

**A STUDY OF THE UTILITY OF HOMOEOPATHIC  
MEDICINES IN RECURRENT UPPER RESPIRATORY  
TRACT INFECTIONS IN CHILDREN BELOW 5 YEARS  
BASED ON THE CONCEPT OF INDIVIDUALISATION**

**DISSERTATION SUBMITTED TO THE  
UNIVERSITY OF PUNE  
IN PARTIAL FULFILLMENT OF REGULATION  
FOR THE AWARD OF DEGREE OF**

**DOCTOR OF MEDICINE  
IN  
HOMOEOPATHIC MATERIA MEDICA**

**SUBMITTED BY**

**DR. NITA M. RAMCHANDANI**

**UNDER THE GUIDANCE OF  
DR. J. D. PATIL**

**KAKASAHEB MHASKE HOMOEOPATHIC MEDICAL  
COLLEGE  
& P. G. INSTITUTE, AHMEDNAGAR (M. S.)**

**2006-2007**

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**Dr SAMUEL HAHNEMANN (1755-1843)**

**TO MY PARENTS**

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**CHAPTER 1**

**INTRODUCTION**

# **A STUDY OF THE UTILITY OF HOMOEOPATHIC MEDICINES IN RECURRENT UPPER RESPIRATORY TRACT INFECTIONS IN CHILDREN BELOW 5 YEARS BASED ON THE CONCEPT OF INDIVIDUALISATION**

## **1.0 INTRODUCTION**

*The art of healing comes from Nature, not the Physician ....  
Every illness has its own remedy within itself .... A man  
could not be born alive and healthy were there not already a  
Physician hidden in him*

**PARACELSUS**

Homoeopathy is a method of self healing assisted by small doses of medicinal substances. Like acupuncture, herbalism, and other natural methods, homoeopathy belongs to the vitalist tradition in medicine, based on the old

*vis medicatrix naturae*, the natural healing capacity, and summarized in the aphorisms of Paracelsus. Underlining these approaches is the following coherent philosophy of ancient lineage whose precepts still ring true despite modern efforts to ignore or surpass them (Jacobs and Moskowitz, 2001).

### **PRECEPTS OF HEALING:**

- Healing is the concerted effort of the entire organism and cannot be achieved by any part in isolation from the whole.
- All healing is essentially self-healing, which is a basic property of all living beings.

### **UPPER RESPIRATORY INFECTIONS**

Upper respiratory infections are common infections and include pharyngitis, sinusitis, epiglottitis, laryngotracheitis, and the common cold. In children it more often includes the paranasal sinuses and also the middle ear and nasopharynx. Viruses play a significant role in the pathogenesis of many of these infections. Bacteria and other organisms also are responsible (Ozkan, M., Dweik, R. A., 2004, <http://www.emedicine.com>).

**Pharyngitis** is an inflammatory process of the pharynx, hypopharynx, uvula, and tonsils that can be caused by viral or bacterial infection and, occasionally, both.

Sinusitis is an inflammatory process involving the paranasal sinuses (maxillary, frontal, ethmoid, and sphenoid). It usually is a bacterial complication of a viral upper respiratory infection.

**Epiglottitis** is a life-threatening disease observed most frequently in children aged 1-6 years, often during the fall and winter. Although less common, it also can affect adults.

**Laryngotracheitis** usually is the result of viral infection. The subglottic area and trachea are involved, whereas the area above the true vocal cords is spared. When children younger than 5 years have the infection, it is called croup.

The common cold is a mild, self-limited, catarrhal syndrome caused, for the most part, by members of 5 families of viruses. A small proportion of colds are complicated by bacterial infections of the paranasal sinuses and the middle ear.

**Pathophysiology:** In infectious pharyngitis, bacteria or viruses may invade the pharyngeal mucosa directly, causing a local inflammatory response. Other viruses, such as Rhinovirus, cause irritation of pharyngeal mucosa secondary to nasal secretions.

**Streptococcal** infections are characterized by local invasion and release of extracellular toxins and proteases. In addition, M protein fragments of certain serotypes of Group A beta-hemolytic streptococcal infections are similar to myocardial sarcolemma antigens and are linked to rheumatic fever and subsequent heart valve damage. Acute glomerulonephritis may result from antibody-antigen complex deposition in glomeruli.

The most common local predisposing cause of suppurative sinusitis is a viral upper respiratory tract infection. Inflammation and edema in the ostial meatal complex can obstruct the sinus ostium,

leading to hypo-oxygenation of the sinus, disturbed ciliary and mucous blanket function, and diminished local resistance.

In epiglottitis, supraglottic structures become inflamed and edematous, leading to narrowed airway and respiratory compromise. Epiglottitis in children almost always is caused by *Haemophilus influenzae* type b (HIB). In adults, it frequently is nonbacterial.

Laryngitis mainly affects children and begins with a prodrome of a few days of a mild viral upper respiratory infection. As the infection extends to the proximal trachea, diffuse inflammation with exudate and edema of the subglottic area causes narrowing of the airway. The cricoid ring of the trachea, in the immediate subglottic area, is the narrowest portion of the airway in a child. A small amount of edema can cause significant airway obstruction. Inspiratory stridor occurs when air flows through this narrowed subglottic area.

Infection with common cold viruses characteristically is short in duration and self-limited.

