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): 1167-1171
Received: 06-09-2025
Accepted: 14-10-2025

Dr. K Fathima Nasreen
PG Scholar, Department of Organon of Medicine and Homoeopathic Philosophy, Sarada Krishna Homoeopathic Medical College and Hospital, The Tamil Nadu Dr. M.G.R. Medical University, Kulasekharam, Kanyakumari, Tamil Nadu, India

Dr. M Murugan
PG & Ph.D. Guide, Department of Organon of Medicine, Sarada Krishna Homoeopathic Medical College ad Hospital, The Tamil Nadu Dr. M.G.R. Medical University, Kulasekharam, Tamil Nadu, India

Corresponding Author:
Dr. K Fathima Nasreen
PG Scholar, Department of Organon of Medicine and Homoeopathic Philosophy, Sarada Krishna Homoeopathic Medical College and Hospital, The Tamil Nadu Dr. M.G.R. Medical University, Kulasekharam, Kanyakumari, Tamil Nadu, India

Unmasking acute respiratory illnesses in the paediatric age group following drenching in rain: A retrospective study

K Fathima Nasreen and M Murugan

DOI: https://www.doi.org/10.33545/26164485.2025.v9.i4.R.2057

Abstract
Rainy weather especially in the paediatric age group frequently gives rise to acute respiratory illnesses such as colds, bronchitis, or influenza-like infections. Due to the increased humidity and sudden change in temperature can weaken their immunity, making them prone to infections. According to Hahnemann in Aphorism 72 - Organon of Medicine, such affections are termed acute diseases, which represent rapid morbid processes of the abnormally deranged vital force that tend to complete their course more or less quickly, but always in a moderate time. This Retrospective study conducted on 60 patients of paediatric age group, both sexes who visited the Outpatient Department of Sarada Krishna Homoeopathic Medical College and Hospital, Kulasekharam. Children in the late first decade of life that is 7-9 years were most commonly affected with a slight male predominance observed in the incidence. Among the spectrum of acute respiratory illnesses in children, acute bronchitis and acute rhinitis are two commonly encountered conditions. Acute bronchitis tends to show a higher peak incidence among the paediatric age group, particularly during periods of seasonal transition or following exposure to rain. This study emphasized that drenching in rain acts as a significant precipitating factor for Acute respiratory illnesses in paediatric age group. The Homoeopathic remedies most commonly prescribed in these cases included Rhus Toxicodendron, Pulsatilla, Arsenicum album and Bryonia alba, 200 CH potency being predominantly used based on the susceptibility of the patient.

Keywords: Acute respiratory illness, drenching in rain, homoeopathy, paediatrics

Introduction
Under normal circumstances, the human body gradually adapts to prevailing climatic conditions. However, when weather changes occur suddenly, the body's physiological mechanisms particularly in children, the elderly, and individuals with lowered vitality-may fail to adjust effectively. This inability to adapt can lead to weather-induced pathological responses [1]. Acute respiratory diseases are a leading cause of mortality among children under five years of age, accounting for Acute respiratory diseases are a leading cause of mortality among children under five years of age, accounting for approximately 15% of global deaths and 17% of deaths in the South-East Asia Region in 2015 [2]. According to Hahnemann in Aphorism 72 - Organon of Medicine, such affections are termed acute diseases, which represent rapid morbid processes of the abnormally deranged vital force that tend to complete their course more or less quickly, but always in a moderate time. Hahnemann further explains that these acute conditions may arise from injurious influence to which they were particularly exposed - chills, overheating, strains or mental emotions [3]. In children, the susceptibility is heightened by immature immune and thermoregulatory mechanisms, making them more vulnerable to atmospheric changes such as sudden exposure to rain [4]. Numerous homeopathic researchers have explored the impact of homeopathic remedies on common upper respiratory tract infections, which frequently affect the general population, and many of these studies have shown the favourable outcomes. And the unnecessary use of Antibiotics for the initial treatment of upper respiratory tract infections is currently being questioned [5]. This retrospective study aims to assess the occurrence and features of acute respiratory illnesses in children following drenching in rain. It seeks to outline the demographic trends, common clinical patterns, and frequently indicated homoeopathic remedies observed in such cases.

