



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2023; 7(4): 77-81

Received: 02-08-2023

Accepted: 07-09-2023

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To study the efficacy of homoeopathy in cases of bronchial asthma in paediatric age group

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DOI: <https://doi.org/10.33545/26164485.2023.v7.i4b.960>

Abstract

A preliminary investigation into the effectiveness of homeopathic treatments for asthma in children aged 6-15 was conducted. This study evaluated data from 50 patient case histories, comparing their conditions before and after treatment using the Asthma Control Questionnaire (ACQ).

The research took place at Sainath Hospital, associated with Ahmedabad Homeopathic Medical College. The assessment looked at differences in the ACQ scores, symptom severity, and asthma attack frequency six months before and after beginning the homeopathic treatment.

Statistical analysis revealed a significant difference between pre and post-treatment results, with a t-test result of $p < 0.05$. This favorable outcome for homeopathic treatment suggests its potential benefit when using tailored remedies to treat asthma in young patients.

Keywords: Pediatric, bronchial asthma, individualized homoeopathy, asthma control questionnaire

Introduction

Asthma is described as a persistent inflammation of the airways, making them hyperreactive to various triggers. This inflammation results in the widespread constriction of the breathing passages, leading to symptoms such as difficulty breathing, coughing, and wheezing. While these symptoms can recede on their own, they often require therapeutic intervention.

Asthma is a prevalent condition with significant societal implications. While there's been a noted increase in asthma cases worldwide, it remains uncertain if this uptick is due to a genuine rise in cases or simply because the global population is expanding. Recognized as a leading non-contagious chronic respiratory ailment, asthma is marked by periodic bouts of shortness of breath and wheezing episodes. The World Health Organization reports that around 235 million individuals globally are impacted by this condition ^[1].

Asthma, particularly the bronchial type, can develop at any age, but it is most commonly observed in the early years of life. Roughly 50% of these cases emerge before an individual turns 10. In children, males are twice as likely to be affected compared to females; however, by the age of 30, the ratio between the genders evens out. Over recent years, there has been a consistent rise in asthma cases, with children being notably more affected ^[2].

Patients frequently experience recurrent Symptoms consisting of wheezing, coughing, shortness of breath, and chest tightness, which can lead to substantial impairments in their quality of life ^[3].

From a causative perspective, asthma is a diverse condition. Both genetic predispositions (atopic traits) and environmental elements, including viruses, work-related exposures, and allergens, play a role in its onset and persistence ^[4].

Asthma is the leading respiratory issue among children, impacting 15-20% of them. Globally, the occurrence of asthma has notably risen over the past four decades, though this trend has now transformed in many developed nations ^[5].

Asthma ranks among the top 10 chronic diseases in terms of disability-adjusted life years for children aged 5-14 years globally ^[6].

Studies focusing on bronchial asthma in children highlight that a significant number of Indian children are affected by the condition. The data reveals that its prevalence is increasing more rapidly in India than previously believed ^[7].

While the rise in asthma's prevalence and incidence remains a concern in developed nations, the socioeconomic and human impact is more profound in developing countries, where the rate of asthma is also on the upswing. Children from economically disadvantaged urban households are most adversely affected by asthma triggered by indoor environments.

The average prevalence stood at $7.24 \pm SD 5.42$. The middle value for prevalence was 4.75% [with an IQR ranging from 2.65 to 12.35%]. The combined adjusted average prevalence was calculated to be 2.74. Asthma in children aged 13-14 years was found to be less common than in their younger counterparts aged 6-7 years^[7, 8].

The absence of comprehensive national data on the disease's prevalence, associated risks, and outcomes highlights the pressing requirement for increased public health research in this critical area.

While the majority of children can effectively manage asthma symptoms, the condition significantly contributes to school absences, limited activities, and increased anxiety for both the child and their family.

The primary goal of managing asthma is to ensure that the child can lead a life as regular as possible. This is achieved by managing symptoms, preventing flare-ups, maximizing lung function, and minimizing treatment-related adverse effects.

