

# PAPAYA LEAF EXTRACT MUST AID IN DENGUE FEVER MANAGEMENT

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Dodging the mosquito is not absolutely easy as vector bionomics gets complicated with climate change and neighbourhood community practices, which has direct implications on human health. Rapid industrialization, the creation of concrete jungles and inflow of migrants with different cultural, literary and hygiene practices compound the already existing problems around the world where dengue fever exists and surfaces from time to time.

Prevention of dengue is one thing, fever management is another thing. Efforts on both fronts must be aggressive as vector-borne diseases per se, seem to be winning the battle between the vector and man.

I spent much of early December being admitted in hospital for dengue fever, rest of the days were spent recovering from terrible exhaustion and fatigue doing nothing. Though a community health physician by profession, it is difficult to ascertain from which neighbourhood, I might have lost the battle, as my travels had taken me to several places around India.

It was a fever which refused to subside, loss of weight, loss of taste, a rapidly depleting platelet count which reduced to frighteningly low levels of 8000.

Papaya leaf extract was started at the point where the platelet fell to 8000, and as my body rejected multiple donor platelet sending me into severe rigours for nearly half an hour.

Seeing it from a patient perspective, there was the clear, non-negotiable improvement in the platelet count the next day after the papaya leaf extract started off systematically and multiple lab reports served to prove the same. The jump in platelet count was way too rapid, painting encouraging signs of recovery. Applying a small bit of medical management into this entire exercise, common sense would serve to suggest that while supportive care with intravenous fluids remains the mainstay, there is no adverse the effect in aiding papaya leaf extract during the process of care.

There is reasonable evidence to suggest that papaya leaf extract as a 30 ml syrup three times a day prior to meals could be taken by adults and 5-10 ml three times a day in children is advised until the fever subsides and platelet count starts showing an upward trend. To counter the bitter taste, the patient can take something sweet in moderation.

It is worthwhile to note that Dengue fever is spread through the bite of Aedes Egypti mosquito and these mosquitoes are essentially day biters ( bites humans during the daytime). Symptoms vary from person to person and it can be anything from high fever, rash, headache, vomiting, joint and muscular pains also.

Multiple preventive approaches are being tried out by local governments all around the world. This ranges from source reduction by destroying water collection wherever un-necessary stagnant water exists, larval control, active surveillance, promotion of insecticidal bed nets, coils and creams. Much of these interventions need to be undertaken at the community level in a phased manner. Mere talking about it will not influence behaviour change outcomes.

It is in the interest of patient safety and patient care that we must sincerely begin to look at multiple approaches in preventive and curative care and handle both with equal aggression. In this context and for now, papaya leaf extract is something to consider as a practice at every hospital for dengue fever. Meanwhile, the goodness is that Dengue fever vaccine is in Phase III of clinical trials and there is much hope in the years ahead.

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