



Study about the efficacy of Homoeopathic medicines in the Management of "allergic respiratory tract disorders in children

¹Dr. Ashwani Arya B.H.M .S , M D Research Scholar

²Dr. Parveen Sharma M.D Homoeo , M.sc Anatomy , Ph.d. Medical Anatomy,
Director Academic & Researchers at Tania university

Abstract : In Homeopathy, we say "allergens" are not the cause for the disease but the problem is within the person, who is suffering, so we try to correct this basic tendency by modifying the susceptibility. In Homeopathy treatment of any sickness depend on several factors. We are not only guided by nosological classifications but we also consider the person who has been sick. Thus, we have to understand the 'How and Why' of any sickness, which includes the following points.

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Disease is an expression of a disturbance in dynamic equilibrium resulting from the impact of environmental circumstances on the peculiar form of susceptibility. Inherited susceptibility determines the sensitivity in respect of the inputs as well as the characteristics in respect of the capacity to respond to stimuli.

The total response indicates the solution, albeit on inefficient one, effected by the organism facing a problem and the essential function of a physician is to achieve the right perceiving of this.

Allergic respiratory disease has got the similar type of management as a chronic disease. So a detailed case taking is essential for the constitutional treatment. Our chief concern during a case receiving, is to bring out an individualizing feature, which is made, known to us through:

1. The characteristics in the present complaint.
2. The evolution of the complaints over a period of time.
3. The true significance of the complaints in relation to the life situation.
4. Concomitants.
5. A full account of the personal as well as the family past which often guides the prescriber to the use of nosodes/miasmatic remedies.

Key Words : Allergy, Homeopathic, Signs of Allergy etc.



Introduction :

Symptoms of perennial allergy:

They are not so severe as that of the seasonal type. The patient has symptoms year round. The causative agents, when they can be identified, are generally allergens to which the patient is exposed more or less continually, although exposure may vary during the year. Indoor inhalant allergens are implicated most often. These include components of house dust, feathers, allergens or dangers of household pets, and mold spores. In an occasional patient, foods cause symptoms of allergic rhinitis. Some patients may be able to ingest certain foods with impunity, except during a pollen season, when ingestion causes an aggravation of nasal symptoms.¹⁴ The major cause of this is an allergen called Der p1 contained in the fecal particles of the house dust mite, *Dermatophagoides pteronyssinus*; these particles are approximately 20 μ m diameter. The house dust mite itself is <0.5mm in size, invisible to the naked eye and is found in the dust throughout the house, particularly in older, damp dwellings.

Signs Of Allergy:

May be seen in the nose, eyes, ears, pharynx, or larynx.

1. Nasal Signs: Includes pale and edematous nasal mucosa that may appear bluish. Turbinates are swollen, thin watery or mucoid discharge is usually present, nasal polyps are uncommon are seen mainly in older allergic children and adults.

The transverse nasal crease is another sign, which appear in children as a horizontal hypopigmented or hyperpigmented groove across the lower third of the nose, where the bulbous, soft portion meets the more rigid nasal bridge. It results from constant rubbing of the itching obstructed nose and takes at least 2 years to develop. The allergic crease disappears when the tip of the nose is pulled down wards, this facts differentiates from the familial transverse nasal groove.

2 Ocular Signs: Includes edema of lids, congestion and cobblestone appearance of the conjunctiva, dark circles under the eyes (allergic shiners). This is found as dark areas under the eyes as a result of discoloration in the lower orbito palpebral grooves caused by venous stasis. An additional factor is spasm of Muller's muscles, a smooth muscle that is the only involuntary eyelid muscle. This muscle impedes the venous return into skin and subcutaneous alveolar tissue



of the lower eyelids, so that in addition to discoloration, edema occurs resulting in bags under the eyes.⁴ The sclera may be injected, pruritic, and rarely edematous. The lower eyelids with allergic shiners from venous stasis, and creased with dennie's lines.⁴ Long, thin, silky eyelashes are usually seen in young girls suffering from chronic allergic rhinitis.

3. The Allergic Salute :

The often-dripping nose is being wiped off by the children. The thenar eminence is rubbed against the tip of the nose with rest of the hand stretched out as a salute.⁴

4. Otologic Signs:

Include retracted tympanic membrane or serous otitis media as a result of eustachian tube blockage.

5. PHARYNGIAL SIGNS: Includes Granular Pharyngitis Due To Hyperplasia Of Submucosal lymphoid tissue. A child with perennial allergic rhinitis may show all the factors of prolong mouth breathing as seen in adenoid hyperplasia (high arched pallet, dental malocclusion or overbite). A geographic tongue is common in atonic patients.

6. Laryngial Signs:

Includes hoarseness of voice and edema of the vocal cords.

