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Analyzing the effectiveness of homoeopathic medicines in treating acute illnesses during the monsoon season: A retrospective observational study

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Abstract

While many acute illnesses might lead to potentially fatal situations, others are self-limiting and can resolve on their own. Infections by bacteria or viruses, minor wounds, and a condition in which a chronic sickness already present can all be included. Based on the acute symptomatology, it is advised that the acute remedy be chosen. In this present study 30 acute cases during the monsoon season were included for the study, it was found that females were mostly affected in the age group of 31 -40 years. The most common diagnosis was Acute bronchitis, Pulsatilla in 200th potency was found to be commonly used medicine. Other medicines such as Bryonia and Nux vomica, were also used. All the cases were assessed using Static physician global assessment score (sPGAs) in which 16 cases recovered from the acute disease and 14 cases showed improvement in the score before and after the treatment with homoeopathic medicines. This shows the efficacy of homoeopathic medicines in treatment of acute disease during monsoon season.

Keywords: Acute disease, homoeopathy, monsoon, pulsatilla, static physician global assessment

Introduction

The diseases to which man is liable are either rapid morbid processes of the abnormally arranged vital force, which have a tendency to finish their course more or less quickly, but always in a moderate time are termed as acute disease ^[1]. The foundational principle upon which the homoeopathic system is built is the law of similar. Because a medication that is perfectly identical to another can be curative on its own, the rule of similar in its application requires extremely high standards of precision ^[2].

In India, the effect of changing climate during monsoon season leads to numerous health consequences resulting from disease transmission ^[3]. Majority of infectious diseases follow a seasonal pattern appropriate to conductive situation that is accessible to the microorganisms to spread and transmit a disease to human beings. The monsoon season not only brings rain but also a variety of illnesses. Simple precautionary actions before the beginning of disease definite period and use of efficient control measures during illnesses can significantly decrease morbidity and humanity due to these diseases ^[4]. The impact of meteorological phenomena, including heat waves, humidity, flooding, and rainfall, on infectious diseases is well-established ^[5]. Drastic rainfall can result in sewage system overflow, which can spread bacterial and viral infections like rotavirus and norovirus ^[6]. When there is an acute illness, the patient may report a few violent symptoms. An inquiry may reveal several additional, less violent symptoms, which when combined provide a full picture of the condition. The ideal homoeopathic cure is the one that provides the closest antitype to this illness picture ^[7].

Materials and Methods

30 patients affected by acute diseases during monsoon season will be selected for the study

Selection of Samples

Sample Size: 30

Sampling Technique: Purposive Sampling

Procedure

A sample of 30 case records of patients with Acute disease during the month of June to September was selected from OPD, IPD of Sarada Krishna Homoeopathic Medical College and Hospital, Kulasekharam. The sample included patients having complaint of acute diseases during monsoon season of all the age groups and both sexes. Static physician global assessment has been used to assess the improvement.

Inclusion Criteria

Patients selected irrespective of their sex, socio-economic status and occupation
 Patients of all age groups are taken
 Patients suffering from acute disease during the month of June to September

Exclusion Criteria

Patients with acute emergencies conditions
 Patients with other systemic illness
 Cases which needs surgical intervention are excluded.

Selection of Tools

Pre-structured Saradha Krishna Homoeopathic Medical College & Hospital case format.
 Static physician global assessment. This is represented in Table 1.

Table 1: Static physician global assessment score (sPGAs)

Severe	5
Moderate to Severe	4
Moderate	3
Mild	2
Almost clear	1
Clear	0

Outcome assessment

For effective assessment and evaluation, disease intensity score were given for each case. Before and after treatment scores were analysed by using paired ‘t’ test.

Statistical techniques and data analysis

Data are represented in pie charts, bar diagrams and tables.

Observation and Results

On analysing the 30 cases, relating to age group, 8 patients (26.66%) belonged to age group 31 to 40 years of age, 6 patients (20%) belonged to age group of 1 to 10 years of age, 5 patients (16.66%) belonged to age group 11 to 20 years of age, 3 patients belonged to age group of 21-30 years of age, 2 patients (6.66%) belonged to the age group of 41 – 50 years of age, 2 patients (6.66%) belonged to age group of 51 – 60 years of age, 2 patients (6.66%) belonged to the age group of 61 – 70 years of age and 2 patients (6.66%) belonged to the age group of 71 – 80 years of age. Out of 30 cases 66.66% female (20 cases) were affected and 33.33% male (10 cases) were affected. Out of 30 cases 21 patients (70%) from rural were affected and 9 patients (30%) from urban were affected.

