

Homoeopathic Management of Upper Respiratory Infections in Children: A Non-Control Experimental Study

^[1] Dr Avinash Chandra, ^[2] Dr Bindu Sharma ^[3] Dr Ram Subramaniam
^[1] M.D.Hom (Paediatrics) Department of Medical Services at Dr Batra's Clinic Pvt.Ltd.
^[2] Medical director Dr Batra's Clinic Pvt.Ltd.
^[3] M.D (Pediatrics), Medical board Dr Batra's clinic Pvt. Ltd

Abstract: -- Children are extremely vulnerable to various forms of allergies; the most common is Upper respiratory tract infections. If not treated, tend to become chronic with severity, intensity and complications affecting the quality of life in both child and parent.

A non control experimental study was done at Electronic city Clinic of Dr. Batra's Positive Health Clinic from 2014 to 2016. 29 children from the age group of 0 - 12 yrs having positive skin test for allergy and positive IgE antibody test were enrolled and observed for a period of over 12 months. They were given individualized homeopathic medicines. The frequency and intensity of the complaints prior to the enrolment was compared with 6 months and 1 year of the treatment. All the children were better within 3 to 8 months of the treatment. The quality of life was assessed by asking questions to the parents reflect improved quality in 18 cases, very much improved in 10 cases. In only 1 case the parents did not find any change. 85% of the cases required Calcarea group i.e. Calc Carb or Calc. Phos. The Nat. Mur and Tuberculinum were given in rest of the cases. In all the cases 200 potency was used. None of the children had reported adverse drug reaction. The study shows the scope of homeopathic medicines in successful management of Upper respiratory tract infections of children without any side effect along with improved quality of life

I. INTRODUCTION

Inclusion criteria:

All patients presenting with signs and symptoms of upper respiratory allergies , sneezing, nasal discharge, cough , itching eyes , itchy nose, watering of the eyes and snoring.

Exclusion criteria:

1. Patients presenting with lower respiratory tract infections
2. Asthma
3. Skin allergies
4. Food allergies
5. Worms infestations
6. Associated skin disease
7. Fungal infections
8. Auto immune disorders

II. METHODOLOGY:

A total number of 29 children suffering from upper respiratory tract infection particularly with allergic

rhinitis were selected based upon the inclusion and exclusion criteria from the Electronic city of Dr Batra's clinic Bangalore. Each patient was treated from the duration of 2014 – 2016 under the age group of 0 to 12 yrs. The child's health was reviewed on weekly basis for 2 months followed by 2 wks health examination for the remaining 22 months. A detail clinical examination was carried out for all the children at every follow up. 17 children had "persistent" moderate to severe form of allergic rhinitis – presented with daily to alternate days of allergic rhinitis, severely affecting their sleep, daily routine, sports activity , frequent absenteeism at school while 12 children had "intermittent" moderate to severe form of allergic rhinitis presented with 4 times a month every month affecting severely their sleep, sports and absenteeism at school.(Table 1).

The clinical markers to understand underlying allergic tendency – IgE was carried out for all the patient using the skin prick technology.

Table 1: Classification of allergic rhinitis

1- “Intermittent” means that the symptoms are present:
<ul style="list-style-type: none"> • Less than 4 days a week, • Or for less than 4 weeks.
2- “Persistent” means that the symptoms are present:
<ul style="list-style-type: none"> • More than 4 days a week, • And for more than 4 weeks.
3- “Mild” means that none of the following items are present:
<ul style="list-style-type: none"> • Sleep disturbance, • Impairment of daily activities, leisure and/or sport, • Impairment of school or work, • Troublesome symptoms.
4- “Moderate-severe” means that one or more of the following items are present:
<ul style="list-style-type: none"> • Sleep disturbance, • Impairment of daily activities, leisure and/or sport, • Impairment of school or work, • Troublesome symptoms.

Technology: IGE marker:



The children were treated with individualized homeopathic medicines and acute episodes were treated with homeopathic specifics.

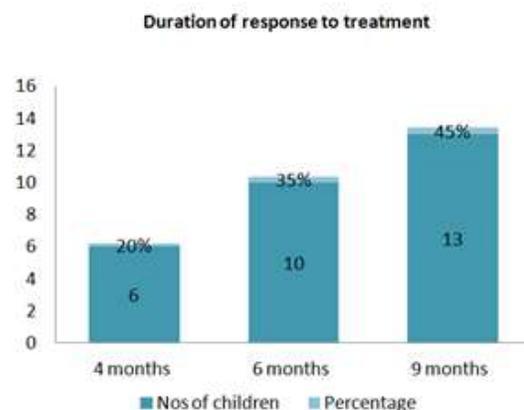
Category	Frequency Of allergic rhinitis	Intensity of allergic rhinitis	Dependency of anti allergic	Dependency over antibiotics	HRQL – Sleep, Fatigue(Sports),school absenteeism
Very much Improved	Once in 10 months	Symptoms occasionally in response to allergens lasting for not more than an hr	Stopped	Once in 20 months	Good Sleep Good energy levels started participation in sports No leaves due to sickness
Improved	Twice a year	Lasting for a day	Not required	Once – twice a year	Improved Sleep Increased energy levels Regular attendance
Not improved	Same as before	Same as before	Same as before	Same as before	Same as before

III. OBSERVATION:

Polarity was seen with family history of atopy: out of 7 children with positive family history of allergy, only 2 children had severe form of persistent allergic rhinitis while 5 children had intermittent moderate to severe form of allergic rhinitis (Table 1). However, IgE was positive in all the children irrespective of the family history of allergy. The children were who were on daily anti-allergic for over 6 months and required frequent antibiotics have stopped dependency over regular conventional treatment.

