International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2025; 9(4): 554-556
Received: 13-08-2025
Accepted: 15-09-2025

Dr. Kundan Bagde
MD (Hom.), Assistant Professor, Department of Practice of Medicine, Ram Krishna College of Homoeopathy and Medical Science, Bhopal, Madhya Pradesh, India

Dr. Bharat Choudhary
MD (Hom.), Professor, Department of Practice of Medicine, R.K.D. F. Homoeopathic Medical College & Hospital, Research Centre, Bhopal, Madhya Pradesh, India

Corresponding Author:
Dr. Kundan Bagde
MD (Hom.), Assistant Professor, Department of Practice of Medicine, Ram Krishna College of Homoeopathy and Medical Science, Bhopal, Madhya Pradesh, India

To study the role of constitutional medicines in the management of upper respiratory disorders

Kundan Bagde and Bharat Choudhary

DOI: https://www.doi.org/10.33545/26164485.2025.v9.i4.I.1963

Abstract
Upper Respiratory Tract Infection (URTI) is one of the most common causes of illness worldwide, particularly in children. Conventional medicine offers limited long-term relief and preventive benefits, which creates a need for effective alternative approaches. Homeopathy, being holistic and individualized, may serve as a suitable option, but its comparative effectiveness and safety warrant further evaluation.

URTI refers to a self-limiting inflammation of the upper airways involving the nose, sinuses, pharynx, larynx, and bronchi, leading to symptoms such as cough, sore throat, nasal discharge, and congestion. Most cases are viral in origin rhinovirus being the most common though bacterial causes like *Streptococcus pyogenes* are occasionally seen.

In this study, 30 patients diagnosed with URTI were selected based on specific inclusion and exclusion criteria. Detailed case taking was conducted according to a standard format, emphasizing symptoms relevant for homeopathic prescription.

Aims and Objectives

1. To study the role of constitutional homeopathic medicines in the treatment of upper respiratory tract infections.
2. To study the clinical presentation of upper respiratory tract infections.
3. To study the control and prevention of recurrences.

Methods: Thirty patients were selected based on history and physical findings. No specific sampling method was used. Each case was analyzed and repertorized either manually or using computer software. The final remedy was confirmed through Materia Medica reference.

Keywords: Upper respiratory tract infection, sore throat, inflammation, constitutional medicine

Introduction

Definition

URTI is an acute, self-limiting inflammation of the upper respiratory airways including the nose, sinuses, pharynx, larynx, and bronchi characterized by cough and cold symptoms without pneumonia or COPD.

Etiology

- **Viral:** Rhinovirus (most common), Influenza, Adenovirus, Enterovirus, Respiratory Syncytial Virus (RSV).
- **Bacterial:** *Group A Streptococcus (S. pyogenes)* and others (less common).

Risk factors

- Close contact in schools or daycare
- Asthma, allergic rhinitis
- Exposure to cigarette smoke
- Immunocompromised conditions (HIV, steroids, cystic fibrosis)
- Anatomical anomalies (nasal polyps, facial deformities)

Epidemiology

- Among the top three outpatient diagnoses worldwide
- Adults experience 2–3 episodes/year; children up to 8/year
- Common in fall and winter

- Leads to absenteeism and increased healthcare costs

Symptoms
- Cough, sneezing, nasal discharge/congestion, sore throat, fever, malaise
- In children: irritability, feeding difficulty, wheezing, stridor, or cyanosis
- **Complications:** Otitis media, pneumonia, asthma exacerbation

Pathogenesis
Viruses or bacteria invade the respiratory mucosa after overcoming protective barriers such as nasal hairs, mucus, and cilia.

Diagnosis
- Primarily clinical
- Differentiation between viral and bacterial causes is crucial
- Differential diagnosis includes allergies and influenza

Classification (by site)
- Rhinitis (nose)
- Rhinosinusitis (sinuses)
- Pharyngitis (pharynx)
- Epiglottitis (epiglottis, usually *H. influenzae*)
- Laryngitis, Bronchitis, Bronchiolitis

Prevention
- Vaccination (influenza, pneumococcal, Hib, diphtheria, pertussis)
- Hygiene measures, smoke avoidance
- Limited evidence for probiotics or Vitamin C

Treatment
- Symptomatic: rest, fluids, analgesics, saline nasal drops, decongestants (for adults)
- Antibiotics only for confirmed bacterial cases
- Cough syrups not recommended in children under 6 years
- Homeopathy offers individualized, constitution-based treatment that aims to improve immunity and reduce recurrence.

Homoeopathy and URTI
Homeopathy focuses on individualized prescription and enhancing natural immunity. It is effective for recurrent colds, otitis media, and in reducing antibiotic use.

Commonly indicated remedies
- ***Arsenicum album*:** Watery, burning nasal discharge, worse at night.
- ***Calcarea carbonica*:** Thick, yellow, fetid discharge, suited to scrofulous children.
- ***Hepar sulphuris*:** Offensive, thick discharge; sensitive to cold air.
- ***Kali bichromicum*:** Ropy, greenish, stringy mucus.
- ***Natrum muriaticum*:** Watery discharge, sneezing, loss of smell.
- ***Nux vomica*:** Early dry cold, worse in cold winds.
- ***Pulsatilla*:** Thick yellow bland discharge, better in open air.
- *Sulphur*, *Lachesis*, *Arsenicum iodatum* in selected cases.

Aim and Objectives
Aim
To study the role of constitutional medicines in the management of upper respiratory disorders.

Objectives
1. To study the clinical presentation of upper respiratory tract infections.
2. To assess the effectiveness of constitutional homeopathic medicines.
3. To study prevention and recurrence control.