The standard care of pediatric asthma primarily involves the use of bronchodilators and corticosteroids^[9]. However, these medications can pose potential side effects and may not fully control the symptoms or progression of the disease^[10]. Consequently, many parents and caregivers are seeking alternative or complementary treatments, such as homeopathy^[11].

While desensitization or immunotherapy using extracts of potential allergens has been popularly received, there's a limited number of controlled studies. These studies haven't shown them to be highly successful.

Homeopathy, is system of medicine discovered by Dr. Hahnemann in the late 18th century, which is based on the principle of "like cures like"^[12]. Individualized homeopathic treatment, a unique approach within homeopathy, involves individualized remedies to each patient based on their specific symptoms and overall health status.^[13]

Homoeopathy has a major role in the management of asthma both in the acute and chronic asymptomatic phase with a check on the recurrence of episodes in terms of frequency, intensity and duration. A major part of individualized Homoeopathic medicine is to measure the 'package of care effect' stating the effect of the medicines as well as consultation in treatment of the diseases which needs to be explored in future studies. Usage of homoeopathic medicines also helped in reducing the drug dependence on bronchodilators^[14].

Asthma can occur due to variety of stimulus, although the underlying mechanisms responsible for attacks of wheezing are not known. The unknown causes of diseases are the best disease conditions where homoeopathy offers genuine relief, cure and a platform for research work^[15].

Materials and Methods

Site of Study

The study was done at Sainath Hospital attached to

Ahmedabad Homoeopathic Medical College, Ahmedabad, Parul University.

Study Duration

The study was undertaken for a period of 6 months

Study Type

Prospective, Interventional Study

Sampling

50 patients were randomly selected after screening for the inclusion and exclusion criteria

Inclusion Criteria

- Patients already diagnosed either from a paediatrician or pulmonologist for Asthma were included.
- **Age group:** from 6 yrs. of age up to 15 years
- **Sex:** Both male and female

Exclusion Criteria

- Gross developmental defects or structural abnormality.
- Patients not giving informed consent for the study.

Intervention

- Homoeopathic medicine was prescribed according to individualization of the case, and the medicines were procured from GMP certified pharmacy.
- Dose & Repetition for Homoeopathic medicines was selected as per the susceptibility of the patient
- Follow-up: follow up for all the patients was done for minimum 6 months. Interval between the follow-ups was as per the requirement.

Outcome Assessment

Assessment of efficacy was seen according to Asthma Control Questionnaire (ACQ)^[16]

Data collection

Data of patients was collected according to instructions of case taking given in aphorisms 83-104 in Organon of Medicine.^[12]

Data Analysis

Data Analysis was done using Microsoft Excel.

Statistical Techniques

t test was employed to compare the ACQ score at base line and after the treatment

Ethical Consideration

- Institutional Ethical Committee was approached for approval of methodology for the synopsis and certificate was obtained after presenting the proposal.
- Study was conducted as per the proposal presented to the ethical committee.