**Frequency:**

- A child has about 3-6 episodes of upper respiratory infection per year, but some have greater number during 2<sup>nd</sup> and 3<sup>rd</sup> year of life. Most of these infections include pharyngitis and/or laryngitis. Viral upper respiratory infections frequently occur in mini-epidemics. They are more common in the winter, except for those caused by enteroviruses, which are more common in the summer.

**Mortality/Morbidity:**

- Cases of untreated GAS pharyngitis can result in acute rheumatic fever, acute glomerulonephritis, peritonsillar abscess, and toxic shock syndrome. Mortality from pharyngitis is rare but may result from one of its complications. Sinusitis rarely is life threatening but can lead to serious complications, such as orbital cellulitis, subperiosteal abscess, orbital abscess, frontal and maxillary osteomyelitis, subdural abscess, meningitis, and brain abscess.

- **Epiglottitis** has a high risk of death due to sudden airway obstruction and other complications, including septic arthritis, meningitis, empyema, and mediastinitis.
- As a clinical entity, the common cold is a mild, self-limited, catarrhal syndrome that is the leading cause of acute morbidity.

**Race:** No racial difference in incidence exists.

**Sex:**

- In epiglottitis, male-to-female ratios between 1.8:1 and 4:1 have been reported.
- Laryngotracheitis has a strong male predominance, with a nearly 2:1 male-to-female ratio.

**Age:**

- Bacterial and viral pharyngitis have a peak incidence in school-aged children who are 4-7 years old. Epiglottitis usually occurs in patients aged 1-5 years.
- Laryngotracheitis is the most common form of airway obstruction or stridor in children aged 6 months to 6 years.

**Clinical History:**

- For the clinician, differentiating viral from streptococcal pharyngitis is most important because streptococcal pharyngitis has the potential sequelae of acute rheumatic fever and acute glomerulonephritis.
  - The clinical presentation of pharyngitis usually is soreness in the throat, sudden onset of fever, chills without rigors, and headache. Dysphagia also may be present, and if the uvula is involved, an uncomfortable feeling of a “lump” when swallowing may be felt.
  - Sudden onset is consistent with GAS pharyngitis.
  - Several days of coughing or rhinorrhea is more consistent with a viral etiology.
  - Headache is consistent with GAS or mycoplasma infection.
  - History of recent orogenital contact is important for gonococcal pharyngitis.

- History of rheumatic fever is important when considering treatment.
- Preceding vaccination is important for preventing diphtheria.
- The presentation of sinusitis often is nonspecific and changes with increasing age.
  - In young children, persistent rhinorrhea (which often is purulent), daytime and nighttime cough, foul breath, and (less commonly) fever are hallmarks of sinus disease. Less frequently, high fever, purulent rhinorrhea, and facial tenderness or swelling signal the likely presence of acute sinusitis.
  - In older children and adults, symptoms and signs are more localized. Frontal headache, facial pain or pressure, and nasal congestion are frequent complaints. Facial tenderness or swelling over the maxillary or frontal sinus may be present.
  - In chronic sinusitis, cough is especially prominent. The cough usually is present throughout the day, and it occasionally precipitates posttussive emesis, especially soon after awakening. Chronic headache also may be part of the typical cluster of symptoms reported by patients. The pain often is dull; it often radiates to the top of the head, or it may be bitemporal in nature.
- Usually, patients affected by epiglottitis are aged 1-5 years, and onset is sudden, with sore throat and fever.
- Children with laryngitis or croup often are noted to "bark" like seals. Usually, a mild upper respiratory illness with low-grade fever, runny nose, and mild cough occurs for a few days.
  - Hoarseness or loss of voice, sore throat with pain while swallowing, dry cough, a sensation of having a lump in the throat, and a slight fever (sometimes) occur.

- Swallowing may be difficult, and the person may feel fatigued.
- Symptoms of the common cold usually begin 2-3 days after infection and often include rhinorrhea, obstruction of nasal breathing, sneezing, sore throat, cough, and headache.
  - Fever usually is slight, but the temperature can reach 102°F in infants and young children.
  - Cold symptoms can last from 2-14 days, but two thirds of people recover in a week. If symptoms occur often or last much longer than 2 weeks, they may be the result of an allergy rather than a cold.
  - Otitis Media: Hearing defects, perforation and middle ear problems are common complications occurring due to lack of timely administration of medications.

**Physical:**

- Physical examination of patients with pharyngitis reveals pharyngeal erythema. Exudate is noted in at least 50% of streptococcal and adenoviral cases, and exudate is uncommon in Rhinovirus, coxsackievirus, and herpes simplex virus pharyngitis.
  - Anterior cervical adenopathy often exists with streptococcal infection.
  - The presence of posterior cervical adenopathy, laryngitis, diarrhoea, or rhinorrhea generally indicates a viral etiology.
  - Adenoviral pharyngitis usually is more severe than the illness typical of the common cold, and conjunctivitis is a distinguishing feature present in one third to one half of cases.
  - The presence of vesicles or shallow ulcers on the palate is characteristic of primary infection with herpes simplex virus (HSV).
  - Pharyngitis caused by coxsackievirus, called herpangina, can be distinguished by the presence of small vesicles on the soft palate, uvula, and anterior tonsillar pillars.

