



## **A Study on Homoeopathic Treatment of Recurrent Lower Respiratory Infections in children**

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### **Abstract**

The lower respiratory tract infections are significant cause of morbidity and mortality in young children. The recurrent tendency to lower respiratory tract infections can be effectively controlled with the Homoeopathy medicines. Apis Mel, Kali Carb, Phosphorus and Tuberculinum mentioned in Dr Kent repertory, under the heading ‘Respiration- difficult, heat, with’

## **Keywords**

Acute Respiratory Infection [ARI], Lower Respiratory Infections [LRI] Asthmatic Bronchitis [wheezy Bronchitis, Pneumonia, Homoeopathy, Kent's Repertory - Apis Mel, Kali Carb, Phosphorus, Tuberculinum.

## **Introduction**

Acute respiratory infection [ARI] may cause inflammation of the respiratory tract anywhere from nose to alveoli with various Symptoms and Signs. The upper respiratory tract infection includes Common cold Pharyngitis and Otitis media.

The lower respiratory tract infection include epiglottitis, laryngitis Laryngotracheitis, Acute Laryngotracheobronchitis (croup) Bronchitis, Bronchiolitis and Pneumonia. The clinical features are most commonly running nose, cough, sore throat and difficult breathing and fever.

Every year in children is responsible for 3.9 million deaths worldwide. About 90% of ARI deaths are due to pneumonia. The incidents of pneumonia in developing countries are about 20 to 30%. Malnutrition, low birth weight and air pollution are contributory factors. Children below 5 years of age suffer about 5 episodes of ARI per child per year accounting for about 238 million attacks per year. ARI is thus responsible for about 30 to 40 of O.P visits and for about 20-40% of admission to hospitals.

Pneumonia kills more children than any other disease.[more than AIDS, Malaria and Measles combined] More than 22 million children die from pneumonia each year is accounting for one in five 'under five year' deaths worldwide. According to WHO estimate about 1.6 million cases of fatal pneumococcal disease occur worldwide, mostly in infants and elders in India. ARI significantly contributes to high infant and child mortality rates. Hospital records show that up to 13% of in-patient deaths in Paediatric wards are due to ARI.

Observation of patients over the years revealed the striking fact that the conventional allopathic method of treatment employing antibiotics could only overcome the infection for the time being, recurrence is the rule, as the immunity is short-lived. Fed up with recurrent use of



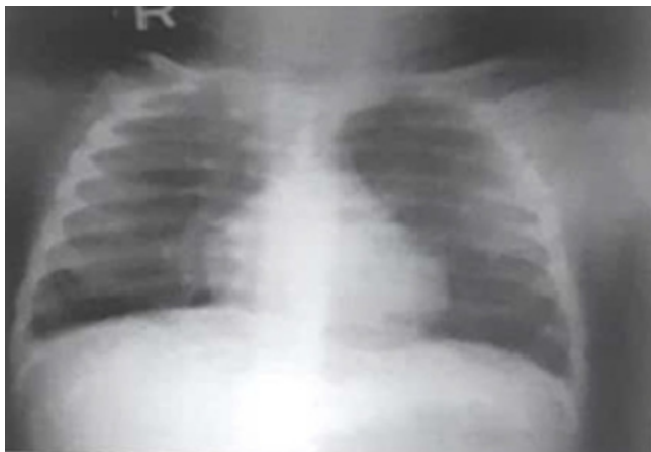
**Fig -1 Lobar Pneumonia [Segmental]  
Right Upper [ on Kali Carb -200]**



**Fig. 2 Lobar Pneumonia Left Lower  
A child presenting with fever - 4days duration**



**Fig.3 Lobar Pneumonia Right Upper - in a child  
Presenting with fever 5 days duration**



**Fig. 4 Broncho Pneumonia -on Kali Carb -200**

Antibiotics over short intervals, many children were brought under the purview of Homoeopathic treatment and convincing results ensured were gratifying to all.

In Homoeopathy system of treatment based on the three cardinal principles, namely similar medicine, single medicine and minimum dose, much could be done to revive the deranged vital force, or the life principle of the body. Once this is achieved the vital dynamics rules with unbounded sway, thus overpowering the intruders, irrespective of bacteria, virus or any other organism. Homoeopathic treatment, by modifying constitution of the individual, controls external invasion and also correct inherent allergic dyscrasias, which also predispose children to recurrent respiratory problems including tendency to wheeze.

Dr James Tyler Kent's guidelines in his repertory were taken advantage of this study. The veracity of the 3 mark and Italic remedies Apis Mel, Kali Carb, Phosphorus and Tuberculinum under "Respiration - difficult heat with" was analyzed.

## **Clinical presentation**

**Acute Epiglottitis [Supraglottitis]** – mostly affects young children fever and sore throat, progressing to stridor and dysphagia, caused epiglottitis and surrounding structure. In children death from asphyxia is an important complication. A tongue depressor examination is best avoided to precipitate this complication.

**Acute laryngitis-** Presents with hoarseness and even aphonia, often associated with many upper respiratory infections.

**Acute tracheitis** –Presents with rawness in chest only, not amounting to chest pain.

**Acute Bronchitis** - One of the most common of all respiratory disorders. Anyone with catarrh, cough and low grade fever of short duration can be diagnosed as having acute bronchitis. It is self limiting in most cases but may progress to wheezy bronchitis [asthmatic bronchitis] which requires prompt treatment.

