

Impact of *Arsenicum Album* in the Management of Acute Dengue Fever with Bicytopenia: A Case Report

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ABSTRACT:

Dengue Fever presents critical therapeutic challenges due to rapid bone marrow suppression and associated visceral parenchymal damage. A 67-year-old female presented with high-grade fever, profound adynamia, persistent nausea, and a subjective bitter taste. Laboratory evaluations confirmed Dengue Fever (Figure 2), revealing acute bicytopenia with a critical platelet crash (85,000/ μ L) (Figure 5) and biochemical hepatic involvement. Individualized Homeopathic treatment utilizing *Arsenicum album* 30 was initiated. Rapid clinical stabilization, subsidence of pyrexia, and a complete reversal of hematological parameters were documented. Within 72 hours, the patient became afebrile, gastric symptoms resolved, and bone marrow recovery was evident as platelets and WBC count improved to 64,000 and 2,450 (Figure 7) respectively. This case underscores the utility of individualized Homeopathic therapeutics in mitigating severe hematological crises and accelerating bone marrow recovery during the critical phase of Dengue Fever.

KEYWORDS: *Arsenicum album*, Bicytopenia, Dengue fever, Homeopathy.

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INTRODUCTION:

Dengue Fever represents a complex, multi-system syndrome characterized by increased vascular endothelial permeability, bone marrow suppression, and target organ damage [1, 2]. In tropical urban environments, this mosquito-borne illness is a frequent clinical presentation. The pathophysiology involves immune-mediated peripheral platelet destruction coupled with transient marrow hypoplasia, leading to leucopenia and thrombocytopenia. [2] Hepatic parenchymal involvement frequently manifests as elevated transaminases. While conventional management remains strictly supportive, individualized Homeopathic treatment seeks to stimulate host recovery pathways during the perilous critical phase by addressing the specific symptom totality [3].

CASE HISTORY:

A 67-year-old female patient presented on 8th September 2023 with an acute febrile illness accompanied by a sudden, alarming decline in platelets and WBC count. Physical and systemic examinations revealed a patient who appeared toxic, dehydrated, and somnolent [4]. Vital signs showed a body temperature of 102°F and tachycardia (110 bpm) with low pulse volume. Mild icterus was present in the sclera, and right hypochondriac tenderness was noted upon abdominal palpation. No prior conventional antipyretics or hospital admissions were reported for this episode. The evaluation of subjective symptoms yielded a distinctive clinical totality:

1. **Generals:** Profound, debilitating general weakness experienced both prior to the onset of fever and during the febrile paroxysm.
2. **Sleep:** Overwhelming sleepiness and drowsiness during the heat phase.
3. **Mouth:** A highly persistent bitter taste in the oral cavity; all food ingested tasted intensely bitter; markedly aggravated during the fever.
4. **Extremities:** Intense, "bone-breaking" pain in the limbs aggravated during the heat phase.
5. **Stomach:** Continuous, distressing nausea peaking during the height of the febrile stage.
6. **Head:** Severe, throbbing head pain occurring exclusively during the heat phase of the fever.

THERAPEUTIC INTERVENTION:

Homeopathic case analysis and miasmatic evaluation was conducted. The dominant miasm was identified as Syphilitic, characterized by rapid, destructive changes in the blood composition and acute parenchymatous organ damage.

Following the strict application of the Law of Similars [5], *Arsenicum album* was selected as the simillimum due to its precise alignment with the patient's profound prostration, gastric irritability (nausea and bitter taste), and somnolent state. On the evening of 08/09/2023, the patient commenced *Arsenicum album* 30, administered in QDS (four times daily) dosage. No conventional antipyretics or platelet transfusions were administered during the course of this treatment

