

## KISSING DISEASE & HOMOEOPATHY

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**Abstract:** Kissing disease or Infectious mononucleosis or glandular fever is an infective disease caused by Epstein Barr Virus. It is characterized by pharyngitis, cervical lymphadenopathy, & Lymphocytosis. It is more common among young adults between 15-19 Years of age. Incidence is around 500 cases per 100000 population<sup>1</sup>. Diagnosis is done by immunofluorescence test. Treatment consists of supportive measures and analgesia.

**Keywords:** Mono, Lymphadenopathy, immunofluorescence, antiviral

### **Introduction**

Infectious mononucleosis or mono is a viral disease caused by Epstein barr virus affecting glands of the body. It is also known as glandular fever. The disease is characterized by pharyngitis, cervical lymphadenopathy, & lymphocytosis. The disease is common in young adults of age group 15-19 Years of age and upper socio economic group. It is spread by oropharyngeal secretions of asymptomatic sero positive carriers.

After entering the body of the affected individual the virus infects the epithelium of the oropharynx and salivary glands & B cells in tonsillar crypts.

The B cells undergo polyclonal activation. The reactive T cells proliferate and direct against Epstein Barr Virus antigen during acute infection.

For controlling the infection Cellular immunity is more important than humoral immunity.

The severity of the disease can be assessed by presence of CD8 + T lymphocytes & presence of Epstein barr virus DNA in the blood. The incubation period of the disease varies from 4 to 6 weeks.

### **Clinical Features**

Most of the children and young adults affected with EBV are asymptomatic. Some patients present with mild pharyngitis with or without Tonsillitis. The clinical features depends upon the age of the patient and the immune status. The prodromal symptoms includes fatigue, malaise and myalgia for 1 to 2 weeks

before fever begins. The fever is of mild character low grade and present for 1 to 2 weeks of illness but may persist for more than 1 month. Splenic enlargement is more prominent in 2<sup>nd</sup> or 3<sup>rd</sup> week.

During first 2 weeks the disease is characterized by presence of exudative pharyngitis with painful and movable symmetric enlargement of posterior cervical lymph nodes.

The exudates in pharyngitis resembles streptococcal infection. Morbilliform and popular rash develops in around 5% of the cases.

Immunocompromised patients can develop lymphoproliferative disease.

The clinical features can be summarized among signs and symptoms as:

**Symptoms:**

Sore Throat

Malaise

Headache

Abdominal Pain

Nausea & Vomiting

Chills

**Signs:**

Lymphadenopathy

Fever

Pharyngitis

Tonsillitis

Splenomegaly

Hepatomegaly

Rash

Periorbital Oedema

Palatal Enanthem

Jaundice

**Investigations**

WBC count is raised with peaks at 10000-20000/Micro litre.

Lymphocytosis with >10% atypical lymphocytes.

Low grade neutropenia and thrombocytopenia during first months of illness.

Abnormal liver function in around 90% of individuals.

Increased concentration of serum bilirubin in around 40% of the cases.

**Diagnosis**

Diagnosis is done by serological testing for the presence of Epstein barr virus done by immunofluorescence testing.

Acute infection is characterized by presence of IgM antibodies against viral antigen.

PCR analysis is helpful in many cases.

**Complications**

Although mononucleosis is a self limiting disease but deaths can occur due to certain complications like splenic rupture, central nervous system complications, upper airway obstruction, or bacterial superinfection.

**Treatment**

The disease is treated by supportive measures which includes adequate rest and administration of

analgesics.

Administration of glucocorticoids to prevent airway obstruction and other complications.

Aspirin gargles to relieve sore throat.

### **Homoeopathic Management**

Homoeopathic treatment is based on symptom similarity where the medicines are prescribed after complete case taking, Analysis & evaluation and after repertorization of the case keeping in mind the miasmatic background. A single simple and minimum dose of the medicine is prescribed to the patient. Although medicines are also prescribed on the basis of similarity of peculiar, queer, rare and strange symptoms which not only saves the time of the physician but also helps in providing quick and effective relief to the patient.

### **Common medicines prescribed in the case of infectious mononucleosis includes:**

**Aconite Napellus:** Throat is dry, red, constricted with prickling, burning and stinging pain. Tonsils are dry and swollen.

**Apis Mellifica:** Constricted stinging pain. Throat swollen inside & out. Tonsils swollen, puffy and fiery red. Ulcers on tonsils. Sensation of fishbone in throat.

**Arsenicum album:** Throat swollen, oedematous, constricted and burning. Unable to swallow. Diphtheric membrane in throat. Fever with great periodicity and adynamia. Paroxysms incomplete with marked exhaustion.

**Baryta Carb:** Takes cold easily. Stitching and smarting pain in throat. Tonsils inflamed with swollen veins. Stinging pain in pharynx or tonsils.

**Belladonna:** Throat is dry as if glazed, angry looking, congested. Tonsils enlarged. Throat feels constricted, difficult deglutition. Fever with swollen glands. No thirst with fever.

**Hepar Sulph:** Plug like sensation in throat. Quinsy with impending suppuration. Sticking pain in throat extending to ears on swallowing.

**Kalium Iodatum:** Glandular swelling. Remitting fever going off in nightly perspiration.

**Lachesis Mutus:** Throat is dry, intensely swollen. Pain aggravated by hot drinks. Chronic sore throat with hawking of mucus. Tonsils purplish.

**Lycopodium Clavatum:** Dryness of throat without thirst. Inflammation of throat with stitches on swallowing. Ulceration of tonsils.

**Merurius Solubilis:** Sore throat with raw smarting, burning pain. Stitching into ear on swallowing.

**Phosphorus:** Hoarseness worse evening. Larynx very painful. Clergyman's sore throat. Violet tickling in larynx while speaking. Can not talk on account of pain in larynx.

**Phytolacca Decandra:** Throat is dark, red, bluish. Sensation of lump in throat. Throat feels rough, narrow, hot. Pain in root of tongue extending to ears.

**Rhus toxicodendron:** Soreness of throat with swollen glands. Sticking pain on swallowing. Fever with adynamia. Restless and trembling.

**Silicea Terra:** Periodical quinsy. Cold settles in the throat. Stinging pain on swallowing. Hard, cold swelling of cervical gland.

**Sulphur:** Burning redness and dryness of throat. Ball seems to rise and close pharynx. Remittent type of fever.

**Conclusion:** Infectious mononucleosis or kissing disease is an infectious disease affecting young adults these days. Due to the affects of social media and western movies the disease is prevalent among the young generation. The disease is characterized by variety of glandular affections and carry a lot of complications which can even lead to the death of the patient. With awareness about the disease and early management the complications of the disease can be prevented. Homoeopathy offers a great relief

in such viral diseases preventing complications at a very early stage leading to early recovery of the case and reducing a load of carrier individuals among the general population.

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