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Role of homoeopathic in management of broncho-pneumonia

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Abstract

Broncho-pneumonia is very common disease in children and elderly peoples. According to a report, about 9.5 lacs children under 5yrs died in the year 2013 worldwide. It is 5 times more in Developing countries compare to developed countries. India itself accounts for 36% of the total South East Asia regional burden. In a developing country like India and others, the burden of antibiotic therapy is high which has two types of disadvantages, firstly it is expensive and secondly its improper use will cause antibiotic drug-resistance in later days. Homeopathy is a simple and inexpensive treatment, which only need, correct identification, complete case taking and proper treatment. Evaluation of treatment involves diagnostic procedures, assessment of disease severity and homoeopathic treatment for disease with an emphasis on evaluation of group of homoeopathic remedies in the treatment of Bronchopneumonia. Homoeopathic medicine have been proved effective in the history treating difficult cases of Broncho-pneumonia.

Keywords: bronchopneumonia, homoeopathic treatment, diagnostic procedures, clinical features

Introduction

Pneumonia is a common disease that affects about 450 million people annually and is spread everywhere the globe map. it's a number one reason behind death among all age groups leading to 4 million deaths (7% of the world's total deaths) annually. the speed is greatest in children under five and adults older than 75 years. it's up to five times more in developing countries than in developed countries. Globally pneumonia is liable for high morbidity and mortality among children under 5 years old. the World Health Organization (WHO) has estimated an incidence of 0.37 episodes per child per annum for clinical pneumonia, India accounts for 36% of the full South East Asia regional burden. Bronchopneumonia could be a subtype of pneumonia and it affects same severity as pneumonia. Bronchopneumonia is that the commonest clinical manifestation of pneumonia in pediatric population. it's a number one infective explanation for mortality in children under 5 years old. In 2013, bronchopneumonia caused death in 935,000 of child under 5 years.

“We are always hearing that we homoeopaths are symptom hunters. We do nothing of that kind”. Successful homoeopathic prescribing depends on how much one pays attention to clinical work. The only successful homoeopathic prescribers are most observant clinicians”– Dr. Douglas Borland.

Pneumonia (Homeopathy Treatment for pneumonia) was regarded by William Osler in the 19th century as “the captain of the men of death”. In spite of antibiotics in developing countries, and among the very old, the very young, and the chronically ill, pneumonia remains a leading cause of death. Pneumonia often shortens suffering among those already close to death and has thus been called “the old man’s friend”.

In the book “HOMOEOPATHY EXPLAINED” by J.H. Clarke M.D. The first set relates to cases of pneumonia treated in Vienna, and are taken from Dr. Routh pamphlet, Fallacies of Homoeopathy. Dr. Routh tries to discount the lesson of the figures by saying that in the homoeopathic hospital “the severe cases were few and far between.” Here, however, we have an independent witness, who actually saw the cases and testifies to their gravity. Here are Dr. Routh’s statistics of the comparative mortality in pneumonia under homoeopathic treatment cases treated 783 among those died 45 so the mortality rate is 5.7% or 1 in 17. It is in compare with allopathic treatment, cases treated 1522 among died 373 so the mortality rate is 24.5%, or 1 in 4.

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Definition

Bronchopneumonia is a subtype of pneumonia. Bronchopneumonia or lobular pneumonia is infection of the terminal bronchioles that extends into the surrounding alveoli resulting in patchy consolidation of the lung. The condition is particularly frequent at the extremes of life in infancy and old age), as a terminal event in chronic debilitating diseases and as a secondary infection following viral respiratory infections such as influenza, measles etc.

This condition, also called lobular pneumonia on account of its patchy character, isn't an exact entity like pneumonia. As a secondary condition complicating and infrequently terminating other diseases it's extremely common. As a primary disease it occurs primarily in childhood and adulthood. The pneumonia following measles, respiratory illness, and other infectious fevers are bronchopneumonic in type.

Etiology: The common organisms responsible for bronchopneumonia are:

Bacterial: Pneumococcus, Staphylococcus, Streptococcus, H. influenza, E. coli, Klebsiella, Pseudomonas, etc.

Atypical: Viral, Rickettsial, Mycoplasmal.

Protozoa: E. histolytica.