Materials and Methods

Study Design: Retrospective observational study.

Study Setting: Out patient department, Inpatient department and Rural Health centres of Sarada Krishna Homeopathic Medical College and Hospital, Kulasekharam, Kanyakumari district, Tamil Nadu, India.

Sample Size: 60 cases.

Sampling Technique: Purposive sampling.

Inclusion criteria

- Patients aged between 1 to 18.
- Patients of both sexes.
- Patients suffering from acute respiratory illness after drenching to rain were included in the study.

Exclusion criteria

- Patients age group below 1 and above 18 years.
- Patients with complaints unrelated to drenching in rain.
- Patients having severe acute emergency conditions.

Method of collection of data

The sample included patients who had complaints of acute respiratory illness between the age group of 1 to 18 years of age following drenching in rain. The data was collected through direct observation and analysis of the medical records were reviewed for demographic, clinical and homoeopathic treatment details. After analysis the patients were prescribed with homoeopathic medicines based on their acute totality and the potency selection was based on homoeopathic principles and susceptibility of the patient.

Data analysis

The collected data were systematically analyzed and are represented in tables, bar diagram and pie charts.

Outcome assessment

Assessment was done based on the symptomatic and general improvement of the patient.

Observation & Results

Age: Among the study population, the highest incidence of cases was observed in the middle childhood (7-9 years) comprising 16 cases (29.1%), followed by the pre-school (4-6 years) with 14 cases (25.5%), and the toddler (1-3 years) with 12 cases (21.8%). The early adolescent (10-14 years) accounted for 12 cases (21.8%), while the late adolescent (15-18 years) showed 5 cases (9.1%), and the infant (<1 year) had the least occurrence with 1 case (1.8%).

Table 1: Distribution of cases according to Age group

S. No	Age Group	Number Of Cases
1.	> 1 year (Infant)	1
2.	1-3 (Toddler)	12
3.	4-6 (Pre-school)	14
4.	7-9 (Middle Childhood)	16
5.	10-14 (Early Adolescent)	12
6.	15-18 (Late Adolescent)	5

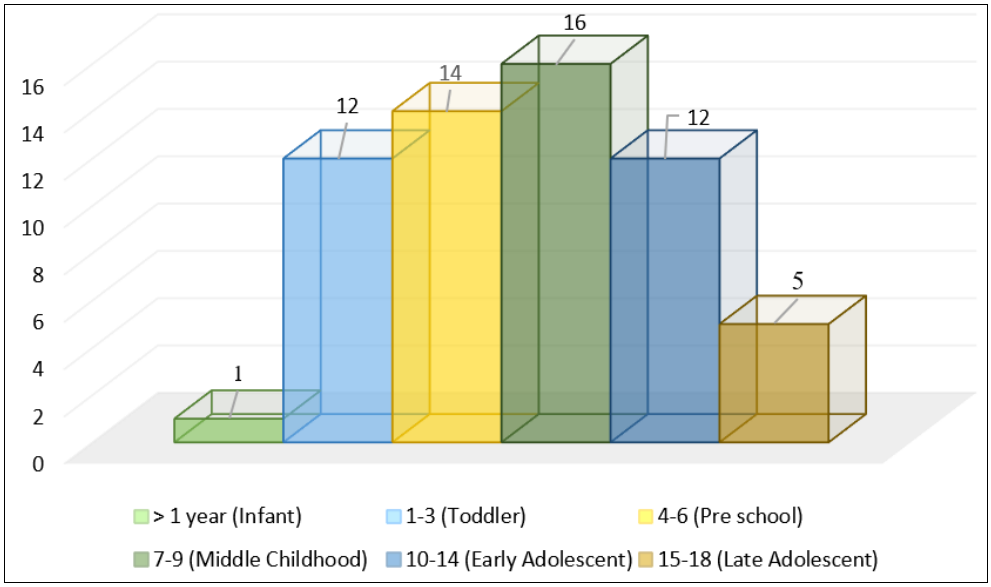

Fig 1: Distribution of cases based on Age group

Sex: A distinct male predominance was observed, with males 32 cases (53.3%) being affected than females 28 cases (46.7%) out of a total of 60 subjects.