Table 1: Chronological clinical and hematological follow-up

Date	Pyrexia / Clinical Signs	Subjective Symptoms	WBC (cells/cu.m m)	Platelets (/μL)	LFT (U/L)	Therapeutic Action
05/09/2023	Afebrile	Nil	7,200	2,66,000 (Figure 1)	Normal	
06/09/2023	Febrile	Severe bodyache	3,960	1,73,000 (Figure 3)	Normal	Patient had not approached for Homeopathic treatment
08/09/2023 (Morning)	Febrile (102°F), toxic appearance	Intense nausea, severe bitter taste, bone-breaking extremity pain, sleepiness.	1,370	1,05,000 (Figure 4)	SGOT: 117 SGPT: 157	Patient had not approached for Homeopathic treatment.
08/09/2023 (Evening)	Febrile, somnolent	Same as above; profound prostration.	1,300	85,000 (Figure 5)	-	<i>Arsenicum album</i> 30 (QDS)
09/09/2023	Afebrile since morning	Nausea and bitter taste resolved; head and extremity pain absent. Weakness continued.	-	-	-	<i>Arsenicum album</i> 30 continued.
10/09/2023	Afebrile	Gastric and musculoskeletal parameters settled. Weakness remained.	-	47,000 (Figure 6)	-	<i>Arsenicum album</i> 30 continued.
11/09/2023	Afebrile; vitals stable	Residual weakness resolving.	2,450	64,000 (Figure 7)	INR: 0.90	Marrow recovery confirmed. Placebo prescribed.

The causal relationship between the prescription of *Arsenicum album* 30 and the clinical outcome was quantified using the Modified Naranjo Criteria (Table 2)^[6].

Table 2: Modified Naranjo criteria score sheet

No.	Modified Naranjo Criteria Item	Score
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1
3	Was there an initial aggravation of symptoms?	0
4	Did the effect encompass more than the main symptom or condition (other symptoms improved)?	+1
5	Did overall well-being improve?	+1
6A	Direction of cure: did some symptoms improve in the opposite order of development?	+1
6B	Direction of cure: did improvement apply from organs of more importance to less importance?	+1
7	Did 'old symptoms' reappear temporarily during the course of improvement?	0
8	Are there alternate causes that with a high probability could have caused the improvement?	+1
9	Was the health improvement confirmed by any objective evidence? (Serial CBC/LFT trends)	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1
	Total Score	+11

A total score of +11 firmly establishes a "definite" causal attribution to the Homeopathic intervention.(Table 2) The timeline demonstrates that hematopoietic marrow stimulation began within 48–72 hours of the first dose. This recovery pattern directly satisfies Hering's Law of Cure, as vital internal hematological and hepatic parameters stabilized rapidly, preventing shock or hemorrhage, while the peripheral subjective weakness was the final symptom to linger and subsequently resolve.

 2300110K	PID NO: P112101627465 Age: 68.2 Year(s) Sex: Female		Parekh Marg Wadala West 400031 Zone: W-09a(11) Processing Location:- Metropolis Healthcare Ltd, Unit No 409-416, 4th Floor, Commercial Building-1, Kohinoor Mall, Mumbai-70	05/09/2023 1:25PM Reported On: 05/09/2023 05:08 PM
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CBC Haemogram			
Investigation	Observed Value	Unit	Biological Reference Interval
<u>Erythrocytes</u>			
Haemoglobin (Hb)	12.3	gm/dL	12.0-16
Erythrocyte (RBC) Count	4.90	mill/cu.mm	4.2-5.4
PCV (Packed Cell Volume)	37.5	%	37-47
MCV (Mean Corpuscular Volume)	76.5	fL	82-101
MCH (Mean Corpuscular Hb)	25.2	pg	27-34
MCHC (Mean Corpuscular Hb Conc.)	32.9	g/dL	31.5-36
RDW (Red Cell Distribution Width)	13.4	%	11.5-14.0
<u>RBC Morphology</u>			
Hypochromia	+		
Microcytosis	+		
<u>Leucocytes</u>			
Total Leucocytes (WBC) count	7,200	cells/cu.mm	4300-10300
Absolute Neutrophils Count	6192	/c.mm	2000-7000
Absolute Lymphocyte Count	432	/c.mm	1000-3000
Absolute Monocyte Count	504	/c.mm	200-1000
Absolute Eosinophil Count	72	/c.mm	20-500
Absolute Basophil Count	0	/c.mm	20-100
Neutrophils	86	%	40-80
Lymphocytes	6	%	20-40
Monocytes	7	%	2.0-10
Eosinophils	1	%	1-6
Basophils	0	%	0-2
<u>Platelets</u>			
Platelet count	266	10 ³ / μ l	140-440
MPV (Mean Platelet Volume)	8.8	fL	7.8-11
PCT (Platelet crit)	0.233	%	0.2-0.5
PDW (Platelet Distribution Width)	16.2	%	9-17

