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Exciting causes as determinants of homeopathic prescriptions in acute bronchitis: A pilot study

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Abstract
Acute bronchitis is an inflammatory disorder of the bronchial mucosa, most commonly resulting from viral infections such as adenovirus, respiratory syncytial virus (RSV), and influenza. It typically presents with a dry or productive cough lasting less than three weeks and occurs more frequently during winter. Predisposing factors such as exposure to cold, smoking, alcohol intake, chemical irritants, and preceding upper respiratory infections increase susceptibility. Clinically, patients may present with cough, fever, wheezing, dyspnoea, or general respiratory discomfort, though physical examinations may occasionally appear normal. A clear understanding of both etiological and exciting causes is therefore essential for accurate diagnosis and effective management. A single-arm prospective study was conducted on five patients diagnosed with acute bronchitis, with particular emphasis on identifying the exciting cause of illness. Individualized homeopathic remedies were selected based on the totality of symptoms, supported by the identified exciting cause. Clinical assessment was performed before and after treatment using the Bronchitis Severity Scale (BSS), an objective tool for grading symptom intensity. The study demonstrated noticeable clinical improvement in all participants following individualized homeopathic treatment. Each patient exhibited reductions in symptom severity, as reflected in decreased BSS scores. The average BSS score decreased from 8.4/20 before treatment to 3.2/20 after treatment, indicating approximately 62% overall symptomatic improvement. This reduction reflects meaningful relief in core indicators such as cough intensity, sputum production, dyspnoea, chest discomfort, and abnormal auscultatory findings. The consistent pattern of improvement across all cases suggests that recognition and management of the exciting cause contribute significantly to symptom resolution. This pilot study indicates that integrating exciting-cause assessment into clinical evaluation may support more precise remedy selection and enhance therapeutic outcomes in acute bronchitis. Although the results are encouraging, larger controlled studies are required to validate these preliminary observations and establish broader applicability.

Keywords: Acute bronchitis, bronchitis severity scale, exciting cause, pilot study, homoeopathy

Introduction
Acute bronchitis is an inflammatory condition of the respiratory tract, marked by inflammation of the bronchial mucosa. It is most commonly triggered by viral infections such as adenoviruses, respiratory syncytial viruses, and influenza viruses [1]. The illness typically presents with a dry or productive cough lasting less than 3 weeks, occurs most frequently during winter, and is predominantly viral in origin [2]. At present, acute bronchitis is among the leading causes of medical consultations. Its incidence ranges from 20% to 40%, depending on seasonal and epidemiological factors [3]. The disease often follows upper respiratory tract infections or influenza, particularly during epidemic periods. Although viruses are the primary cause, certain bacterial pathogens such as pneumococci, hemolytic and lingual streptococci, influenza bacillus, and Friedlander's bacillus also contribute to its etiology. Predisposing factors include exposure to cold, excessive alcohol consumption, tobacco smoking, and chronic exposure to harmful chemicals. Upper respiratory infections like sinusitis or maxillary sinusitis, as well as acute bronchitis itself, may also create conditions favorable for disease development [4]. In acute bronchitis, the cough usually persists for more than five days, often lasting between 10 and 20 days, though in some cases it may continue for up to four weeks or more. While the cough is typically dry, some individuals may produce sputum. Physical examination is generally unremarkable, but severe cases may present with fever and respiratory distress. Chest examination may show diminished breath sounds, wheezing, rhonchi, and prolonged expiration [5]. Additional symptoms may include fever and difficulty breathing.

Acute bronchitis is primarily a viral inflammatory process affecting the bronchial mucous membrane [6]. The condition results from pathogens infecting the bronchial lining, leading to inflammation, increased mucus production, and swelling that obstruct the airways and provoke coughing [7]. Environmental irritants, such as tobacco smoke and air pollution, as well as pre- existing lung conditions like asthma or COPD, further elevate the risk of developing acute bronchitis [8-10]. The diagnostic significance given to sputum production and wheezing varies among physicians [11].

Objectives

- To analyse the exciting causes of Acute Bronchitis.
- To evaluate the efficacy of homoeopathic medicine in treating Acute Bronchitis, taking into account the exciting cause when selecting the remedy.

Materials and Methods

This single-arm, prospective observational pilot study evaluates the usefulness of identifying the exciting cause in the homoeopathic management of Acute Bronchitis, with all participants (allocation ratio 1:0) receiving treatment based on the exciting cause since the study aims to assess feasibility and treatment response without randomization or a control group, and includes patients of both sexes aged 6 to 60 years who present with symptoms such as dyspnoea, productive cough, and chest discomfort.