Fungal: Actinomycosis, Aspergillosis, Histoplasmosis, Nocardiosis.

Allergic: Loeffler's syndrome.

Who is at risk/what are the risk factors

Risk factors for developing bronchopneumonia include.

Children under the age of 5 years. People who work in a hospital, or often visits a hospital.

Certain medical conditions can increase the risk for developing this type of pneumonia.

These include:

- Recent respiratory infections, such as cold and flu.
- Conditions that weaken the immune system, such as Human Immunodeficiency Virus (HIV) infection and certain autoimmune disorders.
- Chronic disease like diabetes, heart disorders, asthma, or
- Cancer, or
- Chronic lung diseases
- Malnutrition

Morphologic features

Grossly, bronchopneumonia is identified by patchy areas of red or grey consolidation affecting one or more lobes, frequently found bilaterally and more often involving the lower zones of the lungs because of gravitation of the secretions. On cut surface, these patchy consolidated lesions are dry, granular, firm, red or grey in colour, 3 to 4 cm in diameter, slightly elevated over the surface and are often centred around a bronchiole. These patchy areas are best picked up by passing the fingertips on the cut surface.

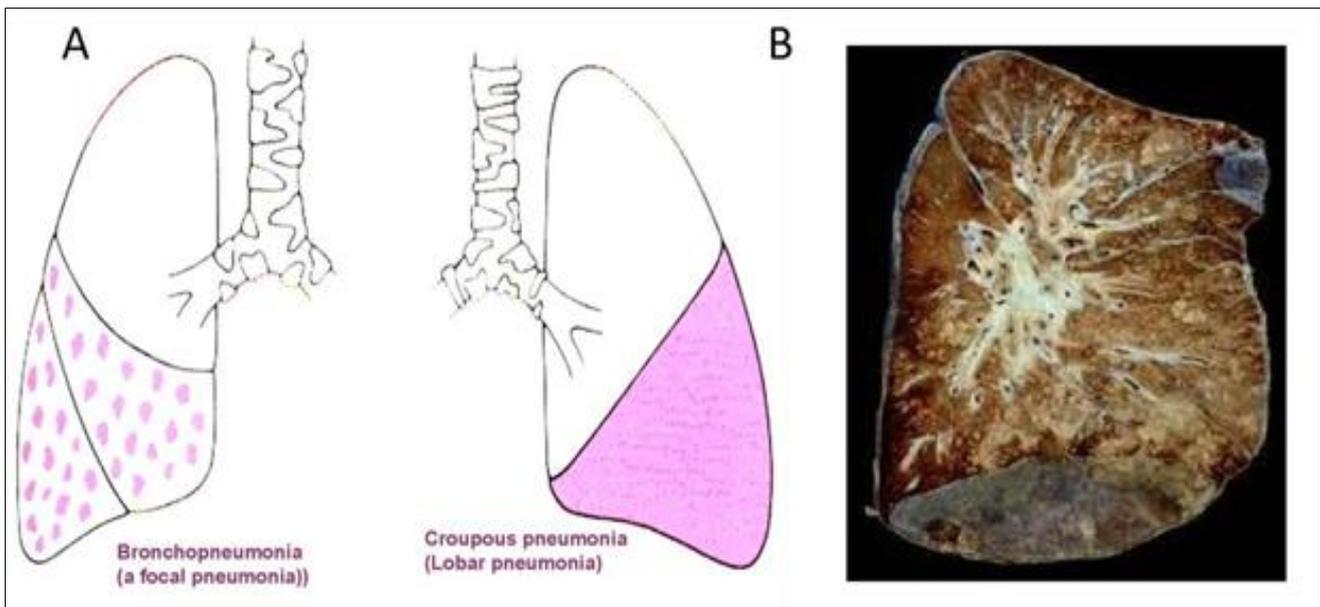


Fig 1AB: Gross appearance of bronchopneumonia contrasted with that of lobar pneumonia. B) The pleural surface of the specimen of the lung shows serofibrinous exudates.

The sectioned surface shows multiple, small, grey-brown, firm, patchy areas of consolidation around bronchioles (arrow). while the intervening lung is spongy.

Histologically, the following features are observed

- Acute bronchiolitis.