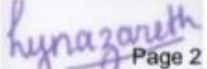

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Figure 1 CBC Hemogram dated 05/09/2023

ESTATE, S.M. ROAD,WADALA, MUMBAI 400037 9136601422		CLIENT PATIENT ID: VARSF0402365047 ABHA NO :	RECEIVED : 06/09/2023 14:43:14 REPORTED : 06/09/2023 19:49:51
Test Report Status	Final	Results	Biological Reference Interval Units
HAEMATOLOGY			
MALARIAL PARASITE (M.P), EDTA WHOLE BLOOD/SMEAR			
THICK SMEAR		NOT DETECTED	NOT DETECTED
THIN SMEAR		NOT DETECTED	NOT DETECTED
CBC-5, EDTA WHOLE BLOOD			
BLOOD COUNTS, EDTA WHOLE BLOOD			
HEMOGLOBIN (HB)	11.8 Low	12.0 - 15.0	g/dL
METHOD : SLS METHOD			
RED BLOOD CELL (RBC) COUNT	4.75	3.80 - 4.80	mil/ μ L
METHOD : ELECTRICAL IMPEDANCE			
WHITE BLOOD CELL (WBC) COUNT	3.96 Low	4 - 10	thou/ μ L
METHOD : FLOW CYTOMETRY			
PLATELET COUNT	173	150 - 410	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE			
RBC AND PLATELET INDICES			
HEMATOCRIT (PCV)	37.3	36.0 - 46.0	%
METHOD : PULSE HEIGHT DETECTION			
MEAN CORPUSCULAR VOLUME (MCV)	78.5 Low	83.0 - 101.0	fL
METHOD : CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	24.8 Low	27.0 - 32.0	pg
METHOD : CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	31.6	31.5 - 34.5	g/dL
METHOD : CALCULATED			
RED CELL DISTRIBUTION WIDTH (RDW)	13.8	11.6 - 14.0	%
MENTZER INDEX	16.5	> 13 Normal < 13 s/o Thalassaemia, Advise HPLC	Index
METHOD : CALCULATED			
MEAN PLATELET VOLUME (MPV)	10.7	6.80 - 10.90	fL

Figure-3 CBC, Malarial parasite dated 06/09/2023

 2300	Age: 67.0 Year(s) Sex: Female		Healthcare Ltd, Unit No409-416, 4th Floor, Commercial Building-1, Kohinoor Mall, Mumbai-70	08/09/2023 03:37 PM
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CBC Haemogram

