

# K.L. Kichlu

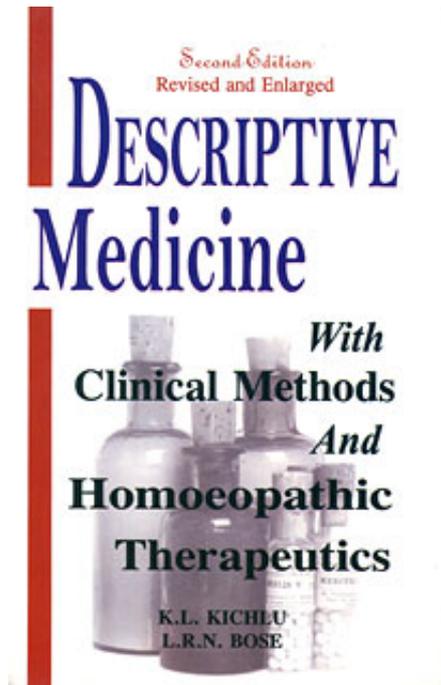
## Descriptive Medicine

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## II

# Protozoal Infections

### MALARIA

#### **Definition :**

Malaria is a febrile illness caused by *sporozoa* of the *genus Plasmodium*, of which four species infect man. The parasites are conveyed to man by the *female anopheline mosquito*. The features of intermittent fever, anaemia and enlargement of the liver and spleen are generally present.

#### **Etiology ;**

The four recognised species of malaria parasites pathogenic to man are (i) *P. falciparim*, (ii) *P. Vivax*, (iii) *P. malarias* and (iv) *P. ovale*.

*P. falciparum*, causes a more continuous fever, called, 'malignant tertian'. *P. Vivax* produces a benign tertian malaria, in which the fever rises on the first and third days and continues with this periodic character. *P. malarias* produces a quartan type of fever with apyrexial interval of two days. It is much less common. **P. ovale**, called ovale tertian malaria, is much uncommon. The fever is similar to that of *P. Vivax*.

All these forms of malaria are transmitted in nature by the females of some species of *Anopheles* mosquito. The disease may also be transmitted from man to man by the passage of infected blood and is occasionally transmitted across the placenta. It can be induced artificially by infective mosquito bite. The life cycle of the parasite begins in the female mosquito, when she ingests human infective blood containing the sexual forms of the parasite (gametocytes). In the stomach, the male *gametocytes* liberate *flagella*, which fertilize the female cells. The resultant fertilized cell penetrates the stomach wall of the mosquito and there develops into a cyst in which the infective forms (sporozoites) appear. These eventually reach the insect bite. The process takes 7 to 14 days and the mosquito remains infective for the rest of its life.

#### **Signs and Symptos ;**

(a) **Infections with *P. Vivax* and *P. Ovale*** (benign tertian malaria). The incubation period varies and is about a week or ten days. It may sometime be longer.

(1) There are often prodromal symptoms of headache, severe backache, limb pains, anorexia, nausea and sometimes vomiting. In relapses, the prodromata are usually absent and the attack develops quickly.

(2) The onset of the *primary attack* is associated with the rise of temperature (up to 101°F or higher), usually accompanied by shivering and complaints of coldness, but not rigor (a sudden chill accompanied by severe shivering.)

(3) For the first week or a few days of the primary attack, the feyer is irregularly remittent (103° to 105°F), but without clear perio-

dicity. In a vast majority of cases, the periodicity follows and continues for about 6 weeks to 3 months, if the patient is untreated.

(4) Paroxysms are more common in the day than in the night and occur in the afternoons rather than in the mornings. There are typically three stages, *the cold*, *the hot* and *the sweating*. *The cold stage* covers the initial sharp rise of temperature to febrile levels. The stage lasts usually for an hour or an hour and a half, and consists of cold, shivering and finally rigor. The temperature rises rapidly, but the skin remains cold, dry and pale. The pulse is fast and thready. Blood pressure is raised. Nausea and vomiting develop, as the peak of fever is reached.

(5) *The hot stage* replaces the cold one, the patient now feels hot and feverish; rigor stops, the skin flushes, the pulse is full and bounding; blood pressure falls, nausea and vomiting increase. The patient is restless and excited and may become delirious. The hot stage lasts longer than the cold stage.

(6) *The sweating stage*, then follows. Profuse perspiration takes place and the temperature falls, within an hour or more to normal or below. All other symptoms also disappear and the patient feels comfortable.

(7) The patient feels well until the next paroxysm develops at its due time.

(8) In many cases the symptoms of *P. Vivax* start with a period of several days of fever before the development of classical bouts of fever every other day.

(9) Herpes simplex, usually round the mouth, is a common accompaniment of malaria.