- Suppurative exudate, consisting chiefly of neutrophils, in the peribronchiolar alveoli.
- Thickening of the alveolar septa by congested capillaries and leucocytic infiltration.
- Less involved alveoli contain oedema fluid.

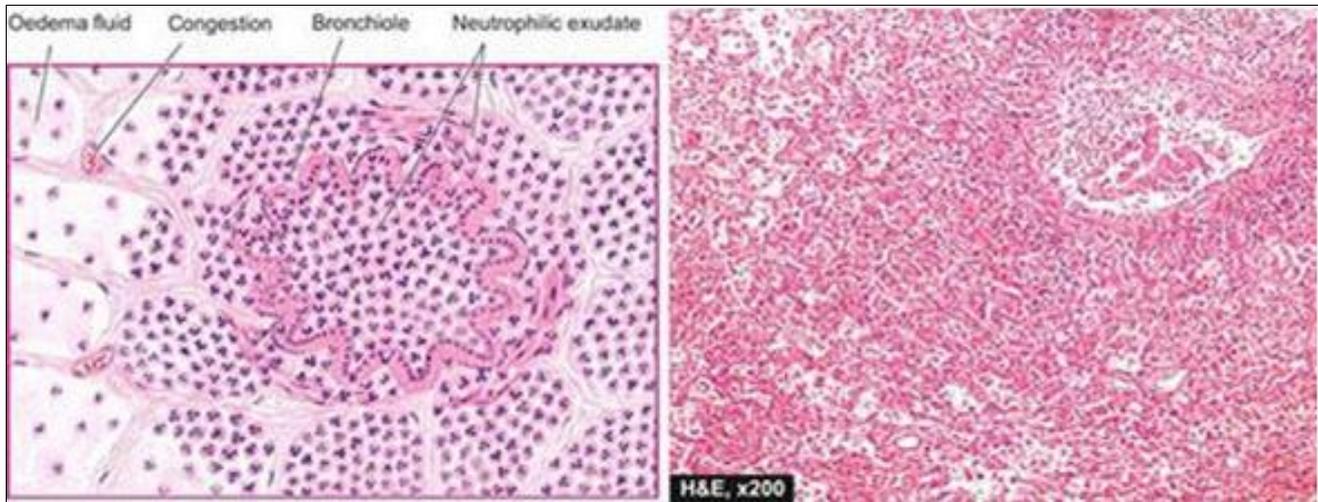


Fig 2: Microscopic appearance of bronchopneumonia. The bronchioles as well as the adjacent alveoli are filled with exudate consisting chiefly of neutrophils. The alveolar septa are thickened due to congested capillaries and neutrophilic infiltrate.

Complications

The complications of pneumonia may occur in bronchopneumonia moreover. However, complete resolution of bronchopneumonia is unusual. There's generally some extent of destruction of the bronchioles leading to foci of bronchiolar fibrosis that will eventually cause bronchiectasis.

Complications of bronchopneumonia can include

Respiratory failure This happens when the essential exchange of oxygen and CO₂ within the lungs begins to fail. People with respiratory failure may have a ventilator or breathing apparatus to help with breathing.

Acute respiratory distress syndrome (ARDS)

ARDS is a more severe form of respiratory failure and is life-threatening. Sepsis also known as blood poisoning or septicemia, this is when the infection causes an exaggerated immune reaction that damages the body's organs and tissues. Sepsis can cause multiple organ failure and is life-threatening.

Lung abscesses: These are pus-filled sacs which will form inside the lungs.

Clinical features

The patients of bronchopneumonia are generally infants or elderly individuals. There may be history of preceding bed-ridden illness, chronic debility, aspiration of gastric contents or upper respiratory track infection. For initial two to three days, there are features of acute bronchitis but subsequently signs and symptoms almost like to those of lobar pneumonia appear. Blood examination usually shows a neutrophilic leucocytosis. Chest radiograph shows mottled, focal opacities in both the lungs, chiefly with in the lower zones.

Signs and symptoms of bronchopneumonia

The symptoms of bronchopneumonia vary, depending on the severity of the condition.