Materials and Methods
Study setting: Conducted at institutional OPD, IPD, and field camps.

Sample size: 30 cases, selected by simple random sampling.

Study design: Prospective study.

Inclusion criteria
- Patients of all age groups and both sexes.

Exclusion criteria
- Respiratory complications due to other systemic diseases
- Foreign body aspiration
- Inborn errors of metabolism
- Immunosuppressive conditions

Intervention
- Auxiliary management as needed.
- Placebo prescribed when medicine was left to act.
- Follow-up every 5–15 days or as required.

Data collection tools
1. Case taking and clinical examination
2. Relevant investigations
3. Homeopathic software (RADAR, CARA, HOMPATH, etc.)

Procedure
1. Detailed case-taking
2. Clinical diagnosis
3. Analysis and repertorization
4. Selection of similimum and potency based on susceptibility
5. Follow-up and auxiliary treatment

Outcome assessment
- **Recovered:** Complete relief of symptoms
- **Partially improved:** Some improvement, under observation
- **Not improved:** No change in symptoms

Data analysis
Data analyzed using descriptive statistics (Mean, Median, Mode) and paired *t*-test for significance.

Ethical clearance: Obtained from the parent institution.

Discussion

URTI is among the most common acute illnesses in clinical practice. The present study evaluated 30 cases of URTI from institutional OPD/IPD and camps. Each case was analyzed based on totality, miasmatic background, and susceptibility. Remedies were prescribed according to homeopathic principles.

Demographics

- Most cases (50%) were aged 1–10 years, followed by 11–20 years (23.3%).
- Males (53.3%) were slightly more affected than females (46.7%).

Remedy distribution

- *Arsenicum album* was the most effective remedy (8 cases, 26.6%).
- *Calcarea carbonica*, *Kali carbonicum*, *Hepar sulphuris*, and *Nux vomica* – 2 cases each (6%).
- Other remedies such as *Dulcamara*, *Natrum muriaticum*, *Natrum sulphuricum*, *Antimonium tartaricum*, *Aralia racemosa*, *Ars iodatum*, *Carbo vegetabilis*, *Ipecacuanha*, *Kali bichromicum*, and *Pulsatilla nigricans* were effective in isolated cases.

Conclusion

- URTIs are more common in males and most prevalent in the 1–10-year age group.
- *Arsenicum album* was the most frequently indicated and effective remedy.
- Psora was the predominant miasmatic background.
- Individualized constitutional homeopathic treatment improved immunity and reduced recurrence.

Limitations

- Small sample size (30 cases)
- Short study duration

Suggestions for further study

- Conduct studies with larger samples and longer duration.
- Use standardized and validated assessment scales.
- Increase community awareness programs regarding homeopathic management and prevention of URTI.

Conflict of Interest

Not available

Financial Support

Not available

References

1. Kent JT. Lectures on Homoeopathic Materia Medica. New Delhi: B. Jain Publishers Pvt. Ltd.
2. Behrman R, Kliegman R, Jenson H. Nelson's Textbook of Essentials of Pediatrics. 3rd ed. Philadelphia: Saunders; p.193.
3. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B. Jain Publishers Pvt. Ltd.
4. Borland DM. Children Types. New Delhi: Indian Books & Periodicals Publishers.
5. Tiwari S. Homoeopathy and Child Care. 1st ed. New Delhi: B. Jain Publishers Pvt. Ltd.
6. Burt WH. Physiological Materia Medica. 3rd ed. New Delhi: B. Jain Publishers; 2005 reprint.
7. Guyton AC. Textbook of Medical Physiology. Philadelphia: Elsevier.
8. Boericke W. Pocket Manual of Homoeopathic Materia Medica. 4th Indian ed. New Delhi: B. Jain Publishers; 2002.
9. Allen TF. The Encyclopedia of Pure Materia Medica. Vol. 2. New Delhi: B. Jain Publishers.
10. Lippe MD. Textbook of Materia Medica. Reprint ed. New Delhi: B. Jain Publishers; 1992.
11. Hering C, Farrington EA. Condensed Materia Medica. 2nd ed. New Delhi: B. Jain Publishers.
12. Hering C. Guiding Symptoms of Our Materia Medica. Vol. 3. New Delhi: B. Jain Publishers.
13. Patil JD. Group Study in Homoeopathic Materia Medica. New Delhi: B. Jain Publishers.
14. Ganbawale RM. Biostatistics and Research Methodology. 1st ed. Pune.
15. Roberts H. Principles and Art of Cure by Homeopathy. New Delhi: B. Jain Publishers; 1988.
16. Schmidt RA. What About Tonsils. Homoeopathic Recorder Publications; 1951.
17. Allen HC. Keynotes and Characteristics. 10th ed. New Delhi: B. Jain Publishers.
18. Dhingra PL. Diseases of Ear, Nose & Throat. 3rd ed. New Delhi: Elsevier.
19. Close S. The Genius of Homoeopathy. New Delhi: B. Jain Publishers; 1986.
20. Phatak SR. Materia Medica of Homoeopathic Remedies. New Delhi: B. Jain Publishers; 2006.
21. Multicare Homeopathy. Available from: https://www.multicarehomeopathy.com
22. Cochrane Library. Available from: https://www.cochranelibrary.org
23. Medicinent. Available from: https://www.medicinent.com
24. Medscape. Available from: https://www.medscape.com
25. Radar Software – Synthesis Repertory.
26. University recommendations.

How to Cite This Article
Bagde K, Choudhary B. To study the role of constitutional medicines in the management of upper respiratory disorders. International Journal of Homoeopathic Sciences. 2025;9(4):554-556.

Creative Commons (CC) License
This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.