**(b) Infection with P. Malaria.** Basically the clinical picture is similar to that of *P. Vivax* but there are some differences. These are:

(1) The incubation period may extend to 3 or 4 weeks and sometimes months.

(2) The onset may be insidious.

(3) The attacks of fever with shivering (with or without rigor) usually occur every 4th day *i.e.* approximately after 72 hours.

## MALARIA

(4) The paroxysm often lasts longer than in *P. Vivax*.

(5) The sweating stage may be followed by some prostration, and

(6) With this the infection may persist for many years without producing any symptoms,

(c) **Infection with *P. falciparum*.** *Falciparum malaria* may be complicated or uncomplicated :

(1) The incubation period varies from 8 to 15 days.

(2) Prodromal symptoms, especially severe headache and attacks of shivering occur in the few days just prior to the attack.

(3) The onset may be clear-cut or insidious. Usually the onset is brisk and the patient develops moderate fever with flushed or pale skin which is often damp with sweat.

(4) He complains of headache, bone and joint pains, particularly backache ; anxiety and confusion are common with frequent prostration. The disease may easily be mistaken for influenza.

(5) In severe cases, there may be maniacal outbursts with excitement, and light or deep coma may develop.

(6) Fever is moderate, remittent or intermittent, for the first few days, and may continue throughout the illness.

(7) The sweating stage may not be clearly defined. The skin may remain moist throughout and the feeling of relief at the end of the paroxysm is usually absent, as the temperature may remain above normal.

(8) Anaemia is often severe.

(9) Nausea and vomiting are common from the onset.

(10) The spleen enlarges rapidly and is usually palpable within 10 days of the onset.

(11) The liver is always affected in this type of malaria.

The *complicated Falciparum malaria* is usually called *Pernicious malaria*. The clinical signs and symptoms relate to

the central nervous system, and so neurological involvement usually appears during the course of an untreated attack, *eg.* the patient becomes drowsy and passes into coma. The pupils are often contracted, and deep reflexes may be abolished or exaggerated, muscular twitchings, odd movements of the head and neck and convulsions may be prominent, especially in children. Incontinence of urine and faeces may develop. Accompanying these symptoms, there is usually, but not always, remittent fever and some anaemia. Some patients develop hyperpyrexia (about 106°F). One very important complication is the development of acute circulatory failure or shock. Because occasionally it develops without fever, it is sometimes known as "*Algid-malaria*". If this condition is not recognised and treated, the patient will die immediately.

**Blackwater fever ; (*a complication*)**

In certain cases of *P. Falciparum* infection, acute haemolysis occurs with both haemoglobinaemia and haemoglobinuria. The syndrome is recognised as, "*Blackwater fever*". There is some evidence of the truth, that irregular suppression by quinine is particularly predisposing to an attack of blackwater fever. The haemolysis leads to severe anaemia which develops suddenly ; the urine is dark-brown or black, if the reaction is acid, and red, if the reaction is alkaline or neutral. The urine, during the passage of the pigment, contains large amounts of sediment and protein, both of which clear in the non-haemolytic phases. The volume of urine is low and anuria may develop at any time. Clinical diagnosis is made on the history and the presence of haemoglobinuria.

**Diagnosis of Malaria :**

If a patient is in a malarious locality or has recently left such an area, malaria should be considered. A history of periodic fever, associated, perhaps, with an enlarged spleen and anaemia, is very suspicious. Well-stained blood films, thick and thin, should be examined, at frequent intervals, if necessary. *P. Falciparum* parasites may be very scanty. It may be very difficult to find parasites, especially in those patients, who have recently taken ineffective doses of an anti-malarial drug.

**Treatment :**

*General:* (i) Have liberal spraying of the houses with D.D.T.

(ii) Close down the breeding places of the mosquitoes.

(iii) Use mosquito net at bedtime.

(iv) Have regularity of bowels.

(v) Use better quality of food.

(vi) Avoid severe exertion, exposure to heat, and cold and any intercurrent infection.

(vii) The food which is easily digested and prevents constipation during remission periods, recommended.

*Curable :*

In all malarial areas, as soon as one feels unwell, every person should take a dose of *China* 30. If there is no improvement within 12 hours, he should take *Ipecac* 30, and after another 12 hours, *China* again. If this course does not prevent the recurrence of fever, select one of the following remedies according to symptoms :—

(1) **Ipecac.** Give a dose of a low potency after the attack of the three stages is over, and repeat it every 3 or 4 hours, until the next day before the second attack comes on. If there is no attack, no dose should be given on that day. But on the following day, give a dose a few hours before the expected time. If still the attack returns, change the remedy according to symptoms and administer it after the attack is over. Repeat it every 3 or 4 hours, till the time of the next attack. Remember that *Ipecac*, has internal chilliness, practically no thirst in chilly stage, but plenty of it during the fever stage. The tongue is clean or slightly furred. There is vomiting and nausea, and oppression of chest also.