Observation

The study observed meaningful clinical improvement among participants who completed the trial, as reflected in the reduction of BSS assessment scores, indicating a favourable treatment response of the 8 enrolled participants, 5 completed the study and were included in the final analysis, demonstrating that the study design is feasible for a larger trial. The progressive decline in symptom severity from baseline to the final follow-up suggests that homoeopathic management based on exciting cause contributes to positive clinical outcomes. Additional subgroup analyses indicated variations in the intensity of response, emphasizing possible influencing factors such as lifestyle, stress levels, and dietary habits. These findings suggest that individualized assessment of these variables may further enhance treatment precision. Overall, this pilot study supports the feasibility and potential effectiveness of incorporating exciting cause in the homoeopathic management of Acute Bronchitis and provides a foundation for future large-scale research.

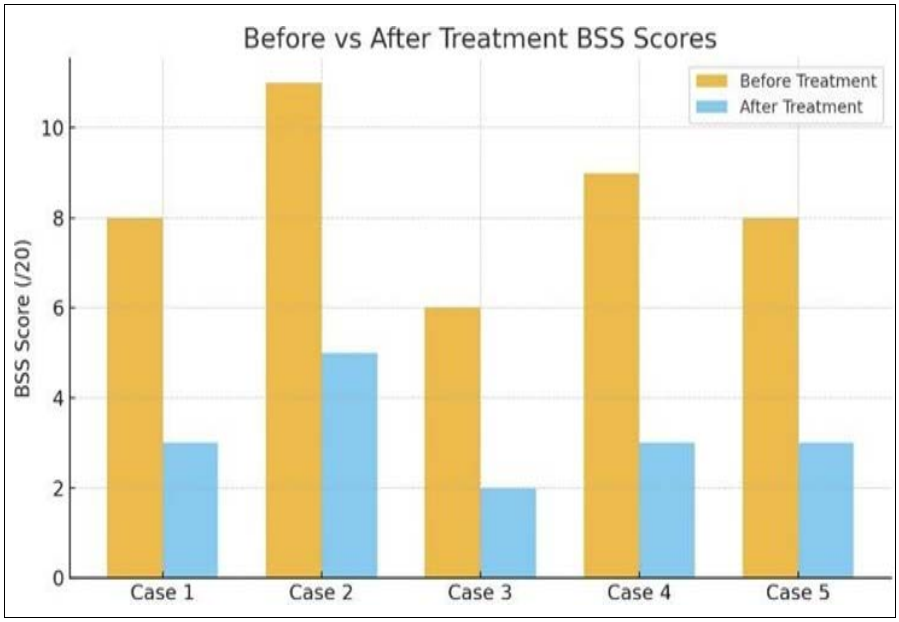

Fig 1: Changes in acute bronchitis outcome parameters

Results

The assessment of the Bronchitis Severity Scale (BSS) before and after treatment demonstrated a clear reduction in the intensity of acute bronchitis symptoms, supporting the clinical utility of identifying and addressing the exciting cause in management. The average BSS score decreased from 8.4/20 prior to intervention to 3.2/20 after intervention, indicating an overall symptomatic improvement of approximately 62%. This significant reduction reflects notable relief in key indicators such as cough intensity, sputum production, dyspnoea, chest discomfort, and auscultatory findings. The consistent improvement across all observed cases suggests that timely recognition and appropriate management of the exciting cause contribute meaningfully to symptom resolution in acute bronchitis. These findings signify the importance of integrating the assessment of exciting causes into clinical evaluation, thereby enhancing therapeutic outcomes and reinforcing its relevance in the holistic management of acute bronchitis.

Discussion

Acute bronchitis is an inflammatory condition of the bronchial mucosa, predominantly viral in origin, and generally self-limiting. However, symptom intensity, duration, and patient response to treatment vary widely depending on individual susceptibility and precipitating factors [12]. In homoeopathic philosophy, particular emphasis is placed on the exciting cause, defined as the immediate external or internal influence precipitating the acute disease state [13]. The present pilot study explored the clinical relevance of this concept by assessing symptom changes in acute bronchitis following individualized homoeopathic treatment guided primarily by exciting causes.

Differentiation of causative factors

Although related, etiological, predisposing, triggering, and exciting factors represent distinct concepts, especially within homoeopathic case analysis, etiological factors in acute bronchitis primarily include viral infections and

environmental irritants [12]. Predisposing factors such as recurrent respiratory infections, weakened immunity, exposure to pollutants, smoking, and climatic sensitivity increase susceptibility to illness but do not directly initiate the acute episode [12]. Triggering factors aggravate or intensify symptoms once disease is established [17]. When symptom development follows a clear exciting cause, the condition is described as an "ailment from" that cause.

