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What is CHIKUNGUNYA ?

- ❖ The dreaded disease caused by virus *Aedes aegypti*.
- ❖ There is no specific treatment.
- ❖ Fever as high as 102⁰ F, arthralgia, arthritis, myopathy, tremendous weakness, skin rashes, mouth ulcers, etc are few of the major symptoms.
- ❖ Initially seen in Maharashtra and Madhya Pradesh, now spreading to Karnataka, Tamil Nadu and other southern states.
- ❖ The number of persons as high as 80,000, are affected, only in southern India, since December 2005.



What helps during CHIKUNGUNYA ?

Our products such as Dazzle Capsules, dazzle Ointment, dazzle Oil, Bonton Capsules, Ranger capsules and syrup are seen to offer great relief to patients suffering from Chikungunya.

- ❖ **Dazzle Capsules** are indicated for management of inflammation and pain associated with Arthritis, Arthralgia, muscular pain associated with viral infections, rheumatoid arthritis, osteo arthritis, and spodylitis.
- ❖ **Dazzle Oil and ointment** is for external application in treatment of inflammation and pain associated with Arthritis and Spodylitis.
- ❖ **Bonton Capsules** are for healthy bones, fracture healing, Osteoporosis, pain & inflammation associated with bone conditions.
- ❖ **Ranger Capsules and syrup** are useful to increase physical capacity and raise threshold of fatigue, to improve metabolic functions, physical fitness and mental alertness. This works as powerful anti stress & anti oxidant preparation.

This information will go a long way in giving symptomatic relief to patients suffering from dreadful disease Chikungunya.

CHIKUNGUNYA

Source: Wikipedia, the free encyclopedia

<i>Chikungunya virus</i>	
<u>Virus classification</u>	
Group:	Group IV ((+)ssRNA)
Family:	<i>Togaviridae</i>
Genus:	<i>Alphavirus</i>
Species:	<i>Chikungunya virus</i>

Chikungunya is a relatively rare form of **viral fever** caused by an **alphavirus** that is spread by **mosquito** bites from the **Aedes aegypti mosquito**. The name is derived from the **Makonde** word meaning "that which bends up" in reference to the stooped posture developed as a result of the **arthritic** symptoms of the disease. The disease was first described by Marion Robinson and W.H.R. Lumsden in 1955, following an outbreak on the **Makonde Plateau**, along the border between **Tanganyika** and **Mozambique** in 1952. Chikungunya is closely related to **O'nyong'nyong virus**.

Chikungunya is not considered to be fatal. However, in 2005-2006, 200 deaths have been associated with chikungunya on **Réunion** island and a widespread outbreak in Southern India (especially in **Karnataka** and Andhra Pradesh); see **Recent outbreaks** below.

Symptoms: The symptoms of Chikungunya (also called as Chicken Guinea) include fever which can reach 39°C, (102.2 °F) a petechia¹ or maculopapular rash usually involving the limbs and trunk, and arthritis affecting multiple joints which can be debilitating.

There can also be headache, conjunctival infection and slight photophobia. In the present epidemic in the state of Andhra Pradesh in India, high fever and crippling joint pain is the prevalent complaint. Fever typically lasts for two days and abruptly comes down, however joint pain, intense headache, insomnia and an extreme degree of prostration lasts for a variable period, usually for about 5 to 7 days.

Dermatological manifestations (data on file) observed in a recent outbreak of Chikungunya fever in Southern India (by Dr.Arun C. Inamadar, Dr.Aparna Palit, Dr. V V Sampagavi, Dr.N S Deshmukh, Dept of Dermatology, BLDEA's SBMP Medical College & Hospital, Bijapur, Karnataka, aruninamadar@rediffmail.com) are as follows:

- 1. Maculopapular rash**
- 2. Nasal blotchy erythema**
- 3. Freckle-like pigmentation over centro-facial area**
- 4. Lichenoid eruption and hype rpigmentation in photo distributed areas**
- 5. Multiple aphthous-like ulcers over scrotum, crural areas and axilla.**
- 6. Lymph edema in acral distribution**
- 7. Multiple ecchymotic spots (Children)**

Role of Dazzle / Bonton / Ranger in Management of CHIKUNGUNYA



Histopathological examination revealed perivascular lymphocytosis no specific treatment for Chikungunya. The illness is usually self-limiting and will resolve with time. Symptomatic treatment is recommended after excluding other more dangerous diseases. Vaccine trials were carried out in 2000, but funding for the project was discontinued and there is no vaccine currently available.

A serological test for Chikungunya is available from the University of Malaya in Kuala Lumpur, Malaysia.

Possible role for chloroquine in the treatment of Chikungunya: There is an interesting dialogue, mostly in French, about the possible use of chloroquine in the treatment of the arthralgia associated with CHIK.