Investigation	Observed Value	Unit	Biological Reference Interval
<u>Erythrocytes</u>			
Haemoglobin (Hb)	13.1	gm/dL	12.0-16
Erythrocyte (RBC) Count	5.48	mill/cu.mm	4.2-5.4
PCV (Packed Cell Volume)	41.0	%	37-47
MCV (Mean Corpuscular Volume)	74.8	fL	82-101
MCH (Mean Corpuscular Hb)	24.0	pg	27-34
MCHC (Mean Corpuscular Hb Concn.)	32.0	g/dL	31.5-36
RDW (Red Cell Distribution Width)	13.6	%	11.5-14.0
<u>RBC Morphology</u>			
Hypochromia	+		
Microcytosis	+		
<u>Leucocytes</u>			
Total Leucocytes (WBC) count	1,300	cells/cu.mm	4300-10300
Absolute Neutrophils Count	728	/c.mm	2000-7000
Absolute Lymphocyte Count	416	/c.mm	1000-3000
Absolute Monocyte Count	143	/c.mm	200-1000
Absolute Eosinophil Count	0	/c.mm	20-500
Absolute Basophil Count	13	/c.mm	20-100
Neutrophils	56	%	40-80
Lymphocytes	32	%	20-40
Monocytes	11	%	2.0-10
Eosinophils	0	%	1-6
Basophils	1	%	0-2
<u>Platelets</u>			
Platelet count	105	10 ³ / µl	140-440
MPV (Mean Platelet Volume)	9.6	fL	7.8-11
PCT (Platelet crit)	0.082	%	0.2-0.5
PDW (Platelet Distribution Width)	17.3	%	9-17



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METROPOLIS

The Pathology Specialist

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This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overlaid. ** Referred Test

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Figure-4 CBC Hemogram dated 08/09/2023

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UDYAM BLDG, RANADE ROAD, SHIVAJI PARK, MUMBAI 400028 02268247247 02268247247	CLIENT PATIENT ID: ABHA NO :	RECEIVED : 08/09/2023 22:39:53 REPORTED : 09/09/2023 03:58:11
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Test Report Status	Results	Biological Reference Interval	Units
Final			
HAEMATOLOGY - CBC			
CBC-5, EDTA WHOLE BLOOD			
BLOOD COUNTS, EDTA WHOLE BLOOD			
HEMOGLOBIN (HB)	13.9	13.0 - 17.0	g/dL
METHOD : SLS METHOD			
RED BLOOD CELL (RBC) COUNT	5.63 High	4.50 - 5.50	mil/ μ L
METHOD : ELECTRICAL IMPEDANCE			
WHITE BLOOD CELL (WBC) COUNT	1.37 Low	4 - 10	thou/ μ L
METHOD : FLOW CYTOMETRY			
PLATELET COUNT	85 Low	150 - 410	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE			
RBC AND PLATELET INDICES			
HEMATOCRIT (PCV)	41.8	40.0 - 50.0	%
METHOD : PULSE HEIGHT DETECTION			
MEAN CORPUSCULAR VOLUME (MCV)	74.2 Low	83.0 - 101.0	fL
METHOD : CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	24.7 Low	27.0 - 32.0	pg
METHOD : CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	33.3	31.5 - 34.5	g/dL
METHOD : CALCULATED			
RED CELL DISTRIBUTION WIDTH (RDW)	13.6	11.6 - 14.0	%
MENTZER INDEX	13.2	> 13 Normal < 13 s/o Thalassemia, Advise HPLC	Index
METHOD : CALCULATED			
MEAN PLATELET VOLUME (MPV)	11.0 High	6.80 - 10.90	fL
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	52	40 - 80	%
METHOD : FLOW CYTOMETRY			
LYMPHOCYTES	38	20 - 40	%
METHOD : FLOW CYTOMETRY			
MONOCYTES	10	2 - 10	%
METHOD : FLOW CYTOMETRY			
EOSINOPHILS	00 Low	1 - 6	%


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Figure- 5 CBC Hemogram dated 08/09/2023

