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"OBSERVATIONAL STUDY ON VARIOUS AETIOLOGICAL FACTORS CAUSING DIFFERENT TYPES OF ACUTE DISEASES TREATED WITH HOMOEOPATHIC MEDICINE"

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ABSTRACT

Acute illnesses are self-limiting and may resolve on their own, others have the potential to result in situations that could be fatal. Since acute diseases develop swiftly and require immediate medical attention due to their seriousness, they pose a significant challenge to the public and humankind as a whole. Minor wounds, viral or bacterial infections, and a condition in which a chronic sickness already present might all be included in the list of symptoms. Numerous aetiological factors influence the duration of acute diseases and are the cause of these illnesses. The majority of acute illnesses have underlying causes. In cases of acute illnesses, the details are most important. It is advised that the acute symptomatology serve as the basis for the acute remedy.

Index terms: Aetiological Factor, Acute Diseases, Homoeopathy, International Classification of Disease, Scoring chart

INTRODUCTION

Acute diseases are those that appear unexpectedly and last for a set period of time. Acute diseases usually lead to death or recovery. Many emerging and modern countries are dealing with acute illnesses as a major public health concern. To use a homoeopathic medicine efficiently, the practitioner must be familiar with the typical symptoms. Whether acute or chronic, diseases must be resolved in the shortest possible time.

MATERIALS AND METHODS

METHOD OF COLLECTION OF DATA;

A observational study consists of sample of 30 cases taken from the patients with various acute diseases visiting the OPD, IPD, Rural centers, School health awareness programmes of Sarada Krishna Homoeopathic Medical College and Hospital, Kulasekharam.

SELECTION OF SAMPLES

Purposive sampling of 30 case of patients with various acute diseases from OPD, IPD, Rural centers, School health awareness programmes of Sarada Krishna Homoeopathic Medical College and Hospital, Kulasekharam. The case details had been recorded in standardized pre-structured case format of SKHMCH. Well selected homoeopathic remedy prescribed based on totality of symptoms. Assessments done in the follow up and subsequent changes are recorded. Results will be presented in tables and charts and the statistical analysis with chi-square test will be done.

INCLUSION CRITERIA

In the current study age group between 0 and 60 years are taken and the patients having symptomatology of acute diseases along with other symptomswith the informed consent to treatment.

EXCLUSION CRITERIA

In the current study patients suffering from other severe systemic diseases, patients not suffer from any diagnosed gynecological pathology, pregnant women, associated with any chronic and systemic disease on active treatment.

SELECTION OF TOOLS

A observational study carried out in OPD, IPD and rural centers of Sarada Krishna Homoeopathic Medical College Hospital. The data collected through case taking. Cases recorded and analyzed and the totality erected based on the miasmatic criteria of patient. Thereby the homoeopathic remedy selected based on totality of patient. Repertorization assistance sought whenever needed. Various potencies, repetition of doses prescribed depending upon the severity of complaints in each case. Prescription were based on homoeopathic philosophy in all the cases. The effectiveness of homoeopathic medicine will be assessed with Static Physician Global Assessment score.

Intervention:

Intervention of the study is based on disappearance in symptoms in patient before and after Homoeopathic medicine and duration of interventions : 1 to 2months

OUTCOME ASSESSMENT

Prevalence of etiological factors that influence acute diseases assessed by collecting the socio-demographic data. After intervention, disappearance of the symptoms of patient along with their improvement assessed.

STATISTICAL TECHNIQUES AND DATA ANALYSIS

Data are represented in pie charts, bar diagrams and tables.

RESULTS.

The result of the current study formed by the aetiological factors, such as age, education, residence, marital status, occupation and on analyzing the patients, the most commonly used potency was 200 which was prescribed for 14 cases, followed by 30 potency for 13 cases, 1M potency 1 cases respectively. This is represented in Figure1.The improvement of all the 30 cases were analyzed using Scoring Chart before and after the administration of homoeopathic medicines. The improvement of all the 30 cases were analyzed using Scoring Chart before and after the administration of homoeopathic medicines.