- High grade fever
- Breathing difficulties e.g. shortness of breath/ breathlessness, rapid breathing
- Rapid heart beat
- Wheezing/Rattling

- Chest pain that may get worse with coughing or breathing deeply
- Coughing up yellow or green mucus
- Chills or shivering
- Headaches
- Low energy and fatigue
- Loss of appetite
- Nausea and vomiting
- A Sick looking child that tires easily
- Dehydration
- Irritability
- Crackles

Diagnosis

To diagnose bronchopneumonia, a doctor takes history from the caregiver and so carries out a physical examination. If the doctor suspects bronchopneumonia, one or more of the subsequent tests is also ordered to substantiate the diagnosis, and determine the kind further as severity of the condition:

Chest X-ray

These imaging tests allow a doctor to check an image of the lungs for signs of infection.

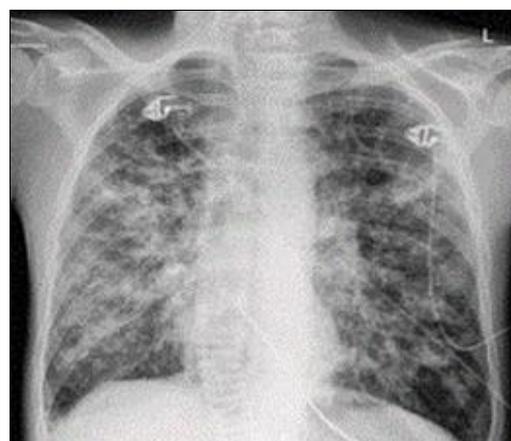


Fig 3: Bronchopneumonia due to pseudomonas

Blood tests: These can help detect signs of infection, such as an abnormal white blood cell count. Complete blood counts (CBC) helps determine the severity of the infection and whether bacteria, virus or fungus is the likely cause.

Bronchoscopy: This involves passing a thin tube with a light and camera through a person's mouth, down the windpipe, and into the lungs. This procedure allows a doctor to see inside the lungs. This test is sometimes used for further investigation.

Sputum culture: This is a laboratory test that can detect infection from the mucus that a person has coughed up, it can also determine which organism / germ is causing the condition.

Pulse oximetry: This is a test used to calculate the amount of oxygen flowing through the bloodstream.

Arterial blood gas (ABG): This test is used to determine oxygen levels of oxygen in the blood.

Miasmatic analysis

It seems that the unhallowed principal business of old school of medicine (allopathy) is to render incurable if not fatal the majority of diseases, those made chronic through ignorance by continually weakening and tormenting the already debilitated patient by further addition of new destructive drug diseases.

We will improve over the old, and correspond with the real progress of life science as exhibited today, by taking into consideration the varied morbid symptoms and manifestation's and be able to say with certainty this headache is upon a psoric basis, this diarrhea is sycotic, this pneumonia, typhoid, insanity, this miasmatic condition or infection isn't perhaps the results of certain micro-organisms, but creates these micro-organisms because the soil is present (MIASMS).

Homoeopathic management

Management of Pneumonia depends upon individualization based on; assessment of clinical stage of disease, symptomatology, level of Susceptibility & Miasm of an individual patient. In a nut shell, selecting a simillimum after constructing the totality of symptoms, based on symptoms of a disease and symptoms of an individual as whole.

Tuberculinum: Head remedy for Broncho-pneumonia and one dose should be given at the disease in 200 dilution. Other indicated remedy may be given after twenty four hours.

Ipecacuanha: Rattling of the chest and tendency to vomiting and nausea. There is a feeling of suffocation and constriction with sneezing.

Bryonia Alba: When there is dry cough and thirst for large quantities of water at long intervals. The patient wants to lie quiet or may be restless owing to pain in the chest. Breathing hard and Painful.

Chelidonium: Right lung is affected. Quick and short inspiration. Dyspnea, short, Exhausting cough, rattling, expectoration difficult. Sticking pain under right scapula. Flapping of alar nasi.

Iodum: Right-sided pneumonia, with high temperature. Blood streaked sputum. Difficult expansion of chest. Difficult wheezy respiration. Pleuritic effusion. Cough worse indoors. Warm and wet weather.

Phosphorus: Dry cough with scanty expectoration and oppression of chest. There may be loose cough with bloody and purulent mucus. It should not be given in potencies below 30.