Table 2: Distribution of cases according to Gender

S. No.	Gender	Number of Cases
1.	Male	32
2.	Female	28

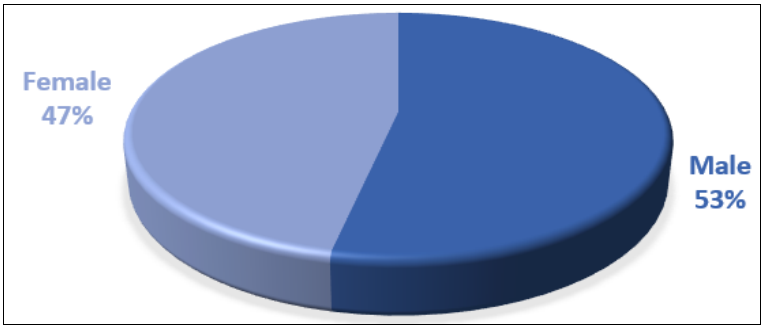

Fig 2: Distribution of cases based on Gender

Diagnosis: In this study of 60 paediatric cases, the analysis revealed that Acute bronchitis was observed in 43 patients (72%) after drenching in rain, while Acute rhinitis was recorded in 17 patients (28%).

Table 3: Distribution of cases based on Diagnosis

S. No.	Disease	No. of cases
1.	Acute Bronchitis	43
2.	Acute Rhinitis	17

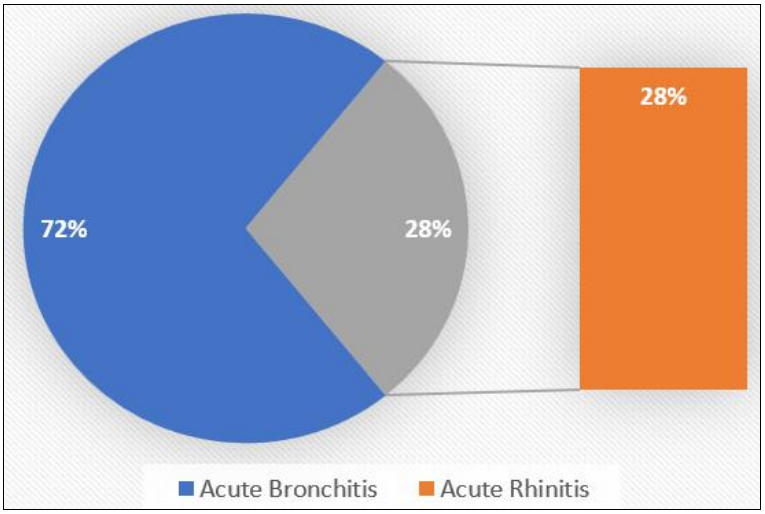

Fig 3: Distribution of cases based on Diagnosis

Geographical Area: The highest incidence was found in the hilly regions of Kanyakumari district (52%), mainly around Kulasekharam, Kaliyal and Thiruvattar, where frequent rainfall and prolonged dampness are common. Followed by 31% of the cases in the urban areas like Palliyadi, Thuckalay, and Vadasery, while 17% were distributed along the coastal regions including Thoothoor and Enayam, where the exposure to the seas winds and rain is frequent. In Thiruvananthapuram district, most of the residences were found in the mountainous and hilly areas near Neyyar Dam, Vailachiparai, and Veeyanoor, while a smaller portion belonged to the coastal regions such as Pozhiyoor, Karamana, and Kunnathukal. The overall pattern shows a predominant distribution of cases in regions prone to frequent drenching in rain, which could contribute to the higher occurrence of acute respiratory illness observed in these localities.