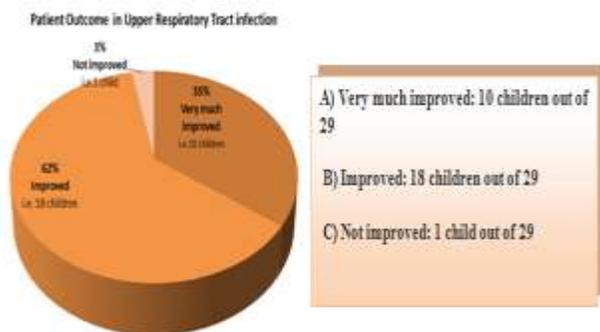
Results:

The response duration varied from children to children



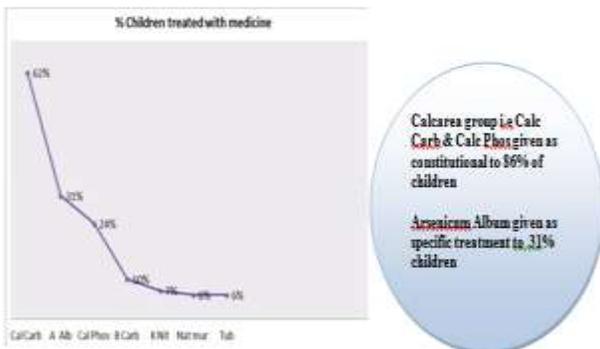
6 out of 29 children attain improvement within 4 months
10 out of 29 children attain improvement in 6 months
13 out of 29 children attain improvement in 9 months

Patient outcome



A) Very much improved: 10 children out of 29
 B) Improved: 18 children out of 29
 C) Not improved: 1 child out of 29

Observation: Response percentage to the homeopathic medicines



Calcarea group i.e Calc Carb & Calc Phos given as constitutional to 56% of children
 Arsenicum Album given as specific treatment to 31% children

that the Parthenium pollen is present in significantly high amounts in Bangalore Atmosphere and is a source of allergic Rhinitis⁽⁵⁾.

Allergic rhinitis is the most common respiratory disorder in most countries of the world. It is estimated that 600 million people suffer from this condition⁽²⁾. ISAAC⁽³⁾ study reports prevalence up to 40%. 80% of children with bronchial asthma have associated allergic rhinitis and 30% of children with allergic rhinitis develop asthma later⁽⁴⁾. Reports from India shows that 1 out of every 6 person has allergic rhinitis. Although a cause of significant widespread morbidity, allergic rhinitis is often viewed rather erroneously as trivial disease. It may significantly affect the Quality of Life (QOL) of the child by causing fatigue, headache, cognitive impairment and other associated symptoms. Allergic rhinitis may be associated with many comorbid conditions like conjunctivitis, pharyngitis, sinusitis, asthma, eczema, otitis media, lymphoid hyperplasia, obstructive sleep apnea, speech impairment, failure to thrive, reduced quality of life, family disruption and impaired sexual quality of life in adults.

The two categories of allergic rhinitis include:

- ❖ Seasonal - occurs particularly during pollen seasons. Seasonal allergic rhinitis does not usually develop until after four years of age.
- ❖ Perennial - occurs throughout the year. This type of allergic rhinitis is commonly seen in younger children
- ❖ Atopy, IgE and allergic disease IgE, the fifth class of human antibodies, was discovered in the 1960s, a major breakthrough for understanding the underlying mechanisms of allergy that has had a major impact on both diagnosis and treatment of allergic diseases. The term atopy, derived from the Greek word atopia (strangeness), was first introduced in 1923 by Coca and Cook to describe an inherited tendency to develop immediate-type hypersensitivity reactions against common environmental allergens. The definition of atopy thus is a genetic predisposition to produce IgE-antibodies against common environmental and harmless antigens and during the sensitisation period, the latent asymptomatic phase, IgE antibodies can be detected. However, on re-exposure to allergen the “atopic march” proceeds in some individuals

IV. DISCUSSION

Allergic Rhinitis in children is a commonly prevalent condition all over the world. Every year millions of people use over the counter (OTC) products to relieve nasal stuffiness & conditions like sneezing, running nose, sore throat & cough. The common causes of these symptoms include allergic rhinitis (Hay fever). Allergic rhinitis, which occurs during a specific season, is called "Seasonal allergic rhinitis". When it occurs throughout the year, it is called "Perennial Allergic Rhinitis". Allergic rhinitis in children is a common clinical condition we encounter in our OPD & the fact is that, Homoeopathy can deal with this state effectively. Allergic rhinitis in children if left untreated may lead to chronic sinusitis, otitis media, allergic bronchitis etc. Homoeopathic medicines have been found to be having good scope in the treatment of allergic rhinitis in children. Hence there is a need for a systematic & scientific study. A steady⁽⁵⁾ increase in the incidence of nasal allergy in Bangalore, suspected to be related to the spread of Parthenium. In previous studies, it has been established

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to a clinically symptomatic allergic disease. In most literature, atopic sensitisation is defined as the presence of specific IgE by in vitro tests or skin prick test in a symptomless subject. Allergy, on the other hand, is the clinical expression of an IgE-mediated disease, the symptoms depending on the affected organs. Hence, allergy is an immunological disorder, but is often referred to by many people when meaning any uncomfortable experience⁽¹⁾.

V. CONCLUSION

The study demonstrates the spectrum and scope of homeopathic medicine in treating Upper respiratory infections particularly allergic rhinitis in allergen sensitive children and its successful outcome without any side effects thus reducing the dependency over medications and reducing the hypersensitivity of these children to external factors even in IgE positive children thus improving health related quality of life in children.

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