In contrast, exciting causes represent the most immediate and identifiable precipitating events, such as exposure to cold wind, damp weather, suppression of perspiration, inhalation of dust or smoke, or sudden emotional stress. Classical homoeopathic literature consistently emphasizes that recognizing such causation enhances remedy precision, particularly in acute diseases [13, 18].

Rationale for focusing on exciting causes

The decision to prioritize exciting causes in this study was based on their central role in acute prescribing. In rapidly evolving conditions like acute bronchitis, exciting causes often determine the symptom pattern, modalities, and remedy correspondence more reliably than constitutional traits. Boericke and Clarke both describe numerous remedies for bronchitis with strong indications based on causation for example, *Aconitum napellus* following exposure to cold dry winds, *Dulcamara* after cold damp weather, *Bryonia Alba* from sudden suppression of perspiration, and *Hepar sulphuris* after exposure to cold air in sensitive individuals [18, 19].

By considering exciting cause in remedy selection, precision in prescription could be achieved thereby restoring the patient's health in rapid and gentle manner. This approach also aligns with Hahnemann's emphasis on identifying the *causa occasionalis* in acute diseases.[13] Homoeopathic philosophy provides a structured and hierarchical understanding of causation, which further supports the rationale of the present study. Hahnemann clearly emphasizes in Aphorism §5 that, in acute diseases, the physician must carefully investigate the most probable exciting cause, as this often furnishes the clearest indication for remedy selection [13]. This concept is reiterated in §73, where Hahnemann describes the excitting causes of acute individual diseases and highlights its particular importance in prescription [13]. When such causes are identifiable and active, removal or therapeutically addressing them becomes central to cure.

Stuart Close expands this principle through the law of causation, defining cause as the invariable and unconditional antecedent and effect as the consequent phenomenon. According to Stuart Close, failure in treatment often arises from an inability to recognize and logically interpret causative relationships in disease [14]. He emphasizes that disease manifestation is not merely the result of an external agent but depends on the interaction between causative influences and individual susceptibility. In acute conditions, recognizing and therapeutically addressing the proximate or exciting cause allows for rapid restoration of balance in the vital economy.

Kent further refines this concept by asserting that the removal of the totality of symptoms implies the removal of the cause [15]. He explains that cause continues through all planes of manifestation, and therefore, when the symptom totality is fully and permanently removed by the similimum, the causative disturbance of the vital force is also extinguished.

H.A. Roberts similarly underscores the clinical relevance of causation, particularly in relation to the chief complaint and auxiliary symptoms [16]. He stresses that exciting causes often determine the direction and intensity of symptom expression and serve as valuable confirmatory guides in remedy selection. In acute diseases, such causes help differentiate between remedies with overlapping symptom pictures but distinct causative backgrounds.

The present pilot study demonstrated a significant reduction in Bronchitis Severity Scale (BSS) scores following homoeopathic management considering exciting cause, with an average score decline of approximately 62% from baseline to post-treatment. This improvement aligns with observational and controlled studies that report symptom reduction in acute bronchitis following homoeopathic or complementary interventions [20, 21].

For example, clinical studies evaluating homoeopathic remedies have demonstrated notable improvements in bronchitis symptoms when assessed using the BSS, suggesting that homoeopathic interventions may correlate with measurable reductions in symptom severity, although larger randomized controlled trials remain limited [21, 22]. Systematic reviews of complementary medicine approaches in bronchitis, including homeopathy, similarly report trends toward symptom relief particularly showcasing reduction in cough severity. However, these reviews emphasize that randomized controlled trials are sparse and that further high-quality research is required to definitively establish clinical efficacy [22, 23].

Further, the BSS itself has been extensively validated in clinical research as a reliable and sensitive outcome measure for symptom severity in acute bronchitis and common cold studies, strengthening the comparability of the present findings with existing literature [24].

Altogether, these results support the concept of considering exciting causes may contribute to clinical improvement in acute bronchitis. This trend does not contradict existing evidence that symptom reduction is achievable with homoeopathic medications but rather underscores the potential value of consideration of exciting causes in selection of remedy in acute cases [20, 23].

Conclusion

This pilot study demonstrates that homoeopathic treatment based on exciting cause may offer a safe, holistic, and effective option for the management of Acute Bronchitis. Participants showed improvements in both physical and emotional symptoms without experiencing adverse effects. The individualized approach of homeopathy, tailored to each patient, appears promising in enhancing their quality of life. Although the study was limited by its small sample size and lack of control group, the encouraging results provide a strong basis for future randomized controlled trials.

Conflict of Interest

Not available

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Not available

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