1. Distribution according to medicine

The rhus toxicodendron medicine is frequently used medicine for the treatment of various acute diseases.

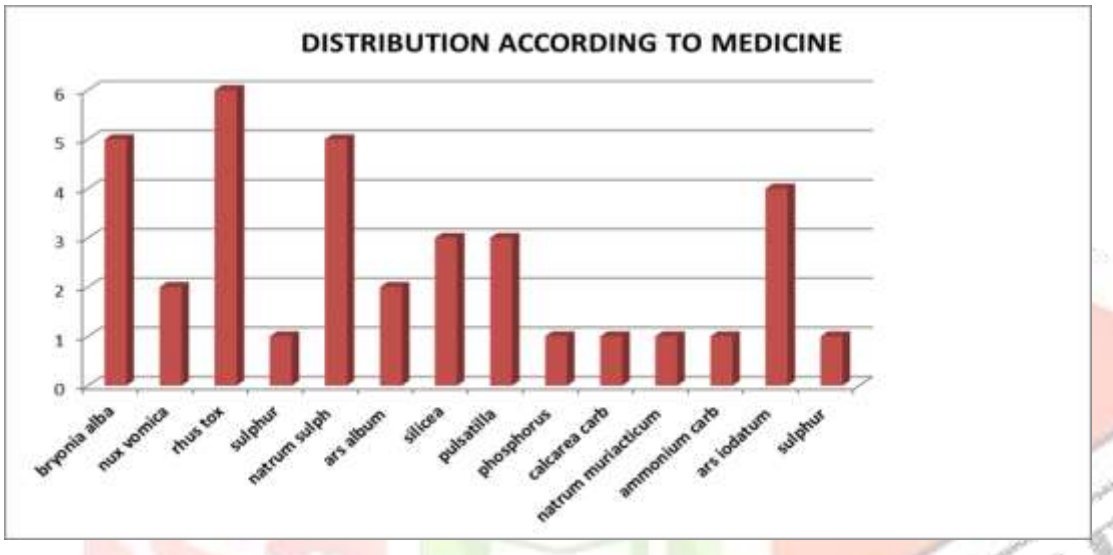

Figure1. Distribution according to medicine

2. Distribution of cases based on age

According to aetiological factors, related to age 8 from 0 to 10 years of age, 7 from 11 to 20 years of age, 4 from 21 to 30 years of age, 2 from 31 to 40 years of age, 5 from 41 to 50 years of age ,2 from 51 to 60 years of age,2 from 61 years of age.

