, ceramic potteries in which the pure water is being collected. Since these articles are not covered of properly with lids, the growth of the mosquito enhanced, which bites the people who lie down or work in an uncovered manner and the mosquito bites the exposed parts which results in high grade fever, body pain, headache, vomiting, cough and expectoration, loose stools in

certain cases. 100 patients who came from Chennai city were admitted in KHM Hospital under Dr. AN. KALANITTHI .MD.,PhD., F.R.C.P (Glasgow), F.I.M.S.A., PhD., F.I.C.A(USA) F.C.I.P.(Ind) F.C.C.P(USA) F.R.S.H. (Lond) F.R.S.T.M.(Lond) F.I.S.E(Ind) F.A.I.M.S. F.S.A.M.S. F.M.M.C. F.C.A.M. F.A.C.A and the Children were referred to the pediatrician DR. KANIMOZHI BASKARAN. MBBS., DCH. who is the gold medalist in pediatrics. As per the protocol I was treating the adults and pediatric cases treated by DR. KANIMOZHI BASKARAN.MBBS., DCH Being the chairman of ethics committee in Chennai. I conducted the study after the approval. All the patients were subjected to clinical evaluation in the form of detail history, physical examination. The lab investigations carried out. Patient admitted with high grade fever. The test includes TC, DC, Hb platelets. When the platelet is less than 1.2 lakhs, they were tested for Anti Dengue IGG, IGM& NS1 Antigen. Those patients were also subjected to USG abdomen& thorax to rule out acites, plural effusion & pericardial effusion.

III. METHODS

2 tsp full of Nilavembu root is soaked in 200ml of water kept over night and boiled on the next day condensed to 100ml. Filter the extract after cooling, the extract should be taken daily morning & evening for 5 days. It has given a extraordinary results in improving Immune cells & platelet is dramatically increased.

IV. RESULTS (About nilavembu extract detail)

Since the patients were alarmed as medias projected the disease as a death tunnel we have to console the patients and relatives and infuse confidence that they will become alright within 3-4 days. Nearly 10% of the patients were in the age between 3 and rest of them were in the age group of 12 to 55. All the patients BP, PR, RR, Hb, urea, creatinine, WBC, platelet count were carried out and when the WBC count and platelet count are the declining status Dengue IGG, IGM and NSI Antigen were carried out. Most of the patients showed thrombocytopenia with NSI Antigen positive and the third day onwards they were positive with IGG, IGM with the dramatic fall of platelet count. After the treatment with RL & NS 50ml / hr for childrens according to the weight and 100ml / hr for adults. Syp. Windose 1tsp – 0 – 1 tsp and syp. Caripapa three times daily for childrens & T. Windose 1 – 0 -1; T. Caripill 1 – 1 – 1 for adults and daily platelet count was estimated. A considerable & remarkable increase in WBC and platelet count were noticed and the 7th day of the treatment, the platelet count increased from 30000 to 70000 and to 2 lakhs. In few cases

platelet & FFP transfusion for two consecutive days. The WBC count & platelet count were increased. Only one case which has come from Mandya of Karnataka state came with Renal failure, Jaundice & high grade fever was referred to (platelet was 10000) Government General Hospital which is 2000 bedded hospital in Chennai. In view of the bad prognosis except that, the other patients, children and adults recovered to normal stage without any complication like Hemorrhage or respiratory infection or Renal failure except one case we treated with plural (from Thiruthani) effusion and pericardial effusion with the platelet count 20000. Platelet transfusion and also got the opinion from the cardiologist who has advised to continue the same protocol.

V. DISCUSSION

It has become a growing trend in the medical fraternity when allopathic drugs fail or response there is a need for alternate method and using indigenous drugs which are potent, effective without any side effects can be tried with the approval of ethics committee. There is nothing wrong in going for alternative method of treatment when our usual mode of treatment fails to respond and cure the disease. The mortality that has happened in Tamilnadu mainly in the rural areas, were due to the lack of diagnostic kits and increasing unavailability platelet and plasma for transfusion and also due to the ignorance (uneducated) of the people about the severity of the disease and sentiments to avoid using the drugs, and IV infusion. Dengue deaths can be prevented by admitting them in the early stage using the Diagnostic skill and Diagnostic test available and hydrate them with adequate fluid, intake orally and IV and control the fever with paracetamol and the caripill and windose. In that way we are very proud to announce KHM HOSPITAL situated in the heart of Chennai has treated successfully including a patient who was in mensural periods with the 10000 platelet count with plural effusion and pericardial effusion. I am extremely thankful to the other members of ethics committee, cardiologist DR. P. MANOKAR, M.D., D.M., FACC, FSCAI and well known pediatrician Mrs. DR. KANIMOZHI BASKARAN. MBBS., DCH for their valuable suggestions and accepting my methodology in treating Dengue patients successfully. I request the editor American Family Medicine Journal to publish this. As there is heavy epidemic spread of Dengue fever, Post viral, arthritis & Chicken guniyain Karnataka, Kerala and Tamilnadu of South India.