Ars. Iod: it has the symptoms of Ars. Alb. But it differs in modalities. The Ars. Alb patient is better by warmth, whereas the Ars. Iod. Patient is worse from warm application or by going to a warm room.

Glycerine: Influenzal pneumonia. Profuse coryza and dyspnoea. Consolidation in both lungs.

Lobelia Infl: Broncho-pneumonia of childhood, in imperfect recoveries from chest affection especially where tuberculosis threatens.

Antimonium Tart.: Dilated sooty nostril which are flapping with each breath; lungs full of phlegm (mucus) which is impossible to raise. Rattling sound in chest, great weakness, lack of reaction. In cases of bronchitis with pneumonia, inflammation of the trachea, inflammation of the air passages in general, the inflammation is likely to be attended with dryness or a scanty flow of mucus. In cases of pneumonia; when first coming down with a chill, it may be a very violent attack, such an attack as from its violence produced prostration early, that is, after three or four days. Broncho-pneumonia, Pneumonia catarrhalis.

Lycopodium: for similar symptoms as in Antimonium Tart but when that fails to act. Flapping of the nostrils with each breath and the trouble starting on the right side are the main symptoms of the remedy along with flatulence.

Arum Triphyllum: This remedy does have burning in the trachea, the whole length of it, during an attack of coughing, and burning in the larger branches of the bronchial tubes. The catarrhal state is largely confined to these parts, the trachea and bronchi, but this medicine has cured pneumonia.

Kali Carb: There are some cases of pneumonia that need Kali carb, in the stage of hepatization (like sulphur). Again, when pneumonia has passed away think of Kali carb if every time the patient takes a little cold it settles in the chest. There is sensitiveness of the body to weather changes, to cold air and to wet, a continuous dry, hacking cough, and aggravation from three to five in the morning, flying neuralgic pains. These symptoms gradually increase and the patient dates them back to his pneumonia.

Sulphur: it is an intercurrent remedy and should not be overlooked to avoid unresolved patches in the lungs. It cures fever when due to such patches. Usefull in neglected cases and psoric constitution with a tendency towards tuberculosis. Weakness and faintness.

Case study

Case 1

MS SM 08 Yrs/F Occupation: Student Date of visit: 13/sept/2020

Presenting complaint: Patient comes with sever breathlessness with least motion and continuous nausea sensation. Dry cough with asthmatic. Associated with chills during fever mostly at night, extremity pain, and pain in Rt dorsal back aggravation inspiration, night in general. App low & taste insipid. Heat sensation in mouth & eyes. Weakness. Hoarseness worse talking. Oversensitive to heat and cold. In both situation symptoms increase every times. Asthmatic all the time after least exertion. So, she even not do any regular routine work. It begins at the age of 2yrs.

Family History: Father and Grandfather asthmatic.

Physical examination: T: 103 F. P-110/min. Throat – congestion. Dry Tongue. Respiratory System: Dull note on Percussion, reduced air entry in Rt Lower zone, Wheezing Rt. Side.

Investigations: Hb: 12.4 gms WBC – 13400 L- 19 N – 72 E – 08 M – 01 Plat- 142 000.

Diagnosis: Broncho pneumonia. (Already diagnosed by doctor)
Case analysis. Respiratory distress with high grade fever & chills, weakness with app decreased, cough with asthma. Restless with continued nausea, fever< night with extremity pain, Heat sensation with burning eyes & mouth, Hoarseness < talking.

On the basis of case analysis prescription made

Date: 13/09/2020- Tuberculinum 1M Single dose, then after two days Ipecacuhana 200 3 dose daily with placebo TDS.

Date: 18/09/2020- Pt. father comes and complain high degree of fever but no breathlessness.

Placebo repeated

Date: 05/10/2020- Pt. comes in jolly mood. She explained how she play with her friends in ground. Placebo repeated.

Case 2

Mr TM 76 Yrs/M Occupation: Retired Engineer Date of visit: 06/Aug/2020

Presenting complaint: Patient comes with Dyspnea aggravation on slight exertion, relief in sitting and lying. Pt suffer asthma like symptoms since 15 yrs. Very much irritable. Dry cough want to expel out but feel much difficulty. Sleeplessness after mid night. Sleeplessness due to acidity, flatulence and bloating. Very much sensitive to change of weather. Intolerance of cold weather. Past History: H/O DM-II. HTN, bypass surgery done at the age of 62yrs. H/O Recurrent Bronchitis.