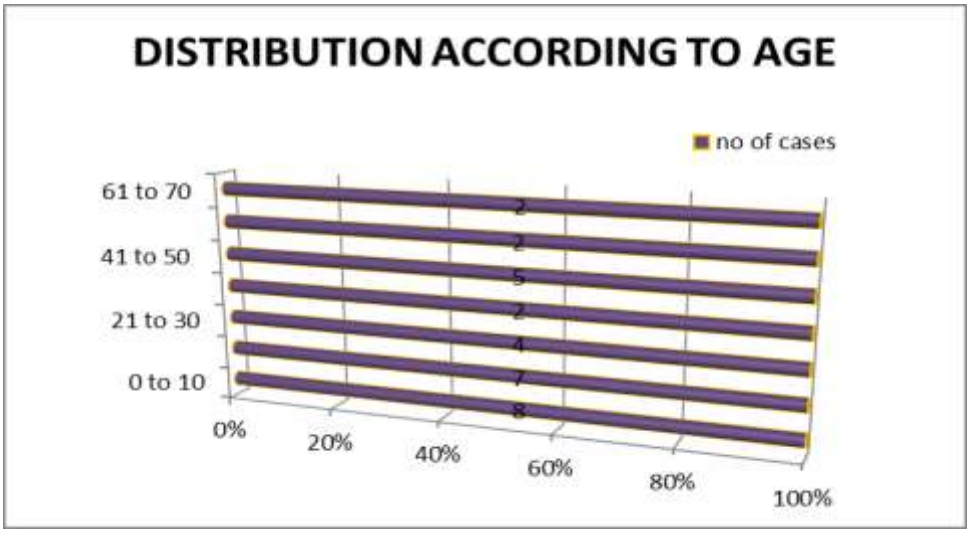

Figure2. Distribution according to age

3. Distribution according to sex

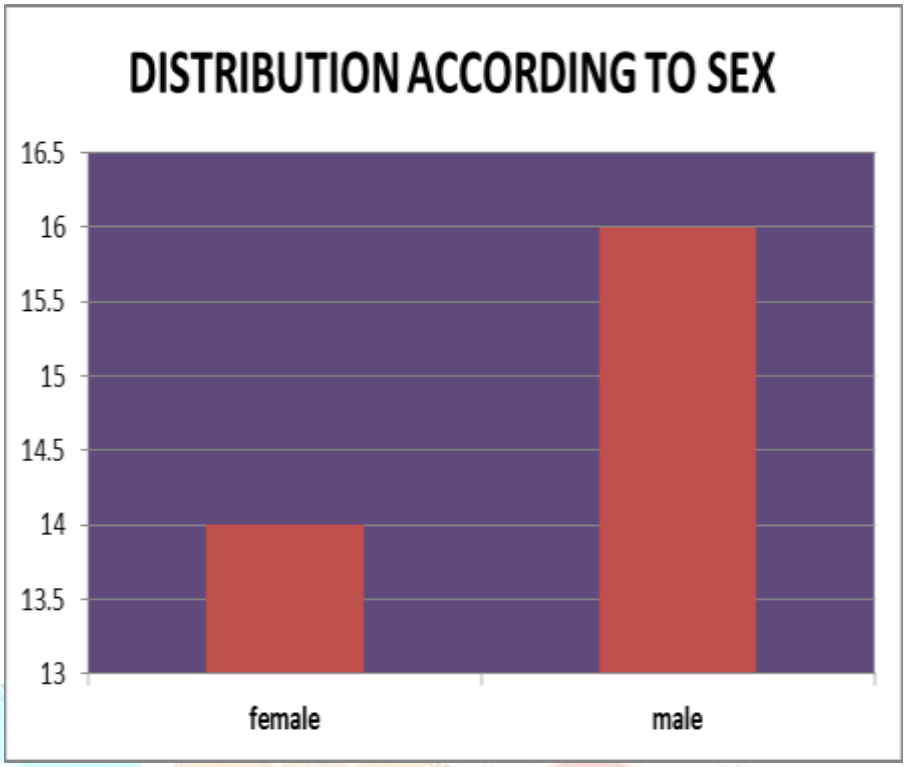

Figure3. Distribution according to sex

4. Distribution according to marital status

Based on the marital status, 16 cases (53.3%) reported to have are married women, and14 cases (46.6%) with acute diseases are the unmarried women.

