



Retrospective Study To Determine The Effectiveness Of Homoeopathy In Acute Bronchitis

1. Soumy Felicita. A, PG Scholar, Department of Organon of medicine, Sarada Krishna Homoeopathic Medical College, (Affiliated to The Tamil Nadu Dr. M.G.R Medical University, Chennai), Kulasekharam, Kanniyakumari District, Tamil Nadu, India. ORCID ID:

<https://orcid.org/0009-0005-0476-2402>

2. Murugan. M, PG and Ph. D Guide, Department of Organon of medicine, Sarada Krishna Homoeopathic Medical College, (Affiliated to The Tamil Nadu Dr. M.G.R Medical University, Chennai), Kulasekharam, Kanniyakumari District, Tamil Nadu, India. ORCID ID:

<https://orcid.org/0000-0002-9225-4416>

ABSTRACT

Acute bronchitis is most frequently caused by a virus infection of the major airways and is typically self-limiting. Infection with bacteria is rare. In healthy people, viruses are the primary cause of about 95% of acute bronchitis cases. Allergens, irritants, and microorganisms can occasionally be the culprits. Irritants include breathing in smoke, contaminated air, and dust, among others. Acute diseases are rapid morbid processes of the abnormally deranged vital force which finishes its course more or less quickly, often in a moderate time. This study is done by selecting 30 cases from Sarada Krishna Homoeopathic Medical College and Hospital to determine the effectiveness of homoeopathy in acute bronchitis. The predominant triggering factor affecting the patients was bathing in sea water and the patients were feeling better when prescribed in 200th potency. The frequently used medicine was Pulsatilla nigricans. The cases were analysed using Bronchitis Severity Scale (BSS) and all the thirty cases showed improvement with a statistical significance of p value <0.05. Hence this study shows the effectiveness of homoeopathy in the treatment of acute bronchitis.

KEYWORDS: Acute bronchitis, Bronchitis severity scale, Homoeopathy

INTRODUCTION:

Upper respiratory tract infections (URIs) and lower respiratory tract infections (LRIs) are the two types of acute respiratory infections (ARIs). The respiratory tract is made up of the airways that come from the nose to the laryngeal vocal cords, including the paranasal sinuses and the middle ear are affected. The lower respiratory system covers the continuation of the tracheal airways and from the bronchi to the bronchioles and alveoli. ⁽¹⁾ Bronchitis is a lung inflammation of the bronchi. Coughing up phlegm, wheezing, shortness of breath, and chest pain are all symptoms. Bronchitis is classified as acute or chronic. A chest cold is another name for acute bronchitis. A cough that lasts three weeks is typical of acute bronchitis. A viral infection is the root cause in more than 90% of cases. When people cough, these infections can be transferred through the air or through direct touch. Tobacco smoking, dust, and other air pollution are all risk factors. A few instances are caused by excessive amounts of air pollution or microorganisms like *Mycoplasma pneumoniae* or *Bordetella pertussis*. ⁽²⁾ In aphorism 72, Hahnemann has given the definition for acute diseases as, the disease to which

man is liable are either rapid morbid processes of the abnormally deranged vital force, which have a tendency to finish their course more or less quickly, but always in a moderate time.⁽³⁾ Bronchitis Severity Score (BSS), Cough, sputum production (expectoration), rales/rhonchi (auscultation), chest pain during coughing, and dyspnea are the five most prominent characteristics of acute bronchitis. Because the assessment is based on the investigator's clinical evaluation in conjunction with the patient's subjective feedback, the BSS is an instrument that combines objective and subjective components. The investigator evaluates each component of the BSS using a 5-point verbal rating scale ranging from 0 to 4 (0: absent; 1: mild; 2: moderate; 3: severe; 4: very severe). BSS's total score is the sum of the five ratings, up to a maximum of 20 points.⁽⁴⁾ This study deals with 30 acute bronchitis cases, to find out the effectiveness of homoeopathy and their improvement was assessed using Bronchitis Severity Scale.

MATERIALS and METHODS:

Thirty patients who had acute bronchitis were selected for the study.

Selection of samples: The sample size that was included in the study was 30 and was done under the technique of purposive sampling.

