

Efficacy of Rhus Toxicodendrone in Typhoid Fever

**Dr. Sakshi Vishnupant Bhalerao¹, Dr. Sejal Santosh Ahire²,
Dr. Akshada Ratan Datir³, Dr. Nikita Yogesh Jadhav⁴,
Dr. Aditi Sidharth Baisane⁵**

^{1,2,3,4,5}Doctor, Community Medicine, DRSGWF'S Vrindawan Homoeopathic Medical College and hospital

ABSTRACT

Background: Typhoid fever (enteric fever), caused by *Salmonella enterica* serovar Typhi, continues to present a substantial clinical challenge in tropical and endemic regions. Homoeopathic clinical medicine emphasizes symptom totality, individualization, and keynote symptomatology in managing acute septic and toxemic illness.

Objective: To evaluate the clinical presentation, repertorial totality, miasmatic dynamics, and therapeutic outcomes of 15 patients diagnosed with typhoid fever and treated with Rhus Toxicodendron.

Methods: A retrospective observational cohort study was conducted on 15 patients (aged 8–68) presenting with enteric fever. Case totalities were synthesized, process-repertorized using standard homoeopathic software, and matched against susceptibility levels (30C, 200C, and 1M potencies) with clinical follow-ups extending over 2–4 weeks.

Results: The source paper reports that all 15 patients (100%) presented with hallmark features of Rhus Toxicodendron and that clinical resolution occurred in 100% of cases without post-febrile complications or relapses.

Conclusion: The source paper concludes that Rhus Toxicodendron was effective in the described cases when indicated by motor, tongue, postural, or septic modalities.

Keywords: Typhoid Fever, Enteric Fever, Rhus Toxicodendron, Homoeopathy, Repertorization, Miasmatic Analysis

1. INTRODUCTION

Typhoid fever is a multi-systemic acute infectious illness characterized by sustained step-ladder or remittent fever, severe prostration, gastrointestinal disturbances, and septic toxemia resulting from *Salmonella enterica* subsp. *enterica* serovar Typhi. While conventional antibiotic protocols remain standard of care, acute septic toxemia may present with motor agitation, low muttering delirium, typhoid stupor, severe joint stiffness, and persistent bowel derangements.

Homoeopathic clinical medicine addresses acute infectious epidemics through the doctrine of epidemic constitution, totality of characteristic symptoms, and keynote morphology. The source paper identifies Rhus Toxicodendron as a remedy used in homoeopathic materia medica for acute typhoid states.

2. COHORT MASTER DATA

Summary reported in source: 15 cases analysed; Rhus Tox indicated: 100%; clinical cure rate: 100%; relapse/complications: 0%. Case 01: Mr. Rajesh Sharma — 34/M, Civil Engineer Clinical presentation: High fever (103°F, step-ladder), joint pains, triangular red tip tongue, dry cough, toxemia.

Modalities: Worse: first motion, cold air. Better: continued motion, heat.

Miasm / susceptibility: Typhoid miasm; susceptibility high.

Prescription / outcome (as reported): Rhus Tox 200C, TDS; outcome reported: cured (good).

Case 02: Mrs. Sunita Verma — 42/F, Homemaker Clinical presentation: Remittent fever (102.4°F), tearing limb pain, watery offensive loose stool, tongue red tip.

Modalities: Worse: uncovering, damp, rest. Better: warm baths, slow motion.

Miasm / susceptibility: Typhoid miasm; moderate-high.

Prescription / outcome (as reported): Rhus Tox 30C, QID; outcome reported: cured (good).

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Case 03: Master Amit Gupta — 14/M, Student

Clinical presentation: High fever (103.6°F) after cold-rain drenching, limb soreness, nocturnal epistaxis, red triangle apex.

Modalities: Worse: getting wet, draft, initial motion. Better: walking, warm blankets.

Miasm / susceptibility: Acute typhoid; high.

Prescription / outcome (as reported): Rhus Tox 200C, TDS; outcome reported: cured (good).

Case 04: Mr. Vikram Patel — 50/M, Agricultural Supervisor

Clinical presentation: Prolonged fever (102.8°F, 2 weeks), stupor alternating with restlessness, sordes, fear of poisoning.

Modalities: Worse: night, cold damp, rest. Better: continued slow motion.

Miasm / susceptibility: Syphilo-psora; low-moderate.

Prescription / outcome (as reported): Rhus Tox 1M, single dose; outcome reported: cured (good).

Case 05: Miss Priya Nair — 22/F, IT Trainee

Clinical presentation: Fever (102.2°F), back and neck stiffness, dry lips with herpes labialis, triangular red apex tongue.

Modalities: Worse: sitting long, cold air. Better: stretching, walking, wind.

Miasm / susceptibility: Psora-syphilis; high.

Prescription / outcome (as reported): Rhus Tox 200C, TDS; outcome reported: cured (good).

Case 06: Mr. Deepak Joshi — 29/M, Delivery Executive

Clinical presentation: Continuous fever (103°F), painless pea-soup yellow diarrhoea (7–8 times/day), bruised soreness.

Modalities: Worse: rest, sitting, night. Better: continuous motion, heat.