Physical examination: T: 98 F. P-100/min. Dry Tongue. Respiratory System: Rt side wheezing.

Investigations: Hb: 11.2 gms WBC – 11400 L- 23 N – 71 E – 06 M – 00 Plat- 308 000.

Diagnosis: Broncho pneumonia. (Already diagnosed by doctor)

Case analysis: Respiratory distress on slight exertion, relief in sitting and lying. Very much irritable, Sleeplessness due to acidity, flatulence and bloating. Very much sensitive to change of weather. Intolerance of cold weather.

On the basis of case analysis prescription made

Date: 06/08/2020- Sulpher 1M Single dose, then after the days Antimonium Tart 200 8 dose BD Date: 08/08/2020- Pt. relative come. Symptoms not relief. Condition worse. Placebo TDS

Date: 12/08/2020- Pt. relatives come. Pt. on bed and no improvement.

Date: 13/08/2020- Re-Case taking. Cough in morning with large mucus. Coldness sensation in chest. Wheezing increased. Rx- Kali Carb 30- 3 dose Daily with placebo TDS.

Date: 22/08/2020- Pt comes in OPD with much Relief. Rx- Kali Carb 200- 3 dose with Placebo TDS

Date: 19/09/2020- No wheezing sound. Rx- Placebo TDS

Conclusion

Treatment of Broncho-pneumonia in homoeopathy includes identification of symptoms and individualization of the case. Later on basis of disease diagnosis by homoeopathic physician includes evaluate the symptomatology and create therapeutic index for common collection of group of homoeopathic remedies. With disease diagnosis, we identify common symptoms and choose homoeopathic remedy based on complete symptoms. By the disease diagnosis some etiological factor observed but in homoeopathy miasm is the basic root cause of every disease. The bacteria and viruses always present in the body, but it infects us only when our body loses its ability to fight diseases or becomes weak know as susceptibility or homoeopathically called weaker vital force. In the correct evaluation of treatment of Broncho-pneumonia, based on the diagnostic procedures, the severity of the disease and the correct assessment of the patient including physical and mental generals and correct selection of homoeopathic remedy on the basis of totality of symptoms give complete cure and permanent restoration of the health.

References

1. Harsh Mohan, 6th Edition, Textbook of Pathology, Jaypee brothers Publication, 471-73.
2. Rai Bahadur Bishambar Das, 23rd Revised edition, Select Your Remedy 209.
3. Mehta PJ. 20TH edition, PJ. Mehta Practical Medicine, National book Depot 172-174.
4. Samuel Lilienthal, 19th impression, Homoeopathic Therapeutics, B. Jain Publishers (P) ltd. 871.
5. William Boericke. 9th Edition, Boericke's New Manual of Materia Medica with Repertory, B. Jain Publishers (P) ltd.
6. American Lung Association. Pneumonia Treatment and Recovery 2019. [online] Available at: <http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/pneumonia/diagnosing-and-treating.html> [Accessed 12 Apr. 2019].
7. Kidshealth. Pneumonia. [online] Available at 2019: <https://www.kidshealth.org.nz/pneumonia> [Accessed 12 Apr. 2019].
8. Mayoclinic.org. (2019). Pneumonia - Diagnosis and treatment - Mayo Clinic. [online]
9. Available at: <https://www.mayoclinic.org/diseases-conditions/pneumonia/diagnosis-treatment/drc-20354210> [Accessed 12 Apr. 2019]. Adi GB. A complete review of principles and cure of homoeopathy.
10. Nhlbi.nih.gov. (2019). Pneumonia | National Heart, Lung, and Blood Institute (NHLBI).
11. [online] Available at: <https://www.nhlbi.nih.gov/health-topics/pneumonia> [Accessed 12 Apr. 2019].
12. dc.gov. (2019). FastStats. [online] Available at: <https://www.cdc.gov/nchs/fastats/pneumonia.htm> [Accessed 12 Apr. 2019].
13. <https://hpathy.com/>
14. http://www.rguhs.ac.in/cdc/onlinecdc/uploads/06_H003_32521.doc