Procedure: The target sample includes patients having acute bronchitis complaint. The symptoms of the patients were recorded in the standardized case record format of Sarada Krishna Homoeopathic Medical College and Hospital. After analysis the patients were prescribed based on their totality of symptoms and the potency was selected according to their susceptibility and homoeopathic principles.

Inclusion criteria: Patients who had acute bronchitis and of both sexes under the age group of 1 to 70 years were included for the study.

Exclusion criteria: Patients having chronic complaints or other co – morbidities, age below 1 year and above 70 years, pregnant females, patients with malignancies and cases in which surgical intervention is required were not included for the study.

Selection tool: Pre- structured case record format of Sarada Krishna Homoeopathic Medical College, Bronchitis Severity Scale.

Outcome assessment: Effectiveness of homoeopathy in acute bronchitis, disappearance of symptoms and after treatment improvement.

Data analysis: Data were represented using pie chart, bar diagrams and line diagram and are statistically analysed using paired t – test.

OBSERVATION and RESULTS:

The predominant age group of patients affected with acute bronchitis were fourth and fifth decade of life. This is represented in Figure (1).

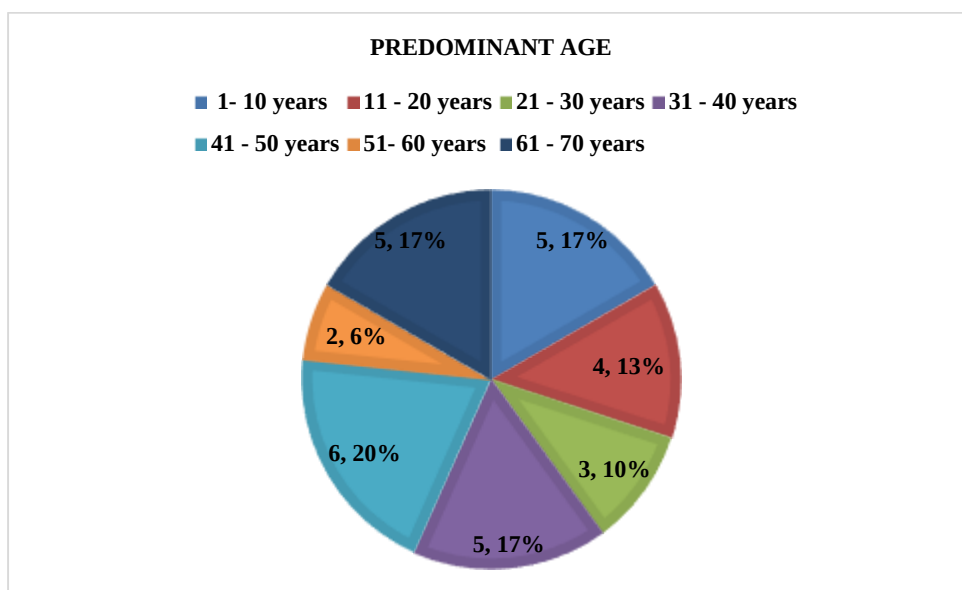


Fig 1: PREDOMINANT AGE GROUP

In this study both the sexes were included of which females were affected predominantly. This is represented in Figure (2).