7. Chest:

On examination may reveal wheezing, rales or rhonchi. Signs of asthma and atopic dermatitis may be present

Homoeopathic Approach

Respiratory allergic disorders are of chronic disease with acute exacerbation of symptoms at times. In other words, these are the hyper responsiveness of the respiratory system. In many of these cases psychological factors have been thought to play and their progressive or recurrent type of disease have their primary cause at the level of constitution. These disease condition being mostly chronic in nature, the management is also same as that of chronic diseases, as per the direction laid out by Dr. Samuel Hahnemann.

Dr. Samuel Hahnemann says in section 129 that, unknown medicines even of the mildest nature will produce symptoms if tested by sensitive persons. Dr. Kent notes that certain subjects cannot take opium because of dangerous congestions arising even from the smallest dose as occurred



many times in his practice. Dr. Samuel Swan, Dr. Thomas Wildes of New York and Dr. P.P. Wells of Brooklyn and many others in the latter "seventies" reported many cases of super sensitiveness to various foods. Von Pirquet introduces term that is modern "Allergy", it would be almost seem that the author had been delving in to the Homoeopathic literature of the 18th and 19th centuries and that he was familiar with the classical work the learned Reichembach, entitled "Der Sensitiver Mensch".

Materials And Methods

This study was conducted in, patients who attended in the out patient unit of, the Pediatric unit of Fr. Muller's Homoeopathic Medical College, Hospital, From September 1998 on wards.

The children coming in the age group 1 - 15 were screened for the study. But final case selections were made among those children up to the age of 12. Children of both sexes belonging to the different socioeconomic group were included.

30 Children, with allergic respiratory manifestations were taken randomly in this study. The diagnosis was made on the basis of strong clinical history, examination finding as well as by laboratory investigations.

Method Of Collection Of Data

The method used for this study is a clinical method for the confirmation and scientifically, the results obtained has been statistically analyzed and evaluated. All cases were treated as out patients and no controls have been kept for the study. All cases were treated after detailed history taking with the help of S.C.R. in which the complete symptomatology of patients. (Clinical presentation and individual symptoms) and the investigation reports were recorded. In all the cases routine hematological examination was done giving special consideration to Eosinophil count and Absolute eosinophil count.

Observations & Discussion

Case distribution: Table: 1.

Distribution of cases on allergic respiratory disorders:

Diagnosis	No of cases	%
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Allergic rhinitis	11	36.66
Extrinsic asthma	10	33.33
Allergic bronchitis	4	13.33
Allergic rhinitis with asthma.	5	16.66
Total cases	30	100

For this clinical study on "allergic respiratory tract disorders in children", 30 cases were taken up randomly. Out of which 11(36.66%) cases of 'allergic rhinitis', 10(33.33) cases of 'extrinsic asthma', 4 (13.33%) cases of 'allergic bronchitis', and 5 (16.66%) cases of 'allergic rhinitis associated with bronchial asthma' were included.

Age group Table: 2.

Distribution of allergic respiratory diseases according to the age and sex:

Age group in years	Male (f)	%	Female (f)	%	AR (f)	EA (f)	AB (f)	A-BA (f)	Total	%
0-3	1	3.33	7	23.3	3	3	1	1	8	26.7
3-6	6	20	5	16.7	3	4	3	1	11	36.7
6-9	5	16.7	2	6.67	4	1	-	2	7	23.3
9-12	2	16.7	1	3.33	-	2	-	1	3	10
12-15	-	-	1	3.33	1	-	-	-	1	3.3
Upto 15	14	46.6	16	53.3	11	10	4	5	30	100

Children coming in the age group up to 12 were considered for this study. Out of the 30 patients studied, the maximum prevalence of allergic respiratory tract disorders was noted in the age group 3 - 6 years. 11(36.7 %) patients were from this group, 3 cases of allergic rhinitis, 4 cases of extrinsic asthma, 3 cases of allergic bronchitis and 1 case of allergic rhinitis with bronchial asthma were found in this particular age group. The next important age group, according to the prevalence was 0 - 3 years. Out of the 30 patients, 8(26.7%) were belonging to this group. 7 (23.3%) out of the 30 selected cases were in the age group of 6 - 9 years. 3(10%) patients were belonging to the age group of 9 - 12 years. The remaining 1 patients, (3.3%) belonged to the age group of 12 - 15 years.

Homoeopathic drugs used in this study. their effectiveness and miasmatic expressions:

In this study 3 types of prescriptions were made.



- (a) Homoeopathic medicines used as acute remedies to manage the acute presentations like breathlessness, cough, etc.
- (b) Prescription of deep acting constitutional medicines based on the constitutional totality.
- (c) Anti miasmatic remedies, e.g. when the case had come to a stand still not responding to the indicated medicine.