MAHARAJI ENGINEERING ESTATE C.S. KOTDIRI HIGH SCHOOL, MAHIM WEST, MUMBAI MUMBAI 400016 9819938916		CLIENT PATIENT ID: VARSF0402565047 ABHA NO :	RECEIVED : 10/09/2023 23:03:12 REPORTED : 11/09/2023 07:42:57
Test Report Status	Final	Results	Biological Reference Interval Units
HAEMATOLOGY - CBC			
CBC-5, EDTA WHOLE BLOOD			
BLOOD COUNTS, EDTA WHOLE BLOOD			
HEMOGLOBIN (HB)	14.1	12.0 - 15.0	g/dL
METHOD : SLS METHOD			
RED BLOOD CELL (RBC) COUNT	5.78 High	3.80 - 4.80	mil/ μ L
METHOD : ELECTRICAL IMPEDANCE			
WHITE BLOOD CELL (WBC) COUNT	3.25 Low	4 - 10	thou/ μ L
METHOD : FLOW CYTOMETRY			
PLATELET COUNT	47 Low	150 - 410	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE			
RBC AND PLATELET INDICES			
HEMATOCRIT (PCV)	43.7	36.0 - 46.0	%
METHOD : PULSE HEIGHT DETECTION			
MEAN CORPUSCULAR VOLUME (MCV)	75.6 Low	83.0 - 101.0	fL
METHOD : CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	24.4 Low	27.0 - 32.0	pg
METHOD : CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	32.3	31.5 - 34.5	g/dL
METHOD : CALCULATED			
RED CELL DISTRIBUTION WIDTH (RDW)	13.7	11.6 - 14.0	%
MENTZER INDEX	13.1	> 13 Normal < 13 s/o Thalassemia, Advise HPLC	Index
METHOD : CALCULATED			
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	29 Low	40 - 80	%
METHOD : FLOW CYTOMETRY			
LYMPHOCYTES	55 High	20 - 40	%
METHOD : FLOW CYTOMETRY			
MONOCYTES	14 High	2 - 10	%
METHOD : FLOW CYTOMETRY			
EOSINOPHILS	00 Low	1 - 6	%
METHOD : FLOW CYTOMETRY			
 Dr. Geetha Chandrashekhar, MD Consultant Pathologist		Page 1 Of 5   View Details View Report	

Figure- 6 CBC Hemogram dated 11/09/2023

DOSTI NEPTUNE BLDG, SHOP NO. 6, DOSTI ESTATE, S.M. ROAD, WADALA, MUMBAI 400037 9136601422		CLIENT PATIENT ID: VARSF0402565047 ABHA NO :	RECEIVED : 11/09/2023 17:21:15 REPORTED : 11/09/2023 20:41:19
Test Report Status	Final	Results	Biological Reference Interval Units
HAEMATOLOGY - CBC			
CBC-5, EDTA WHOLE BLOOD			
BLOOD COUNTS, EDTA WHOLE BLOOD			
HEMOGLOBIN (HB)	13.4	12.0 - 15.0	g/dL
METHOD : SLS METHOD			
RED BLOOD CELL (RBC) COUNT	5.39 High	3.80 - 4.80	mil/ μ L
METHOD : ELECTRICAL IMPEDANCE			
WHITE BLOOD CELL (WBC) COUNT	3.45 Low	4 - 10	thou/ μ L
METHOD : FLOW CYTOMETRY			
PLATELET COUNT	64 Low	150 - 410	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE			
RBC AND PLATELET INDICES			
HEMATOCRIT (PCV)	41.8	36.0 - 46.0	%
METHOD : PULSE HEIGHT DETECTION			
MEAN CORPUSCULAR VOLUME (MCV)	77.6 Low	83.0 - 101.0	fL
METHOD : CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	24.9 Low	27.0 - 32.0	pg
METHOD : CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	32.1	31.5 - 34.5	g/dL
METHOD : CALCULATED			
RED CELL DISTRIBUTION WIDTH (RDW)	13.8	11.6 - 14.0	%
MENTZER INDEX	14.4	> 13 Normal < 13 s/o Thalassemia, Advise HPLC	Index
METHOD : CALCULATED			
MEAN PLATELET VOLUME (MPV)	11.7 High	6.80 - 10.90	fL
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	31 Low	40 - 80	%
METHOD : FLOW CYTOMETRY			
LYMPHOCYTES	55 High	20 - 40	%
METHOD : FLOW CYTOMETRY			
MONOCYTES	13 High	2 - 10	%
METHOD : FLOW CYTOMETRY			
EOSINOPHILS	01	1 - 6	%