Results

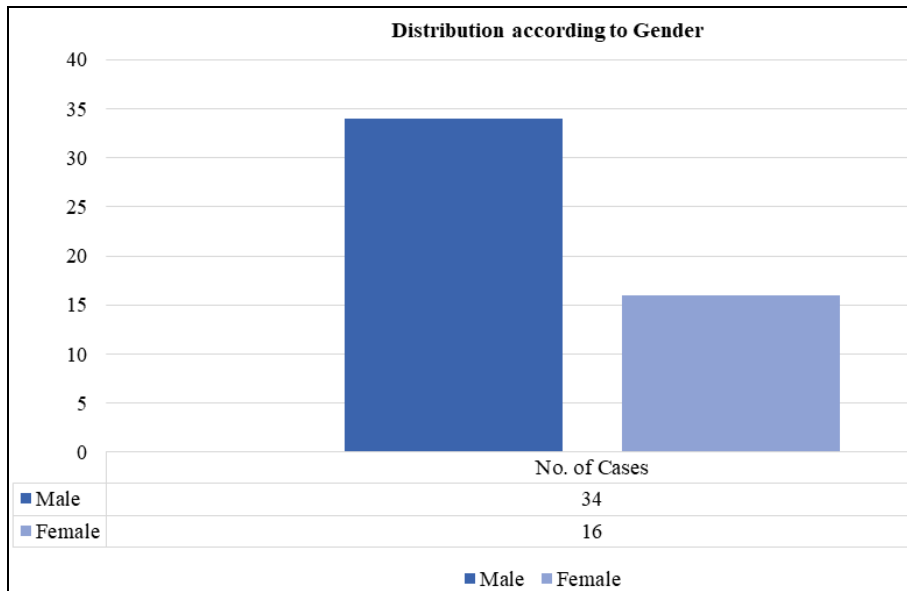


Fig 1: Distribution According to Gender

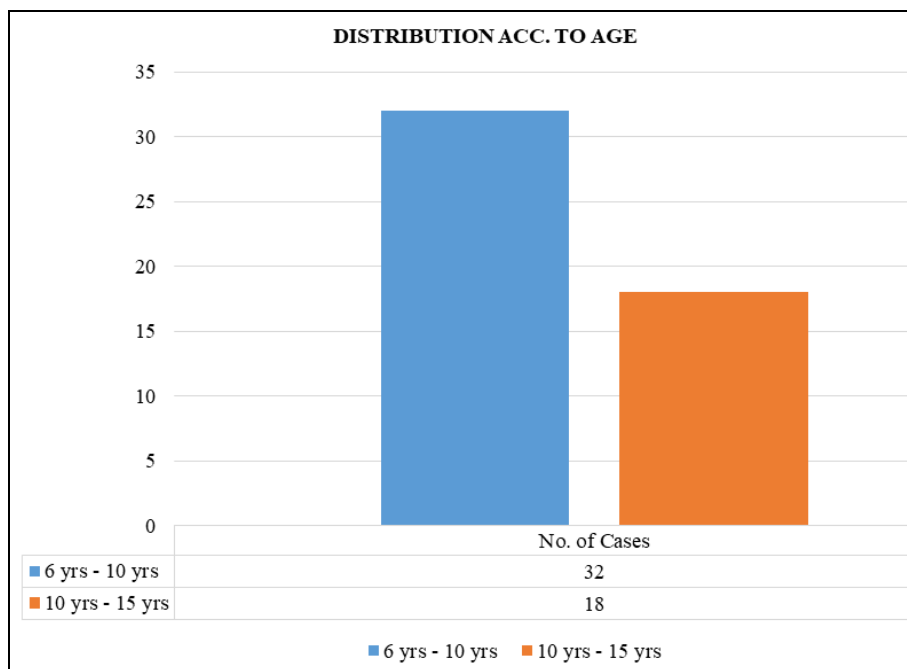


Fig 2: Distribution According to Age

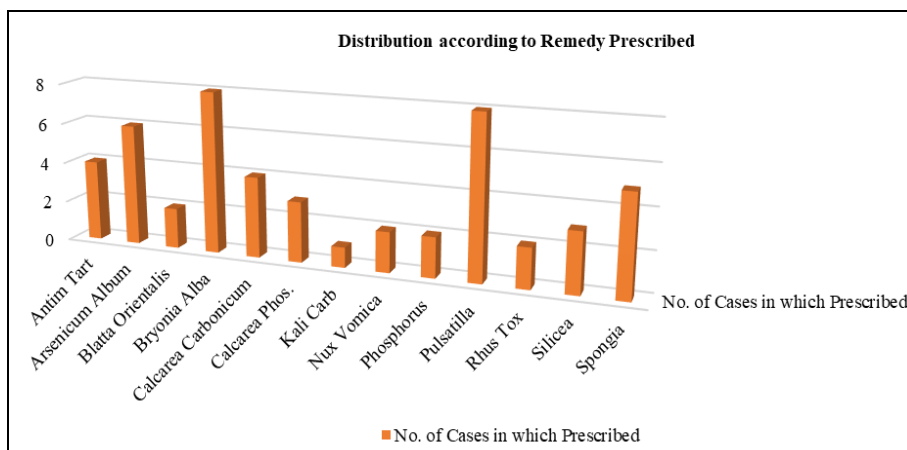


Fig 3: Distribution According to Remedy Prescribed

Table 1: Distribution According to Gender

Male	Female	Total
34	16	50

Table 2: Distribution According to Age

6 yrs – 10 Yrs	10 yrs – 15 yrs	Total
32	18	50

Table 3: Distribution According To Remedy Prescribed

Remedy	No. of Cases in which Prescribed
Antim Tart	4
Arsenicum Album	6
Blatta Orientalis	2
Bryonia Alba	8
Calcarea Carbonicum	4
Calcarea Phos.	3
Kali Carb	1
Nux Vomica	2
Phosphorus	2
Pulsatilla	8
Rhus Tox	2
Silicea	3
Spongia	5

Table 4: t-Test for ACQ Score

	Variable 1	Variable 2
Mean	3.4857142	0.7742858
Variance	0.074968823	0.257467685
Observations	50	50
t Stat	33.25284341	
P(T<=t) two-tail	3.52408E ⁻⁵⁵	
t Critical two-tail	1.984467455	

Discussion

Table 1 shows that out of 50 patients 34 were male while 16 were female. Studies also shows that in children, there is 2:1 male/female ratio, but this gender ratio equalizes by the age of 30 years [2].

Table 2 shows that 32 patients were belonging from 6 to 10 yrs. of age and 18 were from 10 to 15 yrs. of age.

Studies suggests asthma among children between 13 – 14 years of age was less than the younger children (6 – 7 years of age) [7, 8].

Table 3 shows results of remedies prescribed. Bryonia Alba was prescribed in 8 cases, Pulsatilla in 8 cases, Arsenicum Album 6 cases and Spongia in 5 cases.

Antim Tart, Blatta, Calcarea Carbonicum, Calcarea Phos, Nux Vomica, Phosphorus, Rhus Tox, and Silicea have been prescribed to a small number of cases, ranging from 2 to 4 while Kali Carb was prescribed in 1 case.