On considering the ailment factor 10 patients (23.33%) affected from change of weather and 10 patients (23.33%) after drenching in rain, 6 patients (20%) affected from exposure to cold air, and 4 patients (13.33%) affected from getting wet. This is represented in Figure 1

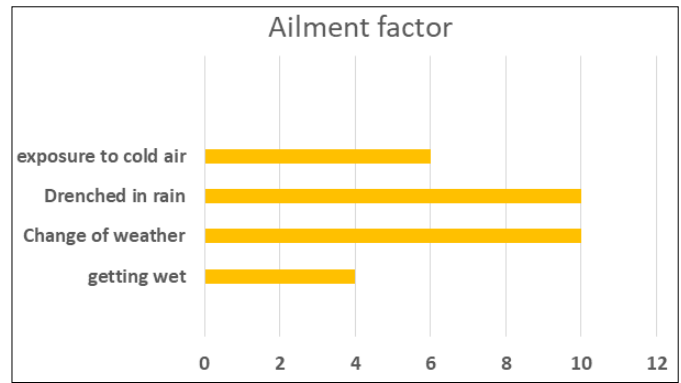


Fig 1: Distribution of cases according to ailment factor

Out of 30 cases 19 cases (63.33%) were diagnosed as Acute bronchitis, 6 cases (20%) were diagnosed as Pyrexia, 3 cases (10%) were diagnosed as Acute tonsillitis and 1 case (3.33%) diagnosed as Acute sinusitis and 1 case (3.33%) diagnosed as Acute pharyngitis. This is represented in Figure 2.

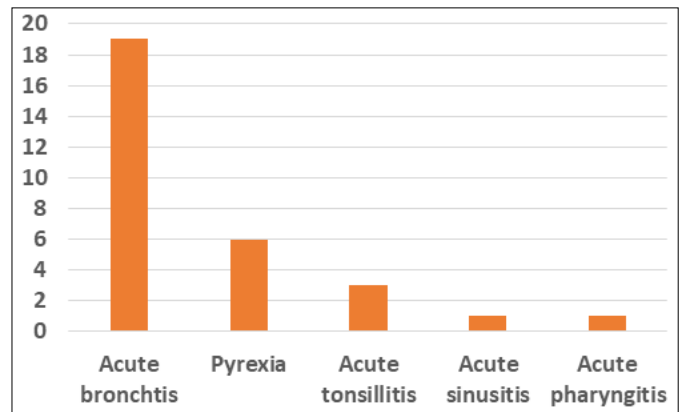


Fig 2: Distribution of cases according to diagnosis

On analysing the patients who were affected with Acute disease during monsoon season 7 patients (23.33%) were prescribed Pulsatilla, 5 patients (16.66%) with Bryonia, 4 patients (13.33%) with Nux vomica, 3 (10%) patients were prescribed with Calcarea carbonicum, 3 patients (10%) with Sulphur and another 3 patient (10%) with Belladonna, 2 patients (6.66%) were prescribed with Rhus Toxicodendron and 1 patient (3.33%) with Cantharis, 1 patient (3.33%) with Dulcamara and 1 patient (3.33%) with Natrum muriaticum, were also prescribed. This is represented in Figure 3.

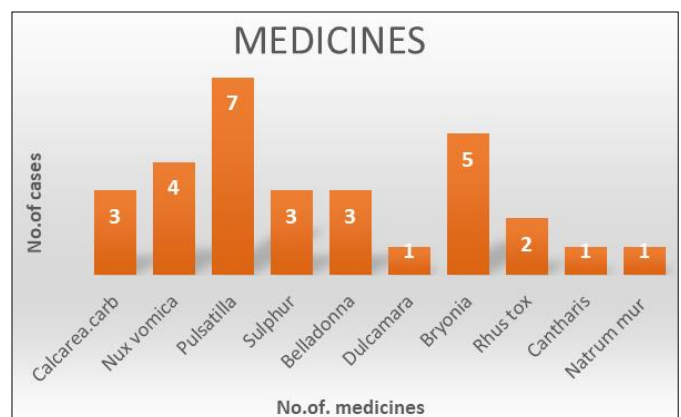


Fig 3: Distribution of cases according to medicines

On analysing the 30 cases, the most commonly used potency was 200 which was prescribed for 23 cases (76.66%), followed by 30 potencies for 4 cases (13.33%), 0/3 for 2 cases (6.66%) and 1M for 1 case (3.33%) respectively. This is represented in Figure: 4.