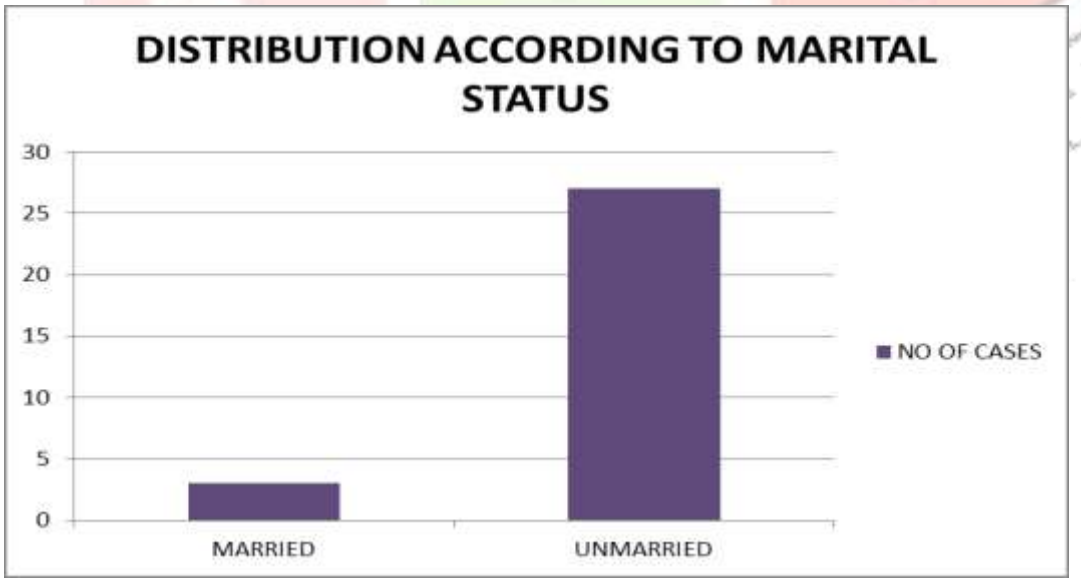

Figure4. Distribution according to marital status

5. Distribution according to residence

Based on the residence, 7 patients (23.3%) were residing in urban area and 23 patients (76.6%) were residing in rural area. The study shows that patients residing in rural area are more affected.