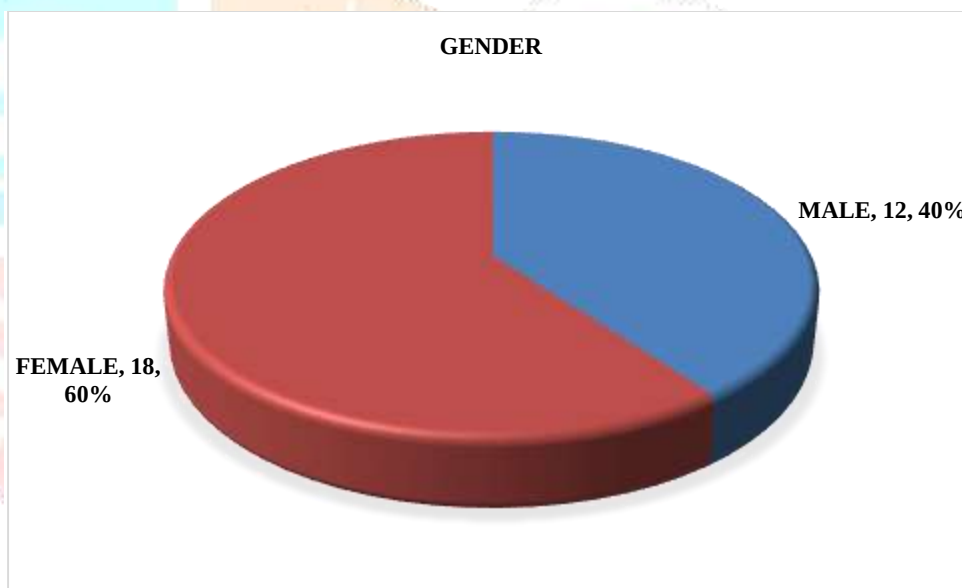


Fig 2: GENDER PREVALENCE

Among the 30 cases, the patients affected with acute bronchitis was due to the exciting cause of bathing in sea water. This is represented in Figure (3).

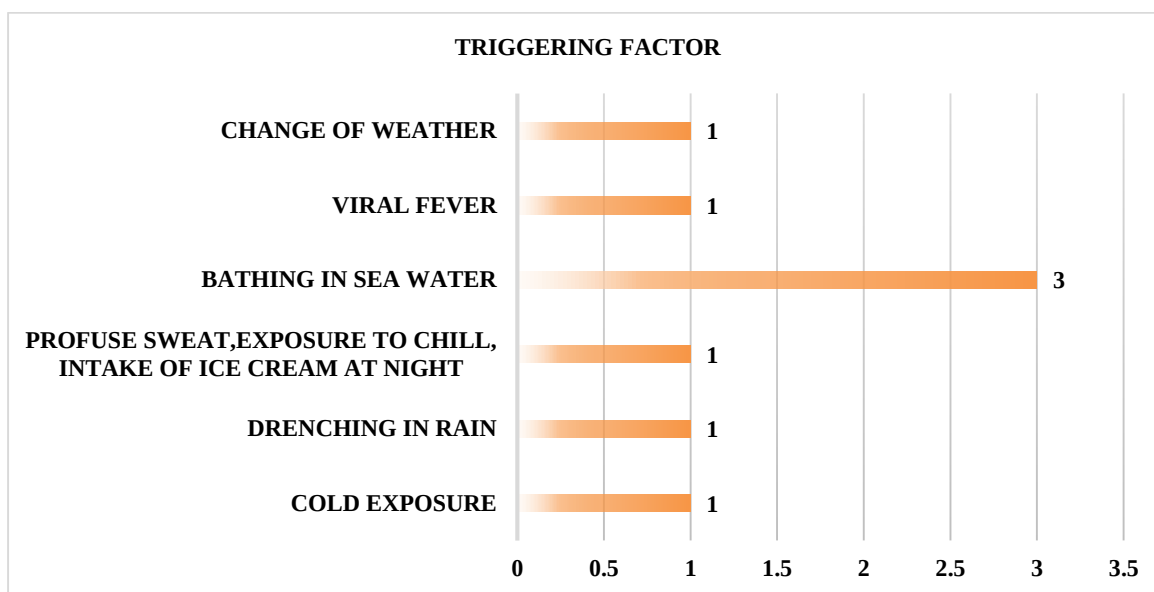


Fig 3: TRIGGERING FACTORS

The most frequently used medicine to treat the patients with acute bronchitis was Pulsatilla nigricans. This is represented in Figure (4).