(2) **China**, has the attack preceded by nausea ; much appetite, headache, agitation, palpitation or sneezing, thirst during the sweating stage or, sometimes, between all stages ; sleeplessness, great weakness and sallow complexion.

(3) **Arsenicum.** To be given when three stages are not distinct, or there is internal chilliness with external warmth, or when

there is no sweating, great prostration, burning pains in stomach, pains all over the body, anxiety and restlessness, much thirst, but drinking little at a time, nausea or sickness, bitter taste, violent headache, which increases during the attack.

(4) **Bryonia.** When the tongue is much furred ; bitter taste, belching ; sickness of the stomach ; constipation or diarrhoea ; much thirst or heat before the chills, red cheeks in cold stage ; yawning and stitches in the side during heat.

**(5) Fei-rum :**

- (i) For symptoms resembling *China* and also for rush of blood to the head with throbbing in the neck and temples.
- (ii) For swelling around eyes, pressure in the stomach and abdomen after eating food, tension of abdomen, shortness of breath, weakness of limbs and swelling of feet.

**(6) Pulsatilla :**

- (i) When the slightest disorder of the stomach brings on the attack.
- (ii) is specially indicated in the absence of thirst during the entire fit, or thirst only during the hot stage.
- (iii) Heat and chill at the same time, bitter taste in mouth, or sour vomiting of phlegm or bile, the attacks coming on in the evening ; the patient complains of chilliness all the time.

**(7) Nux Vomica :**

- (i) When the attack commences with great debility with a desire to lie down,
- (ii) giddiness, as if drunk,
- (iii) cramps in the muscles of the abdomen or the calves of the legs,
- (iv) alternate heat and chills or heat before the chill, or heat externally and chilliness internally, or *vice versa*,
- (v) desire to be covered even during the hot and sweating stages,

- (vi) thirst and anxiety during the hot stage,
- (vii) constipation.

(8) **Natrum Mur.** : Is one of the best remedies of malaria. It corresponds to cases of psoric origin and is useful in badly treated and inveterate cases. The chilly stage is continuous, heat is moderate with headache, and perspiration either wanting or excessive and weakening, but relieving the headache. The face is yellowish-grey and the spleen and liver are enlarged. The typical *Nat. Mur.* cases have chill commencing at about 10 a.m. with great thirst and pains in the bones and in the back, headache, and debility with shortness of breath. If blisters form on the lips, or corners of the mouth, this remedy is certainly indicated.

(9) **Eupatorium Perfoliatum.** Bone-pains and vomiting, as the chill passes, are two characteristics of this remedy. The chill is apt to occur in the morning of one day and in the evening of the next, preceded by bitter vomiting and thirst. The chill commences in the small of back and is accompanied with a sense of pressure over the skull cap. In these paroxysms, the liver is at fault.

(10) **Cedron.** Great regularity and violent symptoms indicate this remedy. Congestion to the head is a marked symptom during remission of fever and debility.

(11) **Gelsemium.** It suits malarial conditions in children. The chill runs up the back or starts from the feet; there is a bruised feeling all over the body. The patient wants to be held during the chill to prevent shaking. The time of chill is about the middle of the day. Drowsiness, dullness, and dizziness are characteristic indications. There is almost no thirst.

(12) **Chininum Sulphuricum.** Give 2 grain doses of this remedy in IX potency every two hours. The chill starts in the evening with slight or violent thirst. After the sweat stage, there is much weakness.

### LEISHMANIASIS

This term is used for diseases caused by infection with protozoa belonging to the genus *Leishmania*. The infection may be general or localised. General infection is caused by *Leishmania donovani*

and gives rise to *visceral leishmaniasis* or Kala-azar. Localised infections occur in the skin producing the *oriental sore*, caused by *Leishmania tropica*, or both in the skin and the associated mucous membranes, producing the clinical picture of *muco-membraneous leishmaniasis*, caused by *Leishmania /brasiliensis*' The parasites are all transmitted to man by the species of the sand-fly *Phlebotomus*.

### **KALAAZAR**

(*Visceral leishmaniasis*)

#### **Definition :**

Kala-azar is a chronic infection, caused by the parasite *Leishmania donovani*, with characteristic features of an irregular fever of long standing, progressive enlargement of both spleen and liver, decreased white corpuscles in blood, great emaciation, and darkening of skin. It is also called *Dum Dum* fever or *Black sickness*.

#### **Etiology :**

The causative agent, which is a variety of protozoa, was discovered by Leishman and Donovan independently. Hence it is named *Leishmania donovani*. The incubation period is usually one or two months, but exceptionally it may be prolonged up to 10 years.

It is transmitted into the human blood by the female sand-fly named, *Phlebotomus*. There are several species of this sand-fly which transmit this infection.