6. Distribution according to occupation

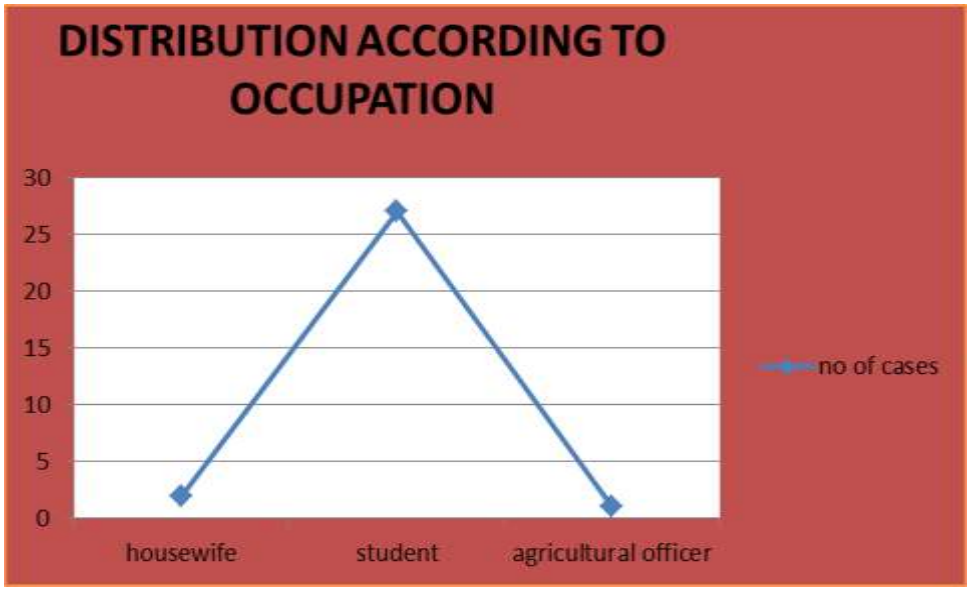

Figure6. Distribution according to occupation

7. Distribution according to potencies

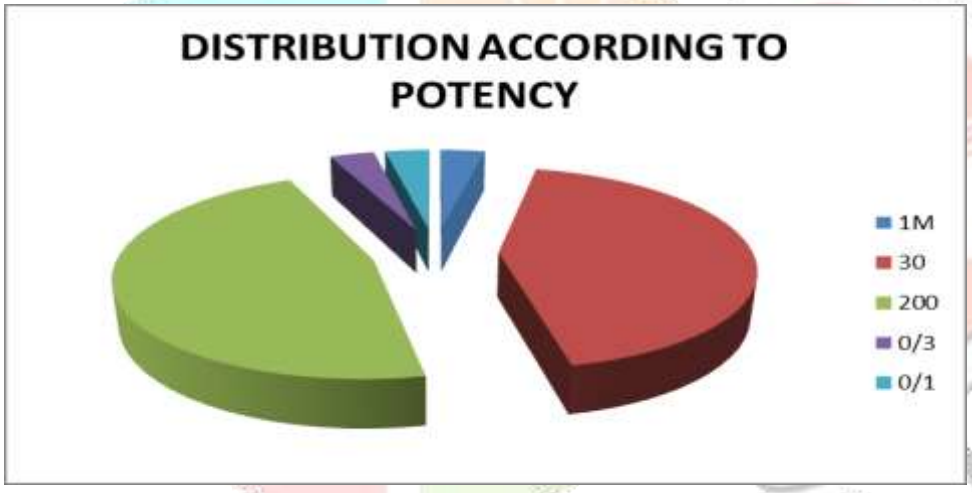

Figure6. Distribution according to potency

On analyzing the patients, the most commonly used potency was 200 which was prescribed for 16 cases, followed by 30 potency for 10 cases, 1M potency 4 cases respectively.

8. Distribution related to improvement assessment

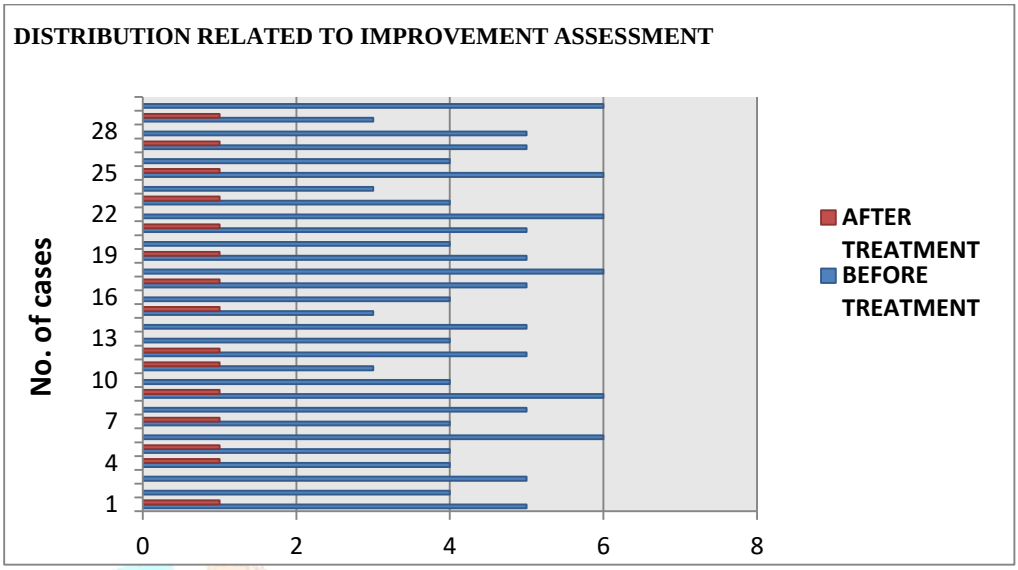

Figure7. Distribution according to improvement assessment

The improvements of all the 30 cases were analyzed using Scoring Chart before and after the administration of homoeopathic medicines. As it was an observational study the duration of treatment varies from one case

