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Dr. AB Ram Jyothis

Professor and Head, Department of Homoeopathic Pharmacy, Athurasramam NSS Homoeopathic Medical College, Kottayam, Kerala, India

Dr. Meenakshy KR Holi Homoeo Clinic, Pattathanam, Kollam, Kerala, India Catalytic effects of *Arsenicum iodide* 6X in the prevention of recurrent respiratory tract infections in children treated with Homoeopathic Constitutional Medicine: An open label comparative study

Dr. AB Ram Jyothis and Dr. Meenakshy KR

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Abstract

Recurrent respiratory tract infections (RRTIs) are common in children and may lead to complications. Most children experience between three to six RRTIs annually. Although these infections are self-limiting, symptoms can be distressing. Many treatments are used to control symptoms and shorten illness duration. Most have minimal benefit and may lead to adverse effects. Constitutional treatment with individualised homoeopathic medicines is found to have benefit in childhood RRT. This study aims to investigate the add on benefit of treatment with Arsenicum iodide 6X on RRI in children under constitutional treatment. Sixty children with recurrent respiratory tract infections were identified with criteria for diagnosing RRI. An open label comparative study was done with Constitutional medicine for one group (n = 30) and Arsenicum iodatum 6X along with constitutional medicine to another group (n = 30). The result of present study shows positive catalytic effect of Arsenicum iodatum 6X for preventing RRI in Children, if used along with Homoeopathically selected constitutional medicine. This study emphasis the use of Arsenicum iodide 6X for considerable period to boost immunity against respiratory infections in children.

Keywords: Recurrent respiratory tract infections, constitutional medicine, arsenicum iodide 6x, individualised homoeopathic medicine

1. Introduction

Recurrent respiratory tract infection (RRI) is the most important cause for morbidity and mortality in paediatric age group. According to the epidemiological studies it was estimated that, in developing countries, up to 25% of children aged < 1 year, 18% of children aged 1-4 years and 6% of the children younger than 6 years of age present with RRI ^[1]. To diagnose RRI at least one of the following Diagnostic criteria has to be present ^[2].

- \geq 6 respiratory infections per annum,
- \geq 1 respiratory infection per month involving the upper airways,
- \geq 3 respiratory infections per annum involving the lower airways.

The children with RRI are a great challenge for the paediatricians, from both therapeutic and preventive standpoints. The role of physician has expanded from treating disease to maintain better health. Homoeopathic treatment with constitutional medicines is found to be effective in the treatment and prevention of RRI [3, 4].

The medicine Arsenicum iodatum 6X, prepared homoeopathically from Arsenious iodide which is synthesised by treating arsenic with a solution of iodine in carbon-di-sulphide ^[5]. Clarke states that Arsenicum iodatum can be used for chronic and recurrent inflammatory states of the lungs and bronchial tubes, with profuse, greenish-yellow, pus-like expectoration and short breath ^[6].

Blackwood suggests that Arsenicum iodatum is indicated in chronic catarrhal conditions with profuse greenish yellow pus-like expectoration. It is also indicated in tuberculosis and catarrhal pneumonia, with night sweats, recurrent fever, emaciation, cough and muco-purulent expectoration, dyspnoea, great debility, and rapid pulse ^[7].

Corresponding Author:
Dr. AB Ram Jyothis
Professor and Head,
Department of Homoeopathic
Pharmacy, Athurasramam
NSS Homoeopathic Medical
College, Kottayam, Kerala,
India

From the above statements, it may be postulated that Arsenicum iodide in lower potency and frequent doses may boost immunity and prevent recurrent respiratory infections in children. The present study aims to investigate the add on benefit of treatment with Arsenicum iodide 6X on RRI in children under constitutional treatment.

2. Objectives

- To assess the influence of only constitutional medicine in recurrent respiratory tract infection of children.
- To compare the effect of only constitutional medicine (control group) along with Arsenicum iodatum 6X and constitutional medicine (study group) in recurrent respiratory tract infection of children.

3. Methodology

Children between 6 months to 10 years of age, attended outpatient department and peripheral clinics of Homoeopathic medical college Hospital for a period of five months. Ethical clearance was obtained from Institutional Ethical Committee of Homoeopathic Medical college. Children with recurrent respiratory tract infections were identified with criteria for diagnosing RRI using specially designed case record from OPD and peripheral clinics. Laboratory investigations like complete blood count (CBC) was done to establish diagnosis.

The sample size was calculated as 45 using G power (3.1.9.7) with an effect size 0.5, alpha error 0.05 and power 0.95 for independent t test. The final sample size was estimated to 60 considering 25% dropout.

Children with recurrent respiratory tract infections were identified with criteria for diagnosing RRI using specially designed case record from OPD and peripheral clinics. Constitutional medicine was given for one group (n = 30) and Arsenicum iodatum 6X along with constitutional medicine given for another group (n = 30). The study participants were selected based on following inclusion and exclusion criteria.

3.1 Inclusion Criteria

- Diagnosed case of RRI with predefined diagnostic criteria.
- Age group 6 months to 10 years.
- Male and female children

3.2 Exclusion Criteria

- Children with any other systemic diseases
- Children with serious immunodeficiency diseases
- Children with hyperventilated airway diseases like Asthma
- Children with diagnosed with genetic disorders

Constitutional medicines were selected according to the totality of symptoms and given to control group (n=30). The potency of constitutional medicine was decided according to the susceptibility of the individual and severity of disease. The Constitutional medicine was medicated and dispensed

in lactose and advised to take once in a month for three months. The constitutional medicine was followed by placebo to be taken daily for three months.