**Asthmatic Bronchitis** [wheezy bronchitis] It is called because unlike acute bronchitis, asthmatic Bronchitis presents with wheeze and dyspnoea. Bilateral rhonchi and crepitus make differential diagnosis from bronchopneumonia and acute bronchiolitis more difficult.

**Acute Bronchiolitis** - Practically indistinguishable from bronchopneumonia in children. The condition can be deceptive as it is

notorious for low grade fever or absence of fever. Examination reveals bilateral rhonchi and crepitations, chest X-ray reveals patchy opacities as in bronchopneumonia .

**Pneumonitis [pneumonia]-** Lobar pneumonia occurs in comparatively robust constitution, where as lobar pneumonia is more often in both extremities of life. Measles is said to be dangerous in children before 18 months of life because of its Association with bronchopneumonia

## **Methodology**

The study group included 30 cases selected from children who were diagnosed to have lower respiratory infection with wheeze attending the OP and IP of Government Homoeopathic Medical College Hospital Thiruvananthapuram. Cases from special OP for respiratory disorders in children were also selected. Patients presenting with fever, cough and breathing difficulty in the age group 1-5 years of both gender were included in the study Lower respiratory infection with wheeze was diagnosed clinically from history given by parents - previous repeated admission to hospital Physical examination, blood examination and x-ray chest when pneumonia was suspected. In each case, detailed case taking was made in standard record proforma with due emphasis on the history of presenting complaints, past history, family history, personal history including feeding, nutrition, development, vaccination and schooling in older children. Careful physical examination was done in all cases to detect adventitious lung signs, helping in differential diagnosis.

The medicines were differentiated from the rubric in Kent's Repertory 'respiration, difficult - heat with' based on the modalities, some particulars and the temperament of the little patient. Very few medicines have to be selected from outside this group. The potencies selected were those was 200 - 1000 dilutions with incurrent remedies in 200 - 10 M based on general modalities. Function and Drainage remedies in 3x dilution were given in some cases to tide over acute cases like wheezing. Repetition and change of potency/medicine was done according to the

presenting totality in each case. Acute medicines were mostly dispensed in number 40 globules so that they could be used in divided doses in the acute phases, at 2- 4 hour intervals for 1-2 days. The intercurrent remedies dispensed in milk sugar packets.

All patients were followed up on a monthly basis. Repetition of medicines or use of inter - current remedies was made until the recurrent tendency to acute respiratory infection was controlled. Each case was followed by for 6 months to 1 year

### **Summary and conclusion**

It could be established by the test of significance of taking into account the standard error, standard deviation, of the critical ratio, probability value, etc that these medicines are effective in controlling the disease, establishing beyond doubts, and the curative value of the above-mentioned medicines

The study was conducted almost exclusively using the 3 mark and Italic remedies in the rubric, because they were giving promising result in overcoming the disturbing disorder in children. Double-blind randomized controlled clinical trial is not applicable in clinical Homoeopathy because a prescription, to be Homoeopathic to the patient has to be selected on individualization. Even a controlled study using placebo may not be applicable in serious disorders of this type because a lower respiratory infection with wheeze can be life threatening with placebo trial.

In conclusion it can be inferred that all the remedies – Apis Mel, Kali Carb, Phosphorus and Tuberculinum are equally important in arresting lower respiratory infection with wheeze in children, according to the individual case. In this study covering of, 30 children according to the individual case. In this study covering of 30 children Kali Carb came topmost with 10 cases. Apis Mel following closely with 9 cases and Phosphorus with 6 Cases. The 5 cases with remedies outside this group



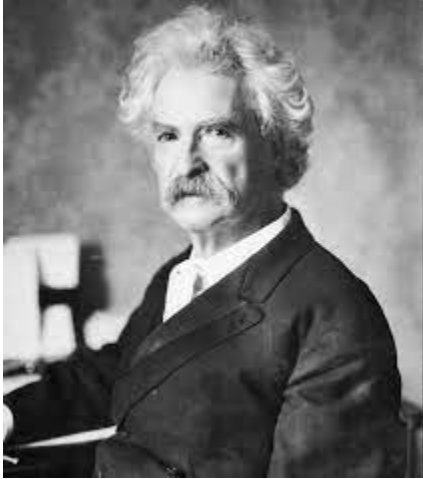
in Kent's Repertory show that therapeutic will be complete only with exhaustive study and reference to Materia Medica and Repertory. However, the efficacy of the remedies in Kent's Repertory / namely Kali Carb, Phosphorus and Tuberculum is up to the order of 25/30 it is 83.334 %!

In addition to therapeutic or medical line of management with functional and drainage remedies during the acute phase, followed by constitutional remedies/ Nosodes to prevent a recurrence, as advocated by Dr. Bournville in his writing on bronchial asthma, attention has to be focused on the general management also. Obstacles to cure should be identified and eliminated. Exciting and maintaining factors also have to be looked into. If all these factors are attended to, gratifying results are infallible in controlling acute respiratory infections with wheeze.

## Bibliography

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## **Mark Twain**



The introduction of Homoeopathy forced the old school doctor to stir around and learn something of a rational nature about his business. You may I honestly feel grateful that Homoeopathy survived the attempts of the allopath's to destroy it.