REFERENCES

- [1] Natural Standard (NS) (now known as Natural Medicines). Herbal monograph for *Andrographis paniculata* 2013, accessed 16 April 2014

- [2] <http://WWW.Naturalstandard.com/index-abstract.asp?create-abstract=andrographis.asp&title=Andrographis>
- [3] abstract=andrographis.asp&title=Andrographis
- [4] World Health Organization. WHO monographs on selected medicinal plants. Volume 2. WHO Press, 2002 Geneva.
- [5] Suwankesawong W (Thai FDA). Adverse event to Andrographispaniculatacontaining product. Presentation: 34th annual meeting of the WHO Programme for International Drug Monitoring, 2011 Dubrovnik, Croatia.
- [6] Farah M, Meyboom R, Ploen M. Acute sensitivity reactions to Andrographispaniculata containing products, as reported in International Pharmacovigilance. Drug Safety 2008;31(10):913-914.
- [7] State PharmacopoeiaCommission of the People’s Republic of China. Pharmacopoeia of the people’s Republic of China (PPRC) (English edition). Chemical Industry Press, 2005 Beijing, p.121.
- [8] Chao WW, Lin B-F. Isolation and identification of bioactive compoundsin Andrographispaniculata. Chinese Medicine2010;5 (17).
- [9] Bensky D, Clavey S, Stoger E, with Andrew Gamble. Chinese Herbal Materiamedica 3rd Ed., Eastland Press, 2004 USA.
- [10] Zhongzhen Z. Anillustrated ChineseMateriaMedica in Hong Kong. School of Chinese Medicine, 2004 Hong Kong.
- [11] Ameh S, Obodozie O, Inyang U, Abunakar M, Garba M. A normative study of Nigerian grown “Maha-tita” (king of bitters)–Andrographispaniculatanees. Embase International Journal ofDrug Development and Research 2010; 2 (2): 291-299.
- [12] Mills S and Bone K. The Essential Guide to Herbal Safety. Churchill Livingstone, Elsevier, 2005 USA.
- [13] Akbar S. Andrographispaniculata: a review of pharmacologicalactivities and clinical effects.Embase Alternative medicine review 2011; 16 (1): 66-77.
- [14] Jayakumar T, Hsieh C-Y, Lee JJ, Sheu J-R. Experimental and clinical pharmacology ofAndrographispaniculataand its majorbioactivephytoconstituentAndrographolide, Evidence based Complementary and Alternative Medicine.Hindawi Publishing Corp.2013; Article ID 846740.
- [15] European Medicines Agency (EMA) 2014, Committee on Herbal Medicinal Products (HMPC), 27 August 2014 Final Assessment report on Andrographispaniculatanees, folium, EMA / HMPC / 320433 / 2012
- [16] (http://www.ema.europa.eu/docs/en_GB/document_library/Herbal_-_HMPC_assessment_report/2014/06/WC500168112.pdf) viewed 2 June 2015.
- [17] Coon JT and Ernst E. Andrographispaniculata in the treatment of upper respiratory tract infections: A systematic review of safety and efficacy. Planta Med 2004; 70:293-298.
- [18] Calabrese C, Berman SH, Babish JG, et al. A phase I trial of andrographolide in HIV positive patients and normal volunteers. Phytother Res2000; 14:333-8.
- [19] Oppamayun Y, Rungapirumnan W, Suwanakaesawong W, Uerchaikul C. Recent study on safety monitoring herbal medicines of Thai National Essential Drug List (NEDL). EmbasePlantaMedica. Conference: 57th International Congress and Annual Meeting of the Society for Medicinal Plant Research and Natural Product Research Geneva Switzerland. Conference Publication: 2009; 75 (9); (var.pagings).
- [20] Wechwithan S.Andrographolide: Thailand epidemiological and safety profile. EmbasePharmacoepidemiology andDrug Safety (PDS). Conference: 25th International conference on Pharmacoepidemiology and Therapeutic Risk Management Providence, RI United States. Conference Publication: 2009; 18 (S1); S171.
- [21] Saokaew S, Suwankesawong W, Permsuwan U, ChaiyakunaprukN.Safety of herbal products in Thailand : An analysis of reports in the Thai healthproductvigilance center database from 2000 to 2008. Drug safety 2011; 34 (4): 339-350.
- [22] Ji K, Chaen J, Li M, Liu Z, Xia L, Wang C, Zhan Z, Wu X. Comments on serious anaphylaxis caused by nine Chinese herbal injections used to treat common colds and upper respiratory tract infections. RegulatoryToxicology and Pharmacology 2009; 55: 134-138.
- [23] Saxena RC, Singh R, Kumar P, Yadav SC, Negi MPS, Saxena VS, Joshua AJ, Vijayabalaji V, Goudar KS, VenkateshwarluK, Admit A. A randomized double blind placebo controlled clinical evaluation of extract of Andrographispaniculata (KalmCold) in patients with uncomplicated upper respiratory tract infection. EmbasePhytomedicine 2010; 17 (3-4): 178-185.
- [24] Guan S-P, Kong L-R, Cheng C, Lim JCW, Wong WSF, Protective role of 14-deoxy- 11,12- didehydroandrographolide, a noncytotoxic analogue of andrographolide, in allergic airway inflammation. Journal of Natural Products 2011; 74 (6): 1484-1490.