- Exudative tonsillitis, fever, cervical adenopathy, and fatigue are characteristic features of infectious mononucleosis caused by Epstein-Barr virus (EBV), and approximately half of cases have associated generalized adenopathy or splenomegaly.
- Approximately 15% of all cases of pharyngitis are caused by GAS, and, generally, marked pharyngeal pain, dysphagia, tender cervical adenopathy, and fever occur.
- In unvaccinated populations, diphtheria outbreaks still occur. Diphtheria is characterized by small areas of exudate that coalesce to form a light gray to dark gray membrane that becomes progressively thicker and more difficult to remove.
- In acute episode of pharyngitis, murmurs should be documented for potential rheumatic fever.
- Pharyngitis and lower respiratory tract infections are consistent with *Mycoplasma pneumoniae* or *Chlamydia pneumoniae*.
- In cases of sinusitis, purulent secretions in the middle meatus may be visualized using a nasal speculum and light. The speculum should be directed posterolaterally, avoiding the sensitive nasal septum.
  - Fever is observed in less than 2% of individuals with sinusitis.
  - Because they may cause nasal obstruction and promote recurrent sinusitis, septal deviation or nasal polyps are important findings.
  - Facial tenderness to palpation may be present, and complete opacification of sinus on transillumination performed in a completely darkened room may occur.
  - Sinus tap rarely is necessary for the diagnosis of sinusitis.

- Dental root infection may cause maxillary sinusitis, and checking for tenderness by tapping the maxillary teeth may be valuable.
  - Evaluating the ethmoid and sphenoid sinuses during routine physical examination is difficult.
  - Air-fluid level may be observed if the films are taken with the patient in the upright position.
  - Physical findings include fever, drooling, cervical adenopathy (about 25%), muffled voice (54%), respiratory distress, and inspiratory stridor.
  - The tripod position is sitting up on the hands with the tongue out and the head forward.
  - Mild cough, severe pain on gentle palpation over the larynx, and toxic appearance also occur.
- In most cases, croup and laryngotracheitis sound worse than they actually are. However, the child may become very tired because of the extra work of breathing.
    - Mild fever, tachycardia, tachypnea, and varying stridor, predominantly inspiratory, occur.
    - Drooling does not occur.
    - Retractions of the accessory muscles of the chest occur.
    - No change in stridor occurs with positioning.
    - Larynx tenderness is not present.
    - The subglottic region is inflamed, but the supraglottic region appears healthy.
    - Decreased breath sounds with decreasing stridor, pallor, and cyanosis indicate worsening disease and pending respiratory failure.
  - On physical examination, the findings may be few despite the subjective discomfort of the patient with the common cold.
    - A red nose and dripping nasal discharge occur.

- The glassy appearance of the nasal mucous membrane is due to the exudation of serum proteins and increased mucus secretions.
- Marked pharyngeal erythema and exudate are not observed with Rhinovirus and Coronavirus infections, but they do occur with pharyngoconjunctival fever of adenovirus infection.
- Tympanic membrane appears red, bulging, perforate showing purulent discharge from the ear, may show tenderness over the mastoid.

### **OTITIS MEDIA:**

It is a common pediatric ailment. Frequent respiratory infections often lead to Otitis Media. The other predisposing factors include bottle feeding, recurrent tonsillitis, anatomical and physiological anomalies like cleft palate and cranio facial defects.

Acute Otitis Media (AOM) is a painful infection of the middle ear, the portion of the ear behind the eardrum. (Another form of ear infection, otitis externa or swimmer's ear, is entirely different and is not covered here.) AOM often follows a cold, sore throat, or other respiratory illness. Although it can affect adults, AOM occurs primarily in infants and young children. It's estimated that by age 7, up to 95% of all children will have experienced at least one bout of AOM—it's the most common reason parents take a child to the doctor. When the Eustachian tube connecting the upper part of the throat to the middle ear is blocked by a cold's mucus and swelling, fluids pool behind the eardrum, providing an ideal place for bacteria to grow. An infection may set in, generating even more fluid. The pressure this exerts on the eardrum can be intensely painful. The eardrum turns red and bulges. Children too young to explain their discomfort cry, fuss, and pull at their ears. They might also appear unresponsive because they can't hear well—fluid build-up in the middle ear prevents the eardrum and small bones in the ear from moving, causing temporary hearing loss.

Most hearing loss associated with AOM ends when the infection is treated. However, recurring ear infections and their accompanying short-term hearing losses may affect a child's speech and language development. In addition, even after the infection goes away, fluid may remain, causing a complication called secretory Otitis Media (fluid build-up in the middle ear), which can cause continuous hearing loss for months. Other possible, though rare, complications of AOM include mastoiditis (an infection of the bone behind the ear) and spinal meningitis.

The science of Homoeo-therapeutics is a very specialised branch of Medical science which was introduced to the world by Dr. S. F. C. Hahnemann (1755 to 1843) in Germany. This science deals with human disease on specific principles, following the "Law of Similars".