Figure-7 CBC Hemogram dated 11/09/2023

Symptoms : 6 Remedies : 356 Filters : Normal																	
Remedy	Ars	Nat-m	Eup-per	Puls	Rhus-t	Bapt	Bry	Carb-v	Chin	Nuc-v	Phos	Ant-c	Acon	Gels	Lyc	Sep	Sulph
Totality	22	22	18	18	17	16	16	16	16	16	16	15	15	15	15	15	15
Symptoms Covered	6	6	5	5	5	5	5	5	5	5	5	6	5	5	5	5	5
Kingdom	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
[Complete] [Generalities]WEAKNESS:Fever:During: (192)	4	3	3	3	4	3	3	3	4	3	4	1	3	3	4	3	3
[Complete] [Sleep]SLEEPINESS:Fever:During: (112)	3	4	4	4	3	4	3	2	1	1	4	3	3	3	3	3	3
[Complete] [Taste]BITTER:Food tastes:Fever, during intermittent: (4)	3	3										3					
[Complete] [Extremities]PAIN:Fever:During: (121)	4	4	4	4	4	3	4	4	4	4	2	3	3	3	2	3	3
[Complete] [Stomach]NAUSEA:Fever:During: (113)	4	4	3	3	2	3	3	3	3	4	3	4	2	3	3	3	3
[Complete] [Head]PAIN, HEADACHE:Fever:During: (192)	4	4	4	4	4	3	3	4	4	4	3	1	4	3	3	3	3

Figure – 8 Zomeo Software Repertorization Sheet [7]

RESULTS AND DISCUSSION

The diagnosis of Dengue Fever with acute bicytopenia and secondary hepatopathy was established and monitored chronologically through serial laboratory profiling. The initial

baseline CBC on 05/09/2023 was normal (WBC: 7,200 cells/cu.mm; Platelets: 2,66,000/ μ L). A sudden hematological drop was recorded on the morning of 08/09/2023 (WBC: 1,300 cells/cu.mm; Platelets: 1,05,000/ μ L),

alongside elevated transaminases (SGOT: 117 U/L, SGPT: 157 U/L). By the afternoon, platelets crashed to 48,000/ μ L (Table 1, 2).

Following the first few doses on the evening of 8th September, the therapeutic response was rapid.

By the morning of 9 September, the high-grade pyrexia had entirely subsided, and the gastric irritability, including the severe nausea and persistent bitter taste, was completely relieved. Although generalized adynamia persisted, the patient remained hemodynamically stable without any hemorrhagic manifestations. Hematologically, the platelets followed the natural declining trajectory characteristic of the dengue critical phase, reaching a nadir of 47,000/ μ L on 10 September. However, by 11 September, objective bone marrow restoration was confirmed, with the white blood cell count rising to 2,450 cells/cu.mm and platelets recovering to 64,000/ μ L. The international normalized ratio (INR) remained stable at 0.90, marking a safe transition into the convalescent phase.

CONCLUSION:

The individualized application of *Arsenicum album* 30 can safely and effectively arrest the critical, life-threatening decline of platelets and white blood cells in acute Dengue Fever. This case provides clear, documented evidence validating Homeopathic therapeutics in acute miasmatic crises, emphasizing the necessity of symptom-based individualization in severe viral infections.

Consent of patient

The informed consent has been taken from the patient for publication of data and images without disclosing the identity of the patient.

Acknowledgements:

The authors acknowledge the patient for her cooperation and consent in the documentation and publication of this case study.

Declaration of Patient consent:

The informed written consent has been taken from patient for publication of data and images without disclosing the identity of patient.

Limitation of study: As a single clinical case report, the primary limitation is the lack of generalizability. The positive clinical outcome observed with *Arsenicum album* 30 is specific to the highly individualized symptom totality as per the Law of Similars and the remedy should not be thought to be universally applicable to all cases of Dengue Fever.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

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