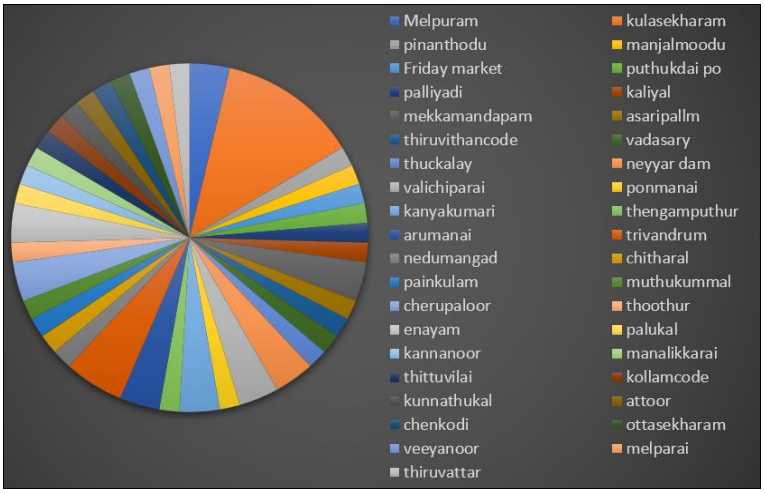

Fig 4: Distribution of cases according to Geographical Area

Homoeopathic Remedies: The most frequently prescribed remedy was *Rhus toxicodendron* 21 cases (35%), followed by *Pulsatilla nigricans* 10 cases (16.7%) and *Arsenicum album* 7 cases (11.7%). Remedies like *Bryonia alba* 4 cases (6.7%) and *Nux vomica* 3cases (5%) were used moderately, while others such as *Sulphur, Hepar sulph, Calcarea carbonica, Kali carbonica*, and *Phosphorus* were prescribed in fewer cases each constituting 1.7-3.3% of the total prescriptions. The overall prescription pattern indicates a predominance of *Rhus toxicodendron*, reflecting its strong therapeutic relevance in conditions following exposure to rain and damp weather.

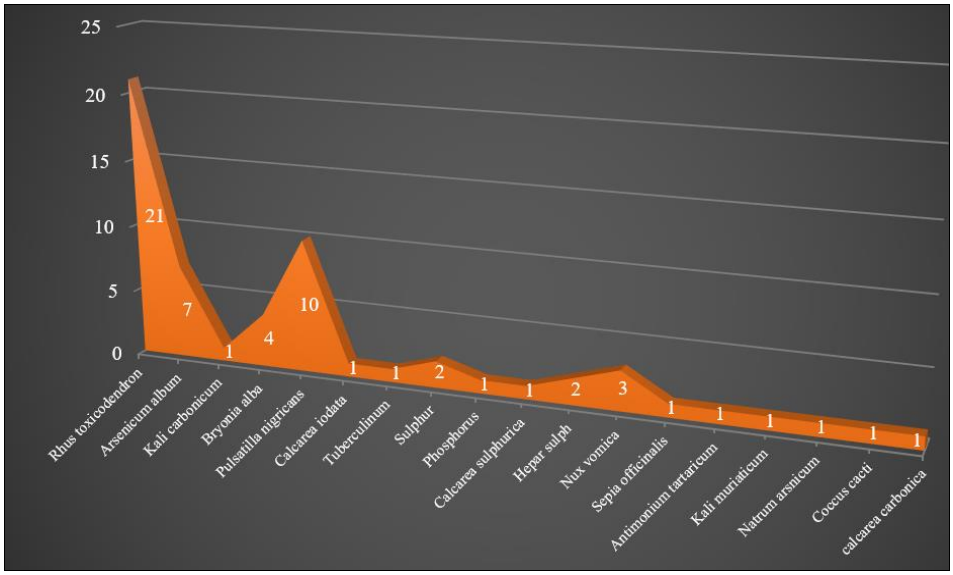

Fig 5: Distribution of Cases According to Medicines Given

Potency

In the present study, the distribution of potencies was as follows: the 200th potency was used in 45 cases (75%), representing the most frequently administered potency. The 1M potency was employed in 5 cases (8.3%), while the 30th potency was used in 4 cases (6.7%). The 0/6 and 0/3 potencies were utilized in 3 cases (5%) and 2 cases (3.3%) respectively. The 6x potency was observed only once, accounting for 1.7% of the total.