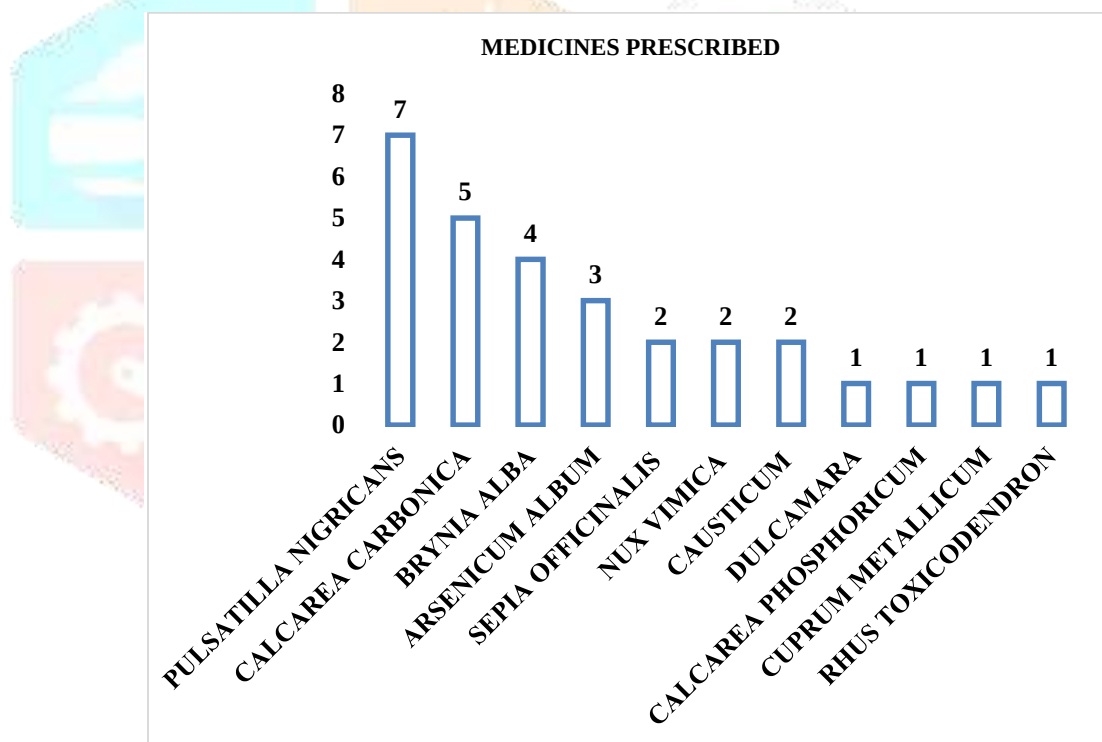


Fig 4: MEDICINE PRESCRIBED

Of the 30 cases, 20 cases were treated using 200th potency. This is represented in Figure (5).

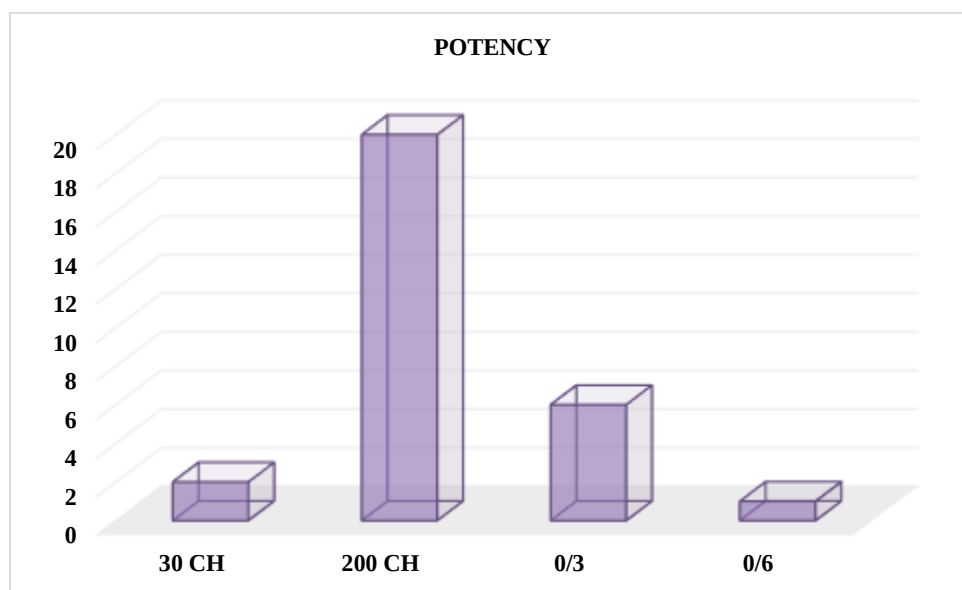


Fig 5: POTENCY SELECTED

The before and after treatment after prescription was assessed and all the 30 patients showed marked improvement. This is represented in Figure (6).