10. Distribution according to ailment factors

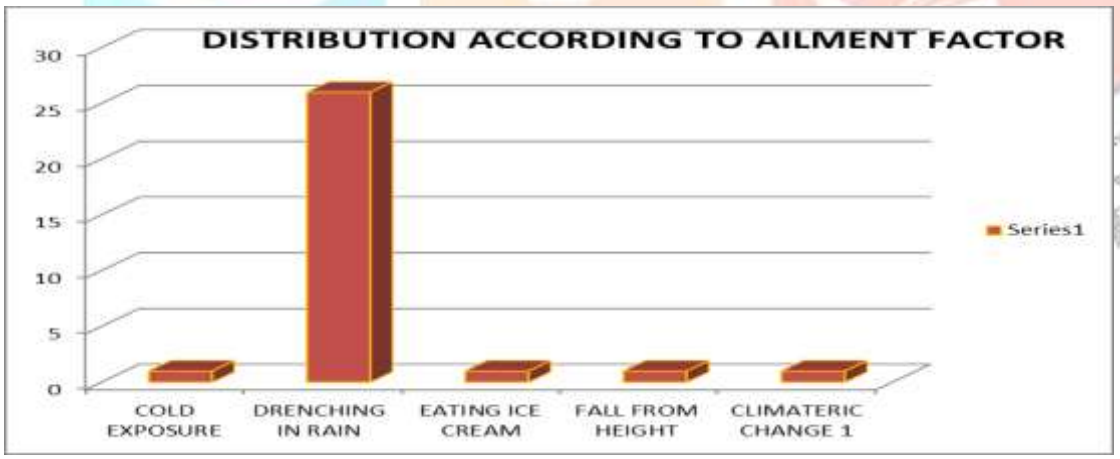

Figure9.Distribution according to ailment factor

11. Distribution according to different types of acute diseases

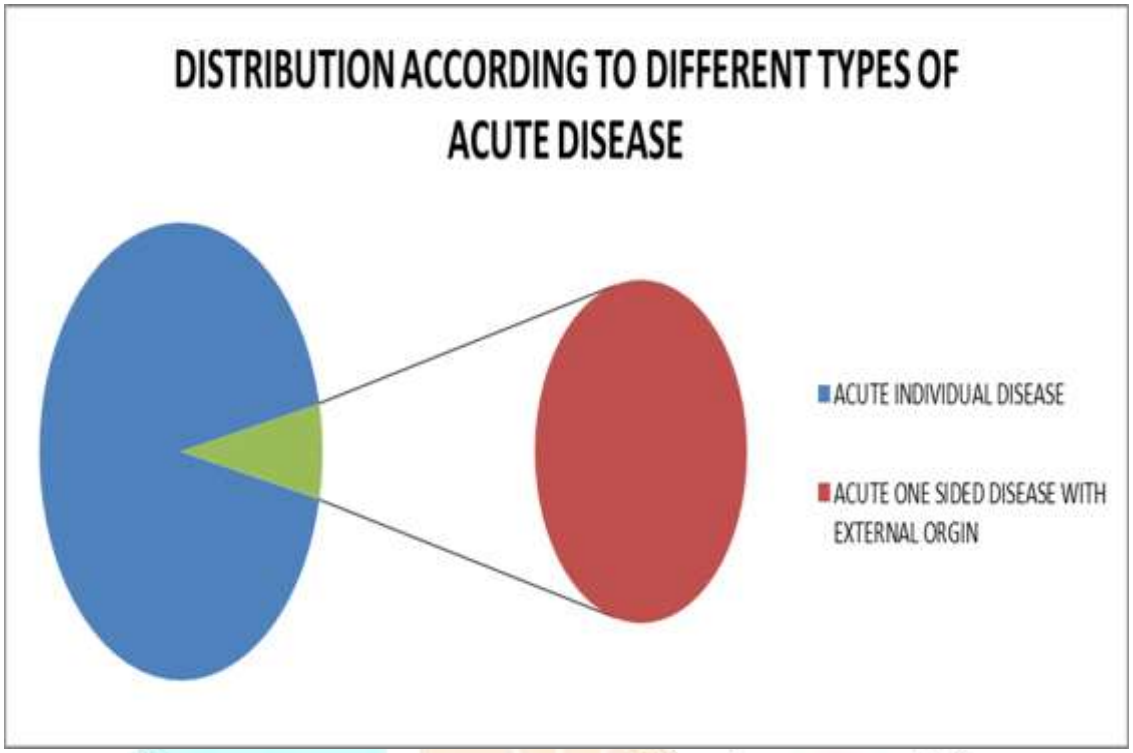

Figure10. Distribution according to different types of acute diseases.