The sand-fly at first bites an infected person, who gets infected and carries the venom to the next victim who is healthy. It has been found that the parasite, after entering into the stomach of the sand-fly, rapidly develops and fills its stomach, buccal cavity and the mouth. At this stage, if the sand-fly bites a healthy human being, it discharges these parasites in his tissues and thus transmits the infection. There are two main types of diseases the *Mediterranean* and the *Indian*. The Mediterranean disease is found most commonly in infants and young children and does not occur as epidemic. The *Indian form* is seen in older children and young adults. It commonly occurred in epidemics, but has now practically disappeared.

**Symptoms and Signs :**

(1) The onset which is insidious may be acute with fever appearing irregularly.

(2) The remarkable aspect of the clinical picture is that the patient resents being put to bed and does not feel as ill as he is.

(3) The first signs are progressive enlargement of spleen and liver which eventually cause considerable discomfort.

(4) The spleen is palpable usually in the 2nd month of illness.

(5) There is early development of leucopenia.

(6) The fever is remittent or intermittent often with two or three sharp peaks during the day. The pulse rate is fast and the blood pressure is usually low (100 mm. Hg. or lower).

(7) In some cases the spleen may be grossly enlarged without a corresponding increase in the size of the liver.

(8) Jaundice sometimes appears but not before the third month of the overt disease.

(9) In dark-skinned people patchy hyper-pigmentation occurs particularly on the face.

(10) The lungs are commonly involved, showing signs of bronchitis or broncho-pneumonia, diarrhoea is also common.

(11) In chronic cases, the disease may last one to two years or longer.

**Pathology :**

Parasites are found in all parts of the body. The decrease in LEUCOCYTES is a useful diagnostic sign. The white bloodcount is below 4,000 per cu. mm. Blood sugar is reduced and sometimes is as low as 0'05 per cent. In urine, there is always a trace of albumin and it is often concentrated. The spleen is enlarged grossly. In most cases it is soft and pulpy and is seldom hard and fibrous, like the chronic malarial spleen. The liver is also usually enlarged. It is also soft, but not as soft as the spleen. There is some decrease in pigmentation in the cells of the lower layers of the skin, causing a deep orange-red colour on the outer surface.

**Complications :**

(i) Septic infection in the form of multiple boils ; septic tonsillitis and mastoid abscess.

(ii) Dysentery, diarrhoea, jaundice and intestinal ulcers.

(iii) Haemorrhage from nose and gums.

(iv) Bronchitis, broncho-pneumonia, pleurisy and tuberculosis,

(v) Ascites and dropsy.

**Diagnosis ;**

It is a common practice to examine microscopically smears of bone marrow and of blood for identification of the parasite. Examination of blood will also show some anaemia and characteristic leucopenia and granulocytopenia.

*Kala-azar* has to be differentiated from :

(1) *typhoid fever* and brucellosis (undulant fever) by agglutination tests and culture of blood.

(2) *Malaria*, by examination of blood films.

**Prognosis ;**

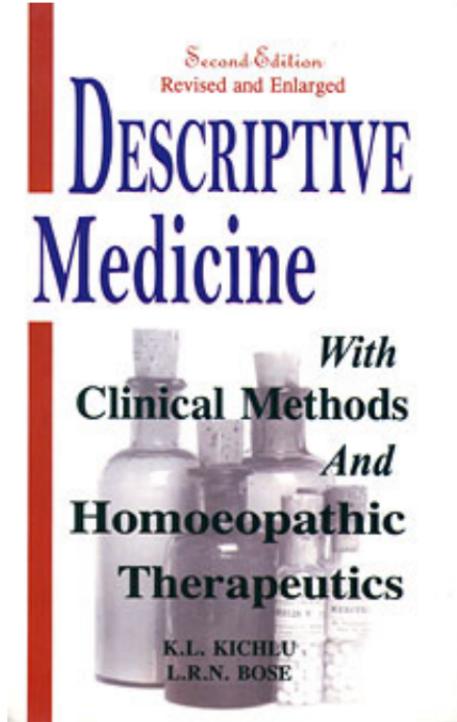
In the absence of any treatment, 75 per cent of patients die ; for spontaneous recovery is rarely possible in this disease. Good treatment ultimately cures 98 per cent of patients, unless complications, with severe intestinal symptoms and cirrhosis with ascites occur.

**Treatment : Preventive ;**

Cracks and dark corners in walls and floors, rubbish and vegetation in and around houses should be eliminated. D.D.T. spray is effective in killing sandflies which bite mostly after sunset. Liquid diet should be used.

**Remedies ;**

*Infantile Kala-azar*. *Ars. Alb.* is strongly recommended. The colloidal preparation of the oxide of antimony homoeopathically will be an effective remedy. Other remedies specified under "Malaria" will also be helpful.



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