The Law of Similars is very well explained in a simple way as, while peeling an onion, one develops running of nose, redness of eyes and watery eyes, with burning in eyes and nose. Similar are the sign and symptoms of allergic rhinitis and hay fever. This could be either seasonal called hay fever or due to the patient's susceptibility to very minute doses of some substance usually protein to which normal people are immune. The liquid present in between the numerous layers of the onion, is compressed under high pressure, it releases while peeling the skin, comes in contact with the air, and affects the eyes and the nose of the person peeling the onion and those around. The symptoms thus produced are very similar to allergic rhinitis and sinusitis. So onion or *Allium cepa* becomes one of the remedies for the disease. This is how the symptoms of the patient are artistically matched with the symptoms of drug.

The prescribed remedy helps the body and its biochemical activities to fight out the disease that is foreign to the body. In the process the immunity and the body defense mechanism is improved. It has been observed that those who are on homoeopathic medicine do develop immunity and hence resistance to the infection and seasonal

disorders. Also the approach is holistic dealing with human mind and body as a whole, the sense of general well-being is observed by the individual, that is, not only the disease is annihilated, but general health is restored.

There is a widespread feeling among the general public that homoeopathic medicines take a long time to relieve or cure. This is not true. It is our personal experience that when the medicine is well selected and matched with the disease condition and causative factor, the effect is immediate and patient recovers in the shortest possible time.

In acute conditions it has been observed that the quickest possible Result has been obtained in fever, upper respiratory infections, viral infection etc.

*Homoeopathic* medicines play a significant role in preventing the incidence of recurrence of *Upper Respiratory Tract Infection* by improving the immune response of the individual. Significant improvement is seen without side effects attendant on the use of routinely prescribed antibiotics and in whom such therapies have failed to provide adequate benefit. The correct prescription relieves the suffering, reduces the incidence of complications, and leaves the patient healthy in a general way.

Two great advantages of *Homoeopathic* treatment are seen-Firstly the nature of infection is of no importance, Viral diseases yield as readily as bacterial. There is no problem of natural or acquired insensitivity to chemotherapeutic agents.

In *Homoeopathy*, the patient is treated rather than the disease. In acute illness, the patient's changes from normal are taken into account. In chronic illness, the patient's mental and physical makeup are studied and considered, besides the *Hereditary* tendencies and the personal history of illnesses. The constitutional prescription will raise the general level of health.

**At present there is little data on the effectiveness of Homoeopathy treatment and prevention of Upper Respiratory Tract Infections (URTIs) in children in India. The author has carried out systematic investigation to study the efficacy of Homoeopathic treatment of Upper Respiratory Tract Infections in Children below 5 years based on Homoeopathic Principles of Individualisation. The results of study are presented in this thesis.**

**CHAPTER 2**

**PURPOSE OF SELECTION OF TOPIC**

## CHAPTER 2

### PURPOSE OF SELECTION OF TOPIC

*Upper Respiratory Tract Infection* is a condition seen very frequently in day to day practice. Parents get quite panicky with the child falling sick almost every month, and many a times not showing remarkable improvement even after broad spectrum antibiotics and antihistamines and steroids. There is no compilation of such a study of the aforementioned topic.

**CHAPTER 3**

**AIM AND OBJECTIVES**

## **CHAPTER 3**

### **AIM AND OBJECTIVES**

#### **AIM**

**To Study the Utility of Homoeopathic Medicines in Recurrent Upper Respiratory Tract Infections in Children below 5 Years based on Homoeopathic Principles of Individualisation.**

#### **OBJECTIVES**

**To study the efficacy of Homoeopathic treatment of Upper Respiratory Tract Infections in Children below 5 Years based on Homoeopathic Principles of Individualisation.**

- 1) Theoretical Study**
- 2) Efficacy of *Homoeopathic Medicines***
- 3) Cure**
- 4) Prevention of recurrence**

**CHAPTER 4**

**REVIEW OF LITERATURE**

## CHAPTER 4

### REVIEW OF LITERATURE

#### Homoeopathy

- Homoeopathy sees health as freedom on the physical level. Where each part of the body from the cells to the organ systems operates with ease, grace and energy in an integrated harmonious way for optimum efficiency, allowing us to respond quickly and appropriately to situations with little pain or limitations.
- Homoeopathy sees health as freedom on the emotional level. Where we experience the widest array of emotions possible. We have satisfying relationships with family, friends, society and ourselves. We do not repress our grief or have uncontrolled anger.
- Homoeopathy sees health as freedom on the mental level. When the various functions of the mind operate with clarity and efficiency. We experience self expression using our thoughts, our short and long-term memory work, or our mind is able to shut down from the days' events and anxieties at night to allow us to recuperate.

Jonathan Damonte

The basic tenet of homoeopathy is that disease can be cured by giving the patient minute amounts of a substance that can induce similar symptoms to the actual disease itself. This was felt to restore the patient's vital force. Dr. Hahnemann gave volunteers numerous different compounds and recorded the symptoms that these compounds caused in great detail. He then recorded this information in a book called 'Organon of Medicine' which is still used today to guide the homoeopathic doctor in which treatment to use. This book has been used for years to treat numerous different ailments. The very compound that was used to cause a particular condition was used in extremely small doses to treat patients who presented with similar symptoms. These drugs were diluted so many times they actually would not contain any molecules of the actual substance that was initially diluted. Interestingly, Dr. Hahnemann claimed the potency actually increases as the drug becomes more and more dilute. The solution used to dilute the

drug could be either water, alcohol or a combination of both. The process of repetitively diluting a drug is called potentiation. Each time a dilution takes place, the solution is vigorously shaken in order to evenly distribute the molecules in the solution. The mechanism of action of this medicine has never been explained scientifically. There has been some speculation that the diluent supposedly remembers, or in some way fingerprints, the initial drug that was diluted.