Table1.Paired *t* test results

	X	Y
Mean	4.60	0.50
Variance	0.97	0.51
Observations	30	30
Standard Error	0.18	0.09
df	29	
t	19.4396	
P two-tail	1.5574E-14	

The two-tailed P value is less than 0.0001. By conventional criteria this difference is considered to be extremely statistically significant and hence the null hypothesis is rejected.

DISCUSSION

In a previous study the with the current study, shows that out of 60 students, according to age the majorities 58.3% were in the age group of 19–20 and least 6.7% in the age group of ≥21.[2] In this current study, common age group affected with acute disease with various aetiological factor 16.6% from 10 to 20 years of age,33.3% from 20 to 30 years of age, 23.3 % from 30 to 40 years of age,26.6% from 50 to 60 years of age,6.6 % from 60 to 70 years of age.[1] I n the previous study it shows education wise distribution of study subjects. Majority of the subjects had completed their primary school(24.5%) and SSLC(23.5%) followed by PUC(20.5%), 15.5% illiterate, 7% were completed Secondary school, 9% completed their graduation.[1] In the current study it shows that ,2 cases can read and write,12 case of secondary education and 15 case of high education. 3.3 % patients are illiterate, 6.6% can read and write, 40 % have secondary education and 50 % have high education. In the previous study it shows distribution of subjects according to place.

Majority (72%) were from rural, remaining (28%) from urban areas. In the current study 7 patients were residing in urban area that is the 23.3 % and 23 patients were residing in rural area that is the 76.6%. In the previous study it shows marital status distribution among subjects. 86% were married, 10% were unmarried, 2% were separate and widow.[1] In the current study 16 cases reported to have are married women that is the 53.3%, and14 cases with are the unmarried women that is the 46.6%. It shows occupation wise distribution of study subjects in the previous study 64% of the subjects were home maker, 16% were agriculture, 8% were student, 4% were coolie, 3.5% were teacher, 1.5% were garment workers, 1% were working in private company, 0.5% were Asha worker, 0.5% were school catering, 0.5% were tailor.[1] In the current study shows that the most commonly affecting the are the housewife that is the 43.3 % and 13 cases reported to and the 10 cases reported are the students forms 33.3%and 7 cases reported are the working women they are of 23.3%.The improvement of all the 30 cases were analyzed using Scoring Chart before and after the administration of homoeopathic medicines. As it was a retrospective study the duration of treatment varies from one case to another. Out of the 30 cases, 18cases recovered after the treatment, and the remaining 12 cases.

CONCLUSION

The observational study conducted on 30 patients, has shown that married males were more affected and the most common age group affected was 0 to 10 years and most of them with high education. The most commonly patients are from rural areas and are housewife. 200 potency was the commonly prescribed. The improvement was assessed using Scoring Chart and 18 cases recovered and 12 cases showed improvement. These samples were collected from the In-Patient Department, Out-Patient Department and Rural Health Centre of Sarada Krishna Homoeopathic Medical College and Hospital. The following are the conclusions obtained after statistical analysis. An increase in the incidence of acute disease demands resolving them in the most reliable ways and in the shortest time period. In order to use a homoeopathic medicine effectively in treatment the characteristic symptoms must be well-known to the physician. From this study, it is evident through the significant outcomes that homoeopathic medicines are very effective in management of acute disease. Thus we can conclude that homoeopathic medicines are very effective in acute disease and there is great effectiveness in selecting potencies in the treatment.

ACKNOWLEDGEMENT

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