Table 4: Distribution of cases according to Potency used.

S. No	Potency	No. of cases
1.	6x	1
2.	30	4
3.	200	45
4.	1M	5
5.	0/3	2
6.	0/6	3

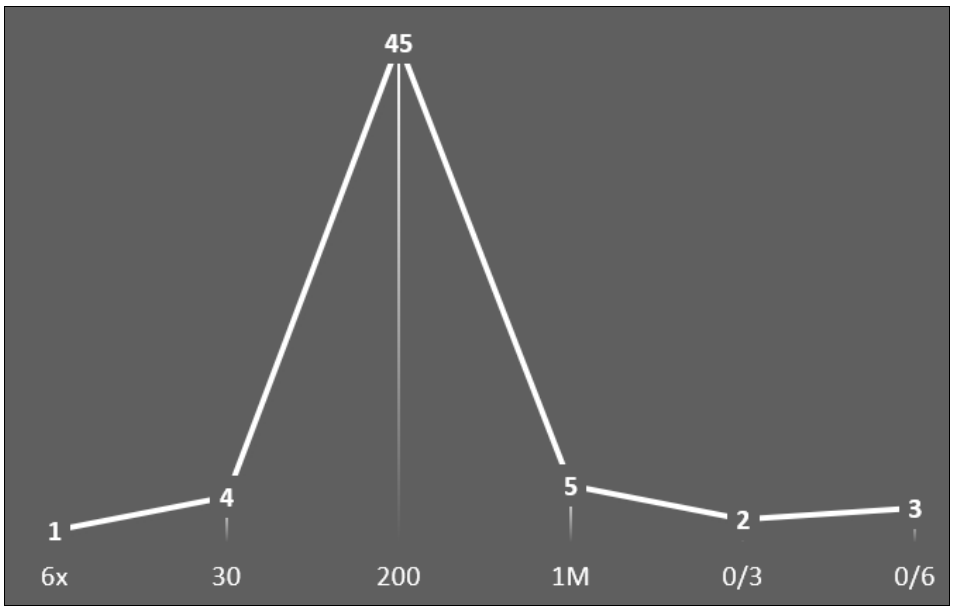

Fig 6: Distribution of Cases According to Potency used

Discussion

In this study, an attempt was made to assess the influence of drenching in rain as an etiological factor in the development of acute respiratory illnesses among Paediatric age group and to evaluate the corresponding Homoeopathic management in relation to geographic distribution, remedy selection and potency usage while comparing the findings with existing literature. Among the paediatric cases ranging from 1 to 18 years, children between 7 to 9 years (middle childhood) were most commonly affected following drenching in rain (Fig.1). Similarly, an observational study states that the more affected age group affected was 1 -15 years, who are mostly exposed to rain and drenching in rain [6]. A male predominance was observed in the present study among children affected with acute respiratory illnesses (Fig 2). Comparable findings were reported in a study, where a higher proportion of boys (50.6%) were reported to have acute respiratory illness compared to girls (33.5%), indicating that male children are more prone to get respiratory infections than females [7]. The finding of the present study confirms that drenching in rain acts as a triggering factor for respiratory symptoms. Supporting this, a recent systematic review by Hyrkäs-Palmu *et al*. (2025) highlighted that low ambient temperature, high humidity and increased population density are major contributing factors for the rise in upper respiratory tract infections, especially in urban settings. The review also emphasized that weather variations and poor air ventilation play an important role in influencing the spread and recurrence of respiratory infections among children [8]. In the present study, the majority of cases were diagnosed with acute bronchitis and acute rhinitis, indicating that drenching in rain predisposes children to both upper and lower respiratory tract involvement. Similar findings were observed by Nayak *et al*. (2010) conducted a multicentric trial on 638 children with acute rhinitis, showing significant improvement within a week using individualized homoeopathic prescriptions without adverse effects. The study supports the efficacy and safety of individualized homoeopathic management in acute respiratory conditions among children [9]. In this study, the highest incidence was found in the hilly regions of Kanyakumari district (52%), mainly around Kulasekharam, Kaliyal, and Thiruvattar, where frequent rainfall and prolonged dampness are common. An observational study on acute sporadic diseases among paediatric patients treated with homoeopathy in Kanyakumari district similarly reported a higher number of cases especially in the mountainous region of Kulasekharam [10]. Regarding the homoeopathic management, majority of the cases (35%) were prescribed with *Rhus toxicodendron* and 200th potency was used in 75% of the cases, selected according to the susceptibility of the patient.