Another tenet of homoeopathy is that you are treating the patient rather than a particular disease or organ system. The homoeopathic medicine is given with hopes that the vital forces of the patient will be reestablished. In his book, 'Organon of Medicine', Hahnemann suggests that the essence of illness is a disorder in the vital forces. Because of this disorder, people are susceptible to different disease entities. By restoring the vital forces, the body is able to rid itself of the disease.

Another tenet of homoeopathy is that patients must allow enough time for the homoeopathic remedy to work. They are to avoid caffeine or other medications that may interfere with treatment.

**FOUBISTER, D. M. : *Homoeopathy and Paediatrics***

A common problem in children is frequent colds (often with chronically infected tonsils) and adenoids (often with Sinusitis, Otitis Media). Perhaps, the main indication for operation is evidence of a septic focus. Constitutional treatment is well worthwhile even if surgery is done later, as it raises the general level of health. Many remedies are indicated in such cases. Kent advocated Tuberculinum for chronically infected tonsils and adenoids with cervical adenitis.

**Lectures of Homoeopathic Therapeutics: Dr. K. P. Muzumdar, pp. 17 – 18, First Edition**

Diseases of the Upper Respiratory Tract are amongst the most common form of human illnesses. In most instances they are not life threatening, generally they do not lead to serious disability.

In Psoric individuals, the catarrh starts with sneezing, redness, heat, sensitiveness to touch, sometimes the discharge is thin, acrid, watery.

In sycosis, the nose is red with enlarged capillaries, snuffles in children scanty but purulent nasal discharge of fish brine odour, yellowish green, strong alteration of symptoms of clear and obstructed nose.

In Tubercular individuals, there is much sneezing, discharge is thick, purulent, blood stained, yellow with odour of old cheese.

In the syphilitic phase children develop snuffles and/or with ulceration thick crusts (clinkers) which are dark greenish, tick brown, blocks nasal cavity, may or not be offensive.

Sore throat is the most common symptom of Upper Respiratory Tract Infection with varying degree of discomfort. Symptoms range from mild redness, congestion of blood vessels (Psoric), intense red purple colour, patchy yellow exudates. Hypertrophy of all lymphoid tissue (Tubercular) scratchy throat, difficulty in swallowing of saliva, constant desire to clear throat, with viscid scanty mucus are the usual symptoms. Severe inflammation of Tonsils and Pharynx are Pseudo Psoric expressions. Fever may be present in Psoric or Pseudo Psoric only to show the reaction of the body of the adverse stimuli.

### Advantages of Homoeopathic Treatment

Homoeopaths' consultations for chronic conditions include an extremely detailed case history. Patients are asked to describe their medical history and current symptoms. Particular attention is paid to the "modalities" of presenting symptoms—that is, whether they change according to the weather, time of day, season, and so on. Information is also gathered about mood and behaviour, likes and dislikes, responses to stress, personality, and reactions to food. The overall aim of the history taking is to build up a "symptom picture" of the patient. This is

matched with a “drug picture” described in the homoeopathic *Materia medica*. On this basis, one or more homoeopathic medicines are prescribed, usually in pill form. Sometimes treatment consists of only one or two doses. In other cases a regular daily dose is used. Two to six weeks after the start of treatment, progress is reviewed and alterations made to remedy or dilution. A patient's initial symptom picture commonly matches more than one homoeopathic remedy, and follow up allows the practitioner to make an empirical judgment on whether a particular remedy was the correct one to prescribe. If the patient is doing well the practitioner may stop treatment and monitor progress. If symptoms recur the treatment may be repeated at the same or a higher potency. If the symptom picture has changed at follow up a different homoeopathic prescription may be given even though the conventional diagnosis remains unchanged. Homoeopathic consultations in private practice may last over an hour. Many homoeopaths also recommend changes to diet and lifestyle (Vickers and Zollman, 1999).

Extensive literature has been studied by the author in relation to the research in Homoeopathy vis-à-vis Upper Respiratory Tract Infections in children from books, scientific papers from various journals, internet web sites and clinical cases. A review of the literature studied is presented in the following.

#### 4.1 Research in Homoeopathy

The evidence for clinical effectiveness for Homoeopathy is derived from published works. The first large meta-analysis was carried out to study the quality of the 107 trials (Kluijnen et al., 1991). Out of the total of 107 trials, 81 trials indicated positive results whereas in the remainder no positive effects of Homoeopathy were found. A similar analysis was reported by Linde et al., (1997) and the results indicated substantially the same conclusions drawn by Kluijnen et al. (1991). Another meta-analysis (Linde, et al., 1994, 1997) investigated the effects of Homoeopathy in laboratory experimental systems, reaching the conclusion, from the analysis of over 100 such studies that

Homoeopathy does have a fundamental effect in a variety of carefully controlled and scientifically exacting experiments. It therefore seems reasonable to suggest that there is some good basis for prescribing Homoeopathy, but far more detailed research is required. This must concentrate specifically on looking at new methods that help understand how the very individual process of homoeopathic prescribing can be best tested in a scientific context.