Arsenicum iodatum 6X was given to the group (n=30) selected from cases under the treatment with constitutional medicine. Frequency of dose was two times in a day (morning and night, one hour after food) for three months. Arsenicum iodatum 6X was dispensed in the form of Tablet. Data was analysed using pre-defined follow up Criteria (Table 2) and Laboratory investigations at one month interval for three months. The results were statistically analysed by independent sample 't' test. The null hypothesis (H0) was assumed that there will be no difference in effects of treatments between the treatment groups and alternate hypothesis (H1) was assumed that there will be significant difference in effect of treatment between the treatment groups.

4. Results

There was no significant difference in effects of treatment by Constitutional medicine and Arsenicum iodide 6X with Constitutional medicine in the first month of treatment (p>0.05). The effect of treatment with Constitutional medicine with Arsenicum iodide 6X was highly significant when compared to Constitutional medicine alone, in second and third month (p<0.001) (Table 3). WBC count was decreased by 53% with Constitutional medicine and by 63% with Arsenicum iodide and Constitutional medicine, from first month to third month. Erythrocyte sedimentation rate was dropped by 35% with Constitutional medicine 42% with Arsenicum iodide and Constitutional medicine. There was no significant change in haemoglobin level in both treatment groups (p>0.05) (Table 4).

5. Discussion

The result of present study shows positive catalytic effect of Arsenicum iodatum 6X for preventing RRI in Children, if used along with Homoeopathically selected constitutional medicine. In a comparative cohort study, involving more than 1,500 patients in primary care practices of at least 6 different European countries, demonstrates that homeopathic treatment for recurrent respiratory diseases in children was not inferior to conventional treatment [8].

In a pragmatic study, the 'homeopathic strategy' (Strategy H) appeared to be more medically effective and to be associated with a better quality of family life in the treatment of recurrent acute infantile rhinopharyngitis than the 'antibiotic strategy' (Strategy A), incurring the Social Security significantly lower direct medical costs and producing fewer sick leaves [9]. This study emphasis the use of Arsenicum iodide 6X for considerable period to boost immunity against respiratory infections in children.

The major limitation of the present study is that patients were not assigned randomly to their treatment group and some patients were reluctant to take medicine daily for long period.

Table 1: Study flow chart

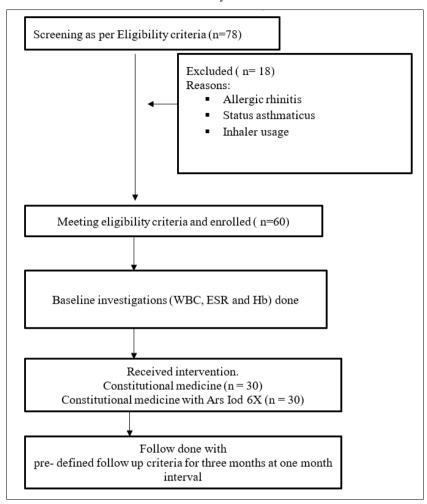


Table 2: Pre – defined follow up criteria for recurrent respiratory tract infections.

Score	20	15	10	05	
Frequency of infections in one month	0	1	2	≥3	
Duration of single infection	≤2 days	≤5 days and > 2 days	≤ 10 days and > 5days	>10 days	
Severity of infection	Only upper respiratory tract	Only lower respiratory tract	Upper and lower respiratory tract	Upper and lower respiratory tract including para nasal sinuses	

Good improvement: 60 – 45, Satisfactory improvement: 44 -30, No improvement: 29 – 15

Table 3: Pre-defined follow up scores (Mean±SD)

	Treatment group	1st month	2 nd month	3 rd month
1	Constitutional medicine	32±4.88	35±6.93	43±8.4
2	Constitutional medicine with Arsenicum iodide 6X	33±4.88	47±6.93	56±8.4

n = 60, Good improvement: 60 - 45, Satisfactory improvement: 44 - 30, No improvement: 29 - 15

Table 4: Haematological values (Mean value)

		1 st month		2 nd month		3 rd month	
		СМ	CM with Ars iod 6X	CM	CM with Ars iod 6X	CM	CM with Ars iod 6X
1	WBC (cells/ul)	18900	18500	14500	11300	8770	6864
2	ESR (mm/hr)	18.5	19	15	16	12	11
3	Hb(g/dL)	11	10	12	11	10	11

n = 60 CM- Constitutional medicine, WBC-White blood count, ESR - Erythrocyte sedimentation rate, Hb - Haemoglobin

6. Conclusion

It is important to emphasize that when assessing any medical treatment, we must consider not only its effectiveness in treating the condition but also other aspects like potential side effects, expenses, and patient adherence. In this study, children who received constitutional medicine or constitutional medicine and Arsenicum iodide 6X did not report any adverse reactions. This treatment modality suggests a cost-effective treatment regimen used to reduce morbidity in children. The study can be replicated with large sample size to evolve a protocol for the management of RRI in Children.

7. Acknowledgments

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8. Conflict of Interest Statement.

The authors declare that there is no conflict of interest.

9. References

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