Table: 3. Distribution of acute remedies used in this study:

Medicines given	No	%	AR	%	EA	%	AB	%	A-BA	%
Arsenic alb	9	36	2	25	4	44.4	1	25	2	50
Arsenic iod	4	16	1	12.5	-	-	2	50	1	25
Antim tart	3	12	-	-	2	22.2	1	25	-	-
Pulsatilla	3	12	1	12.5	2	22.2	-	-	-	-
Belladonna	2	8	1	12.5	-	0	-	-	1	25
Ipecac	1	4	-	-	1	11.1	-	-	-	-
Nitric acid	1	4	1	12.5	-	-	-	-	-	-
Sambucus	1	4	1	12.5	-	-	-	-	-	-
Nux vomica	1	4	1	12.5	-	-	-	-	-	-
Total	25	100	8	100	9	100	4	100	4	100

Out of 30 cases, only 25cases(83.33%) required an acute interventions, and % as been calculated for the statistical analysis from those 25 cases.

Arsenicum album was used as acute remedy in 9 cases (36%) and found be effective during an acute exacerbation of the complaints. Arsenicum iodatum was used in 4 cases (16%) and found to be very effective during acute attacks of allergic manifestations.

Antimonium tartaricum was used in 3 cases (12%) and its usefulness was demonstrated to be an excellent remedy during acute attacks of asthma. Pulsatilla was used in 3 cases (12%) Belladonna was used as acute remedy in 2 cases (8%). Ipecac, Nitric acid, Sambucus, Nux vomica were used as acute remedies in 1 case (4%) each.

Table : 4 Distribution of the scores before and after the treatment :

Case No.	X	Y	Z	Z-Z'	(Z-Z') ²
1	29	5	24	12.03	144.72
2	22	5	17	5.03	25.30
3	19	4	15	3.03	9.18
4	20	4	16	4.03	16.24



5	15	6	9	-2.97	8.82
6	26	7	19	7.03	49.42
7	15	4	11	-0.97	0.94
8	12	3	9	-2.97	8.82
9	19	8	11	-0.97	0.94
10	11	7	4	-7.97	63.52
11	16	3	13	1.03	1.06
12	12	3	9	-2.97	8.82
13	15	3	12	0.03	0.001
14	19	8	11	-0.97	0.94
15	11	3	8	-3.97	15.76
16	16	2	14	2.03	4.12
17	16	4	12	0.03	0.011
18	17	4	13	1.03	1.06
19	11	3	8	-3.97	15.76
20	21	6	15	3.03	9.18
21	12	2	10	-1.97	3.88
22	23	5	18	6.03	36.36
23	10	4	6	-5.97	35.64
24	7	3	4	-7.97	63.52
25	31	24	7	-4.97	24.70
26	15	5	10	-1.97	3.88
27	12	2	10	-1.97	3.88
28	20	3	17	5.03	25.30
29	15	17	-2	-13.97	195.16
30	41	12	29	17.03	290.02
Total	528	169	359		1066.94

X= Score before treatment

Mean X = 17.6

Y = Score after treatment

Mean Y = 5.633

Z = mean difference

Mean Z (Z)= 11.97

A. Question to be answered. Is there any difference between the scores taken before the treatment and scores after the Homoeopathic treatment?

B. Null hypothesis: There is no difference between the scores of before and after the Homoeopathic treatment.

C. Standard error of the mean of differences. $Z = Z/n = 359/30 = 11.97$



$$\begin{aligned} \text{The estimate of population standard deviation is given by } S_z &= \sqrt{\frac{\sum(Z - \bar{Z})^2}{n - 1}} \\ &= \sqrt{\frac{1066.94}{29}} \\ &= \sqrt{36.7910} \\ &= 6.06 \end{aligned}$$

$$\begin{aligned} \text{The estimate of standard error of mean} &= S_z / \sqrt{n} = 6.06 / 5.48 \\ &= 1.105 \end{aligned}$$

$$\begin{aligned} \text{D. Critical ratio} = t &= \frac{\bar{Z} - \mu}{S_z / \sqrt{n}} = \frac{11.97}{1.105} \\ &= 10.8325 \end{aligned}$$

E. Comparison with the tabled value.

This critical ratio, t follows a distribution with n - 1(29) degrees of freedom. The 5% level is 2.045 and 1% level is 2.754' for 29 degrees of freedom. Since the calculated value 10.83 is greater than the tabled value at 5% and 1% level, we reject the Null hypothesis.

Results : This study provides evidence to say that, there is significant reduction in the disease intensity scores after the Homoeopathic treatment. Therefore the Homoeopathic treatment is effective in allergic respiratory tract disorders in children.

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