Jonas et al (2000) carried out a systematic review of the homoeopathic literature using an established process taken from the behavioral medicine literature that avoided the bias toward drug studies produced by most medical systematic review approaches. This review allowed for calculation of a “valence effect” (a measure of confidence in reported effects) of homoeopathic compared to conventional treatment or placebo comparison groups. The researchers found that homoeopathy produced more favorable effects when compared to conventional treatments than compared to placebo studies. Thus, the system of homoeopathy may be more beneficial in actual practice than when studying the isolated remedies themselves (Jonas et al., 2001). This situation has led to a new movement: the documentation of homoeopathic care and its effects in primary or secondary care. Since homoeopathy has been used for centuries, it has a special status in some European countries. The remedies are registered, but not tested for efficacy in certain diagnoses.

The logic and epistemology of testing is often reversed in traditional healing practices such as homoeopathy (Verhoef et al., 2004). In pharmacology, after a broad basic research and screening processes, only few substances make their way to final phase 3 and phase 4 testing for efficacy and, only later, is their broad applicability tested in post-marketing surveillance studies.

In homoeopathy, there is a well-known and broad spectrum of potential single remedies we know little about in terms of classical efficacy. Thus, testing should start from a broad documentation of

safety, satisfaction, and effects, comparable to post-marketing surveillance studies in modern pharmacology. Comparative effectiveness between two treatments can be tested to find out about pragmatic usefulness compared to standard applications. It is at the end of the epistemological chain that research on mechanisms of action is done (Jonas, 2005). Thus, the order of testing is reversed. The goal is to document effects in clinical practice broadly. Where such studies are being done, sizeable and stable clinical effects on homoeopathy are reported (Güthlin et al., 2004; Becker-Witt et al., 2003, 2004). Roughly 70% of all patients using homoeopathy report they are considerably improved after treatment, and these effects remain stable during follow-up periods of 2–5 years.

In summary, there is an efficacy/effectiveness paradox (similar to that found in several other areas of complementary medicine research) with very weak evidence that homoeopathy is different from placebo but yet there is documented usefulness in general practice (Walach, 2001). We have a therapy that is useful when applied in open practice and produces substantial effects, even in patients with chronic diseases (Walach et al., 2005).

In conclusion Homoeopathy research should focus to identify a simple and single theory which can validate the results of the clinical and experimental research vis-a-vis, the effectiveness and efficacy of Homoeopathy.

Our health system has become more effective for treating acute diseases. The downside of it is that chronic diseases have moved into the foreground of health care. Even if future medical interventions will be able to solve these problems, it is questionable whether our societies will be able to afford these treatments (Walach, 2005). In this situation, homoeopathy might be an attractive alternative, since it is a minimal intervention with no known and documented side-effects, capitalizing on the individual organism's capacity to self-heal. Focused conventional intervention, when applied in the complex networks of living organisms,

is bound to produce an array of unwanted effects. Thus, the homoeopathic strategy may also be helpful for reducing adverse effects from treatment (Hyland, 2001, 2002).

#### **4.2 Mechanisms of Homoeopathy**

Much of the scientific effort has been directed at understanding why Homoeopathy work centers around the structure of water. Recent research would indicate that it may be possible for water to have a “memory”. The nature of this effect, and the reason it may be so persistent, is very difficult to explain. A number of ways of looking at homoeopathic remedies have been tried, of which the most interesting is the use of Nuclear Magnetic Resonance (NMR) spectroscopy. Some work has been carried out with this using homoeopathic Sulphur potencies. The spectra have been recorded with respect to the relevant intensities of the signals  $\text{H}_2\text{O}$  and  $\text{OH}^-$  between the homoeopathic remedy and the control NMR. Interestingly, it was also found that homoeopathic dilutions gave higher NMR peaks than did ordinary dilutions which had not been potentized (Giudice et al., 1988). Other promising approaches have come from new understandings of highly complex interactive systems such as chaos theory, but although there are interesting theories, as yet no definite answers have emerged (Barraclogh, 2001).

#### **4.3 Homoeopathy and Chaos Theory**

*"Like fractals, which are self similar at many magnitudes of size, the homoeopathic remedy is similar to the illness pattern at a different magnitude, and can make the whole system resonate until the limiting pattern is extinguished."*

Dr. Joel Shepperd, 1999

In homoeopathy substances are most powerful when they are diluted and succussed (shaken in a particular way) until we infer that only an information imprint and no molecules of the substance remain. In chaos theory, although everything seems irregular, actually we have many beautiful patterns-fractals-that are repeated in each system at smaller and smaller levels-infinitely. "Living organisms are composed of

multiple systems, displaying complex oscillations that interact with one another and the external environment." In disease, this complex oscillation and variability is reduced and we get unhealthy periodicity-for example, in the heart beat of someone about to have a heart attack. In chaos theory there are many possible patterns, often called "strange attractors." When a pattern is exactly matched, a small change can make a huge difference-the "butterfly effect" (Sheppard, 1999).

In a most interesting study, Sheppard (1999) explains the implications of chaos theory for Homoeopathy. In classical homoeopathy, where one single substance is tested for a particular health problem. At an ordinary dosage in a healthy person, the particular substance will produce the symptoms that the homoeopath wishes to treat. Amazingly, when the substance is diluted and shaken ("succussed"), many times over, treatment of a sick person, who has the completely matching symptoms, can result in a cure. When shown that it can be used successfully, the substance is said to be "proven."