1. A paper published in South Africa in 1984 concerning 10 cases of CHIK showed some effect of CQ in treating the symptoms of arthritis. Brighton SW. Chloroquine phosphate treatment of chronic Chikungunya arthritis. An open pilot study. S Afr Med J 1984 Aug 11;66(6):217-8.

The abstract of the paper: "Over 12% of patients who contract Chikungunya virus infection develop chronic joint symptoms. These symptoms respond only partially to the non-steroidal anti-inflammatory drugs. An open pilot study on the efficacy of chloroquine phosphate was carried out and 10 patients completed 20 weeks of therapy. Both the Ritchie articular index and morning stiffness improved significantly. In the patient's assessment, 7 out of 10 considered their conditions to have improved. On the basis of the doctor's assessment, 5 of the 10 had improved. These results justify further controlled blind trials of chloroquine in chronic Chikungunya arthritis."

Treatment (of Chikungunya):

Supportive care with rest is indicated during the acute joint symptoms. Movement and mild exercise tend to improve stiffness and morning arthralgia, but heavy exercise may exacerbate rheumatic symptoms. In unresolved arthritis refractory to aspirin and nonsteroidal antiinflammatory drugs, chloroquine phosphate (250 mg/day) has given promising results."

From the French government (in French):

Rough translation: "In the context of the search for molecules with activity against the Chikungunya virus, lab tests on cell cultures in vitro have shown that chloroquine (Nivaquine^R) has some antiviral activity against this virus. The French Agency of Health and Medicines Safety (AFSSAPS) points out that this involves preliminary tests and that at this stage, no information on the efficacy or safety in humans is available. In this context, the Agency reiterates the conditions of proper usage of Nivaquine (CQ). Nivaquine/ CQ is indicated primarily for the prevention and treatment of malaria. It is also used in the symptoms of rheumatoid polyarthritis and of lupus. The use of this medication requires a prescription". (The rest of the statement reminds users of the hazards of over dosage with chloroquine, etc.)

Following a recent outbreak (2006) of the disease in Southern India, several homeopathy practitioners in the region have been handing out medicine that is supposed to prevent the disease. However, there have been no scientific studies to confirm the effectiveness of homeopathy against Chikungunya.

Epidemiology



The *Aedes aegypti* mosquito

Chikungunya was first described in **Tanzania**, Africa in **1952**. An outbreak of chikungunya was discovered in **Port Klang in Malaysia** in **1999** affecting 27 people.

Recent outbreaks

In February 2005, an outbreak was recorded on the French island of Réunion in the Indian Ocean. As of May 18, 2006, 258,000 residents have been hit by the virus in the past year (out of a population of about 777,000). 219 official deaths have been associated with Chikungunya

In neighboring Mauritius, 3,500 islanders have been hit in 2005. There have also been cases in Madagascar, Mayotte and the Seychelles.

In 2006, there was a big outbreak in the Andhra Pradesh state in India. The initial cases were reported from Hyderabad and Secunderabad as well as from Anantpur district as early as November and December 2005 and is continue unabated. In Hyderabad alone an average practioner sees any where between 10 to 20 cases every day. Some deaths have been reported but it was thought to be due mainly to the inappropriate use of antibiotics and anti inflammatory tablets. The major cause of morbidity is due to severe dehydration, electrolyte imbalance and loss of glycemc control. Recovery is the rule except for about 3 to 5% incidence of prolonged arthritis. As this virus can cause thrombocytopenia, injudicious use of these drugs can cause erosions in the gastric epithelium leading to exsanguinating upper GI bleed (due to thrombocytopenia). Also the use of steroids for the control of joint pains and inflammation is dangerous and completely unwarranted. On average there are around 5,300 cases being treated everyday. This figure is only from public sector. The figures from the private sector combined would be much higher.

There have been reports of large scale outbreak of this virus in Southern India. At least 80,000 people in Gulbarga, Tumkur, Bidar, Raichur, Bellary, Chitradurga, Davanagere, Kolar and Bijapur districts in Karnataka state are known to have been affected since December 2005

A separate outbreak of Chikungunya fever was reported from Malegaon town in Nasik district, Maharashtra state, in the first two weeks of March 2006, resulting in over 2000 cases. In Orissa state, amost 5000 cases of fever with muscle aches and headache were reported between February 27 and March 5, 2006

In Bangalore, the state capital of Karnataka (India), there seems to be an outbreak of CHIK now (May 2006) with arthralgia / arthritis and rashes. So also in the neighboring state of Andhra Pradesh. In the 3rd week of May 2006 the outbreak of Chikungunya in North Karnataka was severe. All the North Karnataka districts specially Gulbarga, Koppal, Bellary, Gadag, Dharwad were affected. The people of this region are hence requested to be alert. Stagnation of water which provides fertile breeding grounds for the vector (Aedes

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aegypti) should be avoided. The latest outbreak is in Tamil Nadu, India - 20,000 cases have been reported in June 2006. Earlier it was found spreading mostly in the outskirts of Bangalore, but now it has started spreading in the city also (Updated 30/06/2006). More than 300,000 people are affected in Karnataka as of July 2006

Reported on 29/06/2006, Chennai - fresh cases of this disease has been reported in local hospitals. A heavy effect has been reflected in south TN districts like Nagercoil. Residents of Chennai are warned against the painful disease.