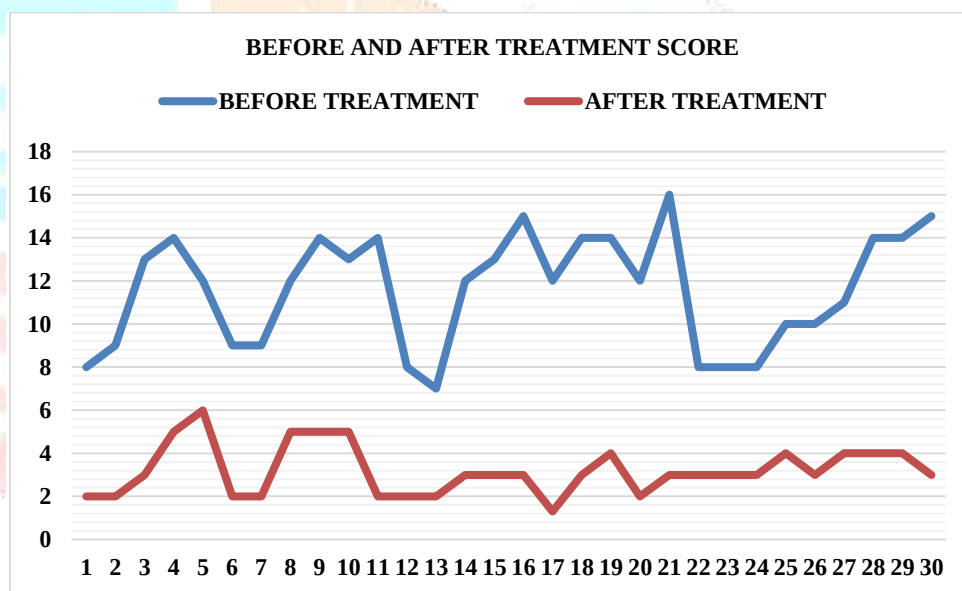


Fig 6: TREATMENT ASSESSMENT

DISCUSSION:

In this study the predominant age group affected with acute bronchitis was 41 – 50 years (6 cases) and females were affected. A similar study on “Acute bronchitis in adults: how close do we come to its aetiology in general practice” by Jon Steinar Jonsson et al., has shown that out 140 patients 52% of females were affected and prevalence in the mean age 38.8 years.⁽⁵⁾

In aphorism 5, Hahnemann explains, that Useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease.⁽³⁾ In this study the predominant exciting cause was bathing in sea water.

In this study most of the patient has shown improvement when treated Pulsatilla nigricans. A similar study on “A prospective multicentric observational study to evolve the usefulness of group of homoeopathic medicines in the management of acute tracheobronchitis” by C Nayak et.al., has also shown improvement with Pulsatilla nigricans Phosphorus, Arsenicum album and Bryonia alba.⁽¹⁾

Statistical inference: Homoeopathy is effective in the treatment of acute bronchitis with a

p value < 0.05.

CONCLUSION:

This study is depicting the effectiveness of homoeopathic medicines in the treatment of acute bronchitis and the Bronchitis Severity Scale has shown marked improvement in the symptoms of the patients after prescription.

ACKNOWLEDGMENT:

I would like to express my sincere gratitude and appreciation to the management of Sarada Krishna Homoeopathic Medical College and Hospital (www.skhmc.org) in Kulasekharam, Affiliated to The Tamil Nadu Dr. M.G.R Medical University, Chennai, for their invaluable support throughout the entire study.

REFERENCE:

1. Nayak C, Singh V, Singh H, Gupta J, Siddiqui VA, Padmanabhan M, Mishra A. A prospective multicentre observational study to evolve the usefulness of group of homoeopathic medicines in the management of acute tracheobronchitis.
2. D'souza RP, Kachare SA. Homoeopathic Approach in Acute Bronchitis. *Advancements in Homeopathic Research*. 2017;2(4):55-7.
3. Hahnemann. S, *Organon of medicine*, 5th and 6th edition, 2020, B Jain Publisher (P) Ltd, p. 66, 31
4. Kardos P, Lehl S, Kamin W, Matthys H. Assessment of the effect of pharmacotherapy in common cold/acute bronchitis—the Bronchitis Severity Scale (BSS). *Pneumologie*. 2014 Aug;68(08):542-6.
5. Jonsson JS, Sigurdsson JA, Kristinsson KG, Guönadóttir M, Magnusson S. Acute bronchitis in adults: how close do we come to its aetiology in general practice?. *Scandinavian journal of primary health care*. 1997 Jan 1;15(3):156-60.