**Fractals - from Julia Set**

An illness can be thought of as a "strange attractor," where the patient is stuck in particular patterns and needs to break out to healthy variability:

The loss of variability results in repeated patterns that are the symptoms, which lead to the similar homoeopathic remedy. Like

fractals, which are self similar at many magnitudes of size, the homoeopathic remedy is similar to the illness pattern at a different magnitude, and can make the whole system resonate until the limiting pattern is extinguished.

Homoeopaths should give due credit to the progress made over the years in Homoeopathy to the newly emerging theories, e.g., Quantum theory, Chaos theory, Systems theory and other developments. Such new theories should be incorporated into homoeopathic science which may conceivably alter the way we conduct provings, formulate ideas of materia medica, administer remedies etc. Applying new ideas would enhance our understanding and application of material medica, medical provings, treatment methodologies etc (Guess, 2002).

#### **4.4 Upper Respiratory Tract Infections**

Infections of the upper respiratory system by far the most common cause of illness in infancy and childhood, accounting for approximately 50 percent of all illness in children younger than five years of age (George and Huges, 1990). Young children develop on the average six to ten viral upper respiratory tract infections (Pless, 1982). Changed lifestyle, food habits, which include a lot of preservatives, artificial colours, increasing pollution, compact living have all contributed to an increase in the rate of upper respiratory tract problems in children. Most often, viral respiratory tract infections spread when a child's hands come into contact with nasal secretions from an infected person. These secretions contain viruses. When the child touches his mouth, nose, or eyes, the viruses gain entry and produce a new infection. Less often, infections spread when a child breathes air containing droplets that were coughed or sneezed out by an infected person. For various reasons, nasal or respiratory secretions from children with viral respiratory tract infections contain more viruses than those from infected adults. This increased output of viruses, along with typically lesser attention to hygiene, makes children more likely to

spread their infection to others. The possibility of transmission is further enhanced when many children are gathered together, such as in childcare centers and schools. Contrary to what people may think, other factors, such as becoming chilled, wet, or tired, do not cause colds or increase a child's susceptibility to infection.

### **Symptoms and Complications**

When viruses invade cells of the respiratory tract, they trigger inflammation and production of mucus. This situation leads to nasal congestion, a runny nose, scratchy throat, and cough, which may last up to 14 days. Fever, with a temperature as high as 101 to 102° F, is common. The child's temperature may even rise to 104° F. Other typical symptoms in children include decreased appetite, lethargy, and a general feeling of illness (malaise). Headaches and body aches develop, particularly with influenza. Infants and young children are usually not able to communicate their specific symptoms and just appear cranky and uncomfortable.

Because newborns and young infants prefer to breathe through their nose, even moderate nasal congestion can create difficulty breathing. Nasal congestion leads to feeding problems as well, because infants cannot breathe while suckling from the breast or bottle. Because infants are unable to spit out mucus that they cough up, they often gag and choke.

The small airways of young children can be significantly narrowed by inflammation and mucus, making breathing difficult. These children breathe rapidly and may develop a high-pitched noise heard on breathing out (wheezing) or a similar noise heard on breathing in (stridor). Severe airway narrowing may cause children to gasp for breath and turn blue (cyanosis). Such airway problems are most common with infection caused by parainfluenza viruses and RSV; affected children need to be seen urgently by a doctor.

Some children with a viral upper respiratory tract infection also develop an infection of the middle ear (Otitis Media) or the lung tissue (pneumonia). Otitis Media and pneumonia may be caused by the virus itself or by a bacterial infection that develops because the inflammation caused by the virus makes tissue more susceptible to invasion by other germs. In children with asthma, respiratory tract infections often lead to an asthma attack.

The initial clinical research suggests that Homoeopathy treatment may be effective in reducing symptoms and duration of upper respiratory tract infection conditions in children. The homoeopathic treatment has a very good scope in the treatment of upper respiratory tract infection (URTI) in children. The URTI can be managed with homoeopathic medicines very effectively with long-term treatment and a suitable constitutional remedy. With homoeopathy treatment the patient can be made less susceptible to URTIs. Also it has been observed that when children affected by URTIs are treated with homoeopathic medicines, the infection lethargy, anorexia are very negligible and the child enjoys good health, becomes active and playful much faster. This is one of the advantages of homoeopathy treatment. Also, as homoeopathic medicines are not organisms specific, there is no question of bacteria getting resistant to these remedies. Better quality clinical research is needed to further develop the evidence in this area. The available published research work relating to the utility of homoeopathic medicines in the treatment of recurrent upper respiratory tract infections in children is reviewed in the following.

**NELSON:**

Children have 3-6 *Upper Respiratory Tract Infections* per year, but some have a greater number during 2<sup>nd</sup> and 3<sup>rd</sup> year of life. There is no specific therapy in modern medicine to prevent this.

**FOUBISTER, D. M.:**

The constitutional medicine will raise the general level of health.

British Homoeopathic Journal: January 1996, Volume 85, pp. 4-14.  
Effects of individually chosen *Homoeopathic* medicines on recurrent *Upper Respiratory Tract Infection* in children “The question our study sought to answer to what degree do the *Homoeopathic* medicines (as compared to *placebo*) affect the general well being and the frequency, duration and severity of recurrent *Upper Respiratory Tract Infection* in children”. No conclusion has been mentioned here.