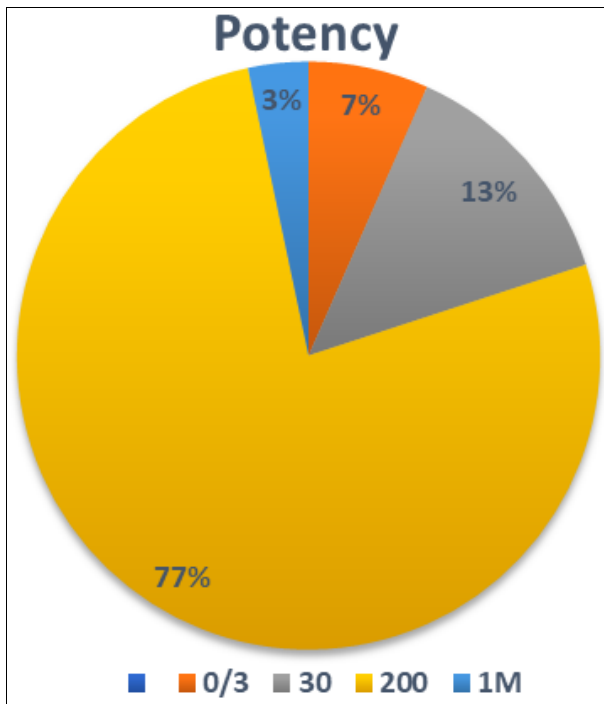


Fig 4: Distribution According to Potencies

All the 30 cases were drastically improved by the administration of the similar homoeopathic remedy. Out of the 30 cases, 16 cases (53.33%) recovered after the treatment, and the remaining 14 cases (46.66%) showed improvement in scoring chart. This is represented in Figure 5.

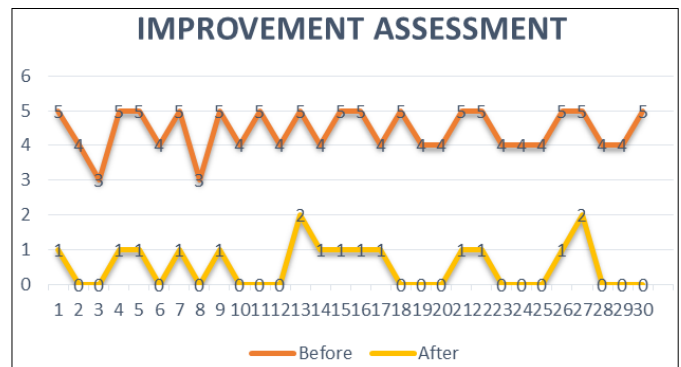


Fig 5: Distribution of cases according to improvement assessment

In the Statistical analysis using Paired ‘T’ Test, the two-tailed P value is less than 0.0001. This is represented in Table 2. By conventional criteria, this difference is considered to be extremely statistically significant. The study thus conducted provides strong evidence that there is significant reduction in the disease intensity score after the administration of the homoeopathic remedy. Thus we can say that homoeopathic medicine is effective in the treatment of acute disease during monsoon season

Table 2: Statistical analysis using Paired ‘T’ Test

	X	Y
Mean	4.43	0.53
Variance	0.63	0.63
Observations	30	30
Standard error	0.11	0.11
df	29	
t	39.0000	
P two - tail	1.30555E-26	

Discussion

In a previous study it was found that, children of age group 1-10 are commonly affected [8] and in this study people of age group 31-40 are commonly affected and females are more commonly affected in both the study. People residing in rural areas are commonly affected than people residing in urban areas. Similar study also supports this [8]. In a previous study a greater number of patients were affected with respiratory disease [9] mainly acute bronchitis which is similar to this study. The most common ailment factor was drenching in rain and change of weather in this study, similar study also shows that climate change followed by drenching in rain as the major factor for acute diseases during the month of June- July [10]. The commonly used medicine in this study during the monsoon season is Pulsatilla nigricans, Bryonia alba and Nux vomica. Similar study shows that Rhus toxicodendron, Bryonia alba, Pulsatilla nigricans as the commonly used medicines [8]. This study emphasizes the usage of 200th potency similar study in acute diseases has also shown that there is marked improvement in the usage of the same potency [8]. After the administration of the remedy 16 cases have been recovered and 14 cases have been improved.

Conclusion

From the above discussions and the analysis of results we can conclude that individualized Homoeopathic treatment is effective in the treatment of acute disease during monsoon season. Pulsatilla was the commonly used medicine and 200 potency was used in a greater number. As it is a retrospective study further research including controlled trials should be conducted to further study the efficacy of Homoeopathy medicines.

Conflict of Interest

No conflict of interest

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