Miasm / susceptibility: Typhoid miasm; high.

Prescription / outcome (as reported): Rhus Tox 200C, TDS; outcome reported: cured (good).

Case 07: Mrs. Meenakshi Solanki — 36/F, Teacher

Clinical presentation: Relapsing fever spike (102.5°F), joint aching, neck stiffness, epistaxis on coughing, red triangle tongue.

Modalities: Worse: rest, damp weather, draft. Better: continuous motion, hot soup.

Miasm / susceptibility: Typhoid miasm; moderate.

Prescription / outcome (as reported): Rhus Tox 200C, BD; outcome reported: cured (good).

Case 08: Mr. Bhaskar Deshmukh — 68/M, Retired Manager

Clinical presentation: Typhoid pneumonia, fever (103.1°F), dry rusty cough, chest oppression, restless leg movements.

Modalities: Worse: cold draft, lying back, night. Better: warm drinks, turning to side.

Miasm / susceptibility: Syphilo-psora; moderate.

Prescription / outcome (as reported): Rhus Tox 200C, QID; outcome reported: cured (good).

Case 09: Mr. Subhash Choudhury — 31/M, Sales Manager

Clinical presentation: Remittent fever (103.4°F, 11 days), street-food etiology, soreness as if beaten, red triangle tongue apex.

Modalities: Worse: first motion, rest, cold air. Better: warm drinks, slow walk.

Miasm / susceptibility: Typhoid miasm; high.

Prescription / outcome (as reported): Rhus Tox 200C, TDS; outcome reported: cured (good).

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Case 10: Mr. Arvind Kulkarni — 58/M, Accountant

Clinical presentation: Typhoid fever (1 week), dry coated tongue with red margins, severe abdominal soreness and body aches.

Modalities: Worse: initial movement, rest, night. Better: continuous walking, heat.

Miasm / susceptibility: Psora; increased susceptibility.

Prescription / outcome (as reported): Rhus Tox 200C, BD; outcome reported: cured (good).

Case 11: Miss Kavita Rao — 22/F, Student

Clinical presentation: Remittent enteric fever, extreme physical restlessness, body pain, dry cracked lips, red tongue tip.

Modalities: Worse: sitting still, initial movement. Better: continuous slow walking.

Miasm / susceptibility: Syphilis; moderate.

Prescription / outcome (as reported): Rhus Tox 200C, TDS; outcome reported: cured (good).

Case 12: Master Rohan Singhanian — 15/M, Student

Clinical presentation: Subacute typhoid fever, obstinate constipation, muscular stiffness, triangular red apex tongue.

Modalities: Worse: rest, lying down, cold air. Better: continuous motion, warmth.

Miasm / susceptibility: Sycosis; moderate.

Prescription / outcome (as reported): Rhus Tox 30C, OD; outcome reported: cured (good).

Case 13: Mr. Jitendra Saxena — 21/M, Student

Clinical presentation: Typhoid toxemia with muscular twitching, joint aching, severe back soreness, restlessness in bed.

Modalities: Worse: initial motion, rest, cold damp. Better: constant position change, heat.

Miasm / susceptibility: Syphilis; high.

Prescription / outcome (as reported): Rhus Tox 200C, TDS; outcome reported: cured (good).

Case 14: Master Manish Fernandez — 8/M, Student

Clinical presentation: Paediatric typhoid fever, muscle soreness, loss of appetite, restlessness at night, dry cough.

Modalities: Worse: initial motion, resting. Better: gentle motion, warm room.

Miasm / susceptibility: Syphilis; moderate.

Prescription / outcome (as reported): Rhus Tox 30C, single dose; outcome reported: cured (good).

Case 15: Mr. Alok Banerjee — 45/M, Manager

Clinical presentation: Enteric fever (1 week), delirium with restlessness, intense body aches, dry tongue with red triangle tip.

Modalities: Worse: first movement, rest, cold damp. Better: continuous slow motion.

Miasm / susceptibility: Psora; high.

Prescription / outcome (as reported): Rhus Tox 200C, OD; outcome reported: cured (good).

3. DISCUSSION AND REPERTORIAL ANALYSIS

The source paper reports Rhus Toxicodendron as the indicated simillimum in all 15 cases, based on repertorization and

keynote correspondence. It highlights four features:

Triangular red tip on tongue: Reported consistently across the cohort as a clinical marker for Rhus Tox.

Postural and motional modalities: Physical restlessness, aggravation from rest and initial movement, and relief from

continued gentle movement.

Etiological triggers: Exposure to damp cold, drenching in cold rain while overheated (Case 03), or suspected

contaminated food during travel (Case 09).

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Clinical presentations described: Pea-soup diarrhoea (Case 06), herpes labialis (Case 05), typhoid pneumonia (Case

08), and fever relapse (Case 07).

4. CONCLUSION

The source paper concludes that individualized homoeopathic medicine guided by repertorization provided a therapeutic

approach in the described cases. It reports Rhus Toxicodendron use across the cohort when symptoms included physical

restlessness, a triangular red tongue tip, and relief from continuous motion. These are claims reported by the supplied

paper and should not be interpreted as proof of efficacy or as a substitute for standard medical care.

5. REFERENCES

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