Conclusion

The present study highlights a clear pattern of acute respiratory illnesses in the paediatric age group following exposure to rain. A consistent male predominance was observed, with most cases presenting as acute bronchitis and acute rhinitis. This demonstrates that exposure to damp and cold conditions significantly triggers these illnesses in children. The findings indicate that Homeopathic management provided symptomatic relief and supported early recovery in these acute conditions. *Rhus toxicodendron*, along with several other indicated remedies, was frequently prescribed, with 200 CH being the potency used in most cases. Additionally, the study emphasizes the need for larger and well-designed prospective studies to validate these observations and to further assess preventive strategies, as well as the long-term role of Homeopathy in managing such acute episodes.

Conflict of Interest: Not available.

Financial Support: Not available.

References

1. Vitkina TY, Veremchuk LV, Mineeva EE, Gvozdenko TY, Antonyuk MV, Novgorodtseva TY, Grigorieva EA. The influence of weather and climate on patients with respiratory diseases in Vladivostok as a global health implication. Journal of Environmental Health Science and Engineering. 2019;17(2):907-916.
2. Jati SP, Ginandjar P. Potential impact of climate variability on respiratory diseases in infants and children in Semarang. IOP Conf Ser Earth Environ Sci. 2017;55(1):012049.
3. Hahnemann S. Organon of Medicine. 5th and 6th ed. New Delhi: B. Jain; 2013.
4. van de Kamp E, Daanen H. Narrative review on infants' thermoregulatory response to heat. Int J Environ Res Public Health. 2025;22(8):1265.
5. Bellavite P, Ortolani R, Pontarollo F, Piasere V, Benato G, Conforti A. Immunology and homeopathy. 4. Clinical studies-part 2. Evidence-Based Complementary and Alternative Medicine. 2006;3(4):397-409.
6. Srikumar S, Murugan D, Scholar P, Pg P, Guide. The therapeutic potential of *Rhus toxicodendron* for acute symptoms post drenching in rain: An observational study. 2024;12(9):2320-2882.
7. Savitha AK, Gopalakrishnan S. Determinants of acute respiratory infections among under-five children in a rural area of Tamil Nadu, India. J Family Med Prim Care. 2018;7(6):1268-1273.
8. Hyrkäs-Palmu H, Hugg TT, Jaakkola JJK, Ikäheimo TM. The influence of weather and urban environment characteristics on upper respiratory tract infections: a systematic review. Front Public Health. 2025;13:1487125.
9. Nayak C, Singh V, Singh K, *et al*. A multicentric open clinical trial to evaluate the usefulness of 13 predefined homoeopathic medicines in the management of acute rhinitis in children. Indian J Res Homoeopathy. 2010;4:23-32.
10. Vasanthakumar V, Murugan M. Understanding acute sporadic diseases among the paediatric population in Kanyakumari district: An observational study. Int J Creative Res Thoughts. 2024;12:g193-g198.

How to Cite This Article
Nasreen KF, Murugan M. Unmasking acute respiratory illnesses in the paediatric age group following drenching in rain: A retrospective study. International Journal of Homoeopathic Sciences. 2025;9(4):1167-1171.