Table 4 shows the results of a t-test comparing the Asthma Control Questionnaire (ACQ) scores before and after Homoeopathic intervention, displays the results of a two-sample t-test.

The mean of variable 1 (before) is considerably higher than the mean of variable 2 (after). This suggests a notable difference between the two groups. The p-value is extremely close to zero.

Given the extremely low p-values (3.52408E⁻⁵⁵) and the high t-statistic (33.25284341), we can conclude that there is a difference that is statistically significant before and after treatment.

Conclusion

From the above discussions and the analysis of results we can conclude that individualized Homoeopathic treatment is effective in Bronchial asthma in pediatric age group.

More controlled trials should be conducted to further study the efficacy of Homoeopathy as a better alternative to bronchodilators.

Acknowledgments

The authors wish to thank Sainath Hospital OPD of Ahmedabad Homoeopathic Medical College, Parul University for providing necessary supports. The authors also extend sincere thanks to Professor Elizabeth Juniper for giving consent for using the Asthma Control Questionnaire for academic and research purposes.

Author's Contribution

This is the author's original research under the guidance of co-author. Results, designing and conceptualization is done by the author.

Conflict of Interest

There is no conflict of interest is involved in the above work.

Financial Support: Nil

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How to Cite This Article

Saurabh S, Shah K. To study the efficacy of homoeopathy in cases of bronchial asthma in paediatric age group. *International Journal of Homoeopathic Sciences*. 2023;7(4):77-81.

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