As of July 2006, nearly 50,000 people were affected in Salem, Tamil Nadu

As of July 24, there are several cases of Chikungunya have been found in Madhya Pradesh too.

Analysis of the recent outbreak has suggested that the increased severity of the disease may be due to a change in the genetic sequence, altering the virus' coat protein, which potentially allows it to multiply more easily in mosquito cells

ROLE OF DAZZLE IN TREATMENT OF SYMPTOMS OF CHIKUNGUNYA:

Dazzle Capsules:

- ❖ As it is the condition involving arthralgia and mild arthritis, the role of Dazzle is very important. Shallaki Guggul and Nirgundi in Dazzle have excellent anti-inflammatory and analgesic action. This will give relief from arthralgia and arthritis associated with Chikungunya.
- ❖ Ashwagandha in Dazzle works as anti-oxidant that takes care of free radical induced during viral condition Chikungunya.
- ❖ Ashwagandha is also well-known rejuvenator in severe illness and debility associated with viral condition like Chikungunya.
- ❖ Maharasnadi Churna in Dazzle works as mild diuretic that takes care of accumulation of fluid generally associated with inflammation, pain and arthritis.
- ❖ As such there are no trial data available in this specific condition, clinical response of Dazzle in symptomatic management of Chikungunya has been very good.
- ❖ The normal recommended dose is 1 to 2 capsules two times a day after meals.

Dazzle Oil and Ointment:

- ❖ Topical application of Dazzle has two major advantages; Quick onset of action and relative safety as compared to oral administration.
- ❖ Narayan tail, Mahamasha tail, Gandhapuro Tail and Vishgarbha Tail have excellent action of inflammation and pain associated with arthralgia and arthritis of viral condition of Chikungunya.
- ❖ Red pepper oil is well-known counter irritant that gives instant relief from pain and inflammation.
- ❖ This also facilitates penetration of other vital ingredients of product such as nirgundi, devdaru, shringru Jyotismathi etc. for giving long lasting relief from pain associated with muscles, bones and joints.
- ❖ Local application, two to three times a day on affected area.

ROLE OF BONTON IN TREATMENT OF SYMPTOMS OF CHIKUNGUNYA:

- ❖ Bonton is a preparation for healthy bones general pain and cramps associated with bone following viral condition of Chikungunya.
- ❖ Abha Guggal, Laxadi Guggal, Kishor Guggal are well known for healthy osteoblast activity and enhance osteogenesis and calcification
- ❖ Madhu Malini Vasant, Kukkudantvak bhasma, praval bhasma and pushpadhanva Ras work as natural source of calcium and add to the strength of bones.
- ❖ All of these ingredients promote healthy bone tissue so as to take care of pain related to bones.
- ❖ These also take care of inflammation of bones.
- ❖ All of the above benefits help patients suffering from Chikungunya by getting relief from arthralgia, severe muscle pain, weakness of bones and muscles and offer sense of wellbeing.
- ❖ The normal recommended dose, 1 to 2 capsules a day after meals.

ROLE OF RANGER IN TREATMENT OF SYMPTOMS OF CHIKUNGUNYA:

Capsules and Syrup:

- ❖ Ranger is a natural body rejuvenator and antioxidant.
- ❖ Shatavari, Kavchabeej, Bhringraj, Trifla and Varahikand and natural enhancers for body's normal metabolism process and normalize cellular bio-chemical functions.
- ❖ Gokshurak is specially included for maintaining health of kidneys.
- ❖ Trikatu, Chaturjat, beejband etc help in maintaining health of vital organs like liver, lungs, kidneys etc, thereby bringing about normalcy of health at the earliest.
- ❖ Aswagandha also has a powerful function as anti stress activity.
- ❖ Any disease has the stress effect of body's vital organs which further hampers reurn to normal health.
- ❖ Thus all the ingredients of Ranger fight with stress of Chikungunya and restore normal health promptly
- ❖ 1 cap BID for 15 days, followed by 1 OD as maintenance dose
- ❖ Ranger Syrup: 2 teaspoonfuls two times a day.

ALL OF OUR PREPARATIONS ARE MADE FROM PUREST HERB EXTRACTS AS PER RIGOROUS QUALITY STANDARDS AND SYSTEMS BASED ON ISO 9001