**SIVARAMAN:**

If only they could understand that these symptoms are only nature’s way of expression and the real sickness is not there, many torturing could be avoided.

Set right the man, then these symptoms will disappear automatically.

Hill and Doyon (1990) reviewed 40 randomized trials of homoeopathy for treatment of recurring upper respiratory tract infections in children. The results of homoeopathy treatment were compared to those of standard treatment, placebo, or no treatment at all. Most of the studies were double blinded. This means that neither the patient nor the physician knew if the patient was getting a placebo, a conventional treatment, or a homoeopathic remedy. The authors concluded that the results do not provide acceptable evidence that homoeopathic treatments are effective. Another study was performed on 175 children with frequently recurring upper respiratory tract infections. Approximately half were given homoeopathic medicines and the other half were given a placebo. The children were followed for 1 year to see if there was a decrease in the number of colds, tonsillectomies, adenoidectomies, and the necessity of antibiotic therapy. The authors concluded that homoeopathic medicines seemed to add little to careful counseling of children with recurrent upper respiratory tract infections. There was no significant difference in reducing the daily burden of symptoms, use of antibiotics, or the need for adenoidectomy and tonsillectomy. Interestingly, both groups had a decrease in the amount of antibiotic usage as well as surgery. This was explained on the basis

of education of both groups concerning when to seek medical care, as well as just basic counseling on upper respiratory infections.

A meta-analysis of 25 years of clinical studies using homoeopathic medicines for the treatment of upper respiratory tract infections suggested that 13 out of 19 trials showed positive results (E. de Lange de Klerk et al., 1994). This study investigated the intrinsic effects of individually prescribed homoeopathic medicines in a randomized double-blind placebo-controlled protocol. 170 children with frequently recurring upper respiratory tract infections (URTIs) were randomized to homoeopathic medicines (47 boys, 39 girls; median age at start 4.2 years; median number of episodes in past year 4) and to placebo (43 boys, 41 girls; median age at start 3.6 years; median number of episodes in past year 4). Measurements included: mean score for daily symptoms; number of antibiotic courses; number of adenoidectomies and tonsillectomies over one year of follow up. The mean daily symptom score was 2.21 in the treatment group compared with 2.61 in the placebo group (difference 0.41; 95% confidence interval - 0.02 to 0.83). This represents evidence of a difference between the groups ( $P \sim 0.05$ ). In both groups, the use of antibiotics was greatly reduced compared with that in the year before entering the trial. The proportion of children in the treatment group having adenoidectomies was somewhat lower in the treatment group (16%, 8/50) than in the placebo group (21%, 9/42). The proportion having tonsillectomies was the same in both groups (5%). The authors concluded that individually prescribed homoeopathic medicines may add little to careful counseling of children with recurrent URTI in reducing the daily burden of symptoms, use of antibiotics, and need for adenoidectomy and tonsillectomy. Given the trial's positive results for daily symptom score, however, there is reason to conclude that homoeopathy helped these children's recovery from illness.

Steinsbekk et al. (2004) investigated the effect of individualised treatment by homoeopaths in preventing childhood upper respiratory

tract infection (URTI). One hundred and sixty-nine children below the age of 10 participated in this pragmatic Randomly Controlled Trial (RCT). The children were randomly assigned either to receive homoeopathic care or to a waiting list control using self-selected conventional health care. The participants were recruited by post from children previously diagnosed with URTI. The outcome related to the prevention of new episodes of URTI was measured with mean total symptom score over 12 weeks. The average number of consultations was 2.9 (SD 0.6, range 1–4). The homoeopaths prescribed 22 different homoeopathic medicines. There was a significant difference in the predefined main outcome in favour of homoeopathy (24, 95% CI 11–36) compared to the control group (44, 95% CI 32–61) ( $P = 0.026$ , Mann–Whitney non-parametric test). The difference in mean number of days with URTI symptoms was statistically significant with 8 days (95% CI 4–12) in the homoeopathy group and 13 days (95% CI 9–15) in the control group ( $P = 0.006$ , Mann–Whitney non-parametric test). There was no statistical difference in the use of conventional medication or care between the two groups. The authors concluded that there was a clinically relevant effect of individualised homoeopathic care in the prevention of URTI in children. The study gives no data on the specific effect of homoeopathic medicines or the homoeopath.

The effect of homoeopathic treatment for prevention of childhood upper respiratory tract infection (URTI) was investigated in a double-blind randomized parallel group placebo controlled trial in 251 children previously diagnosed with URTI. The children were randomly assigned to receive either placebo or ultramolecular homoeopathic medicines in C-30 potency (diluted 10-60) administered twice weekly for 12 weeks. The selection of the medicine was based on simplified constitutional indications for the three medicines most frequently prescribed by Norwegian homoeopaths for this group of patients. The main outcome measure relates to the prevention of new episodes of URTI measured with median total symptom score over 12 weeks. The results of the study indicated no difference in the predefined primary outcome

between the two groups ( $P = 0.733$ ). Median URTI scores over 12 weeks in the homoeopathic medicine group were 26.0 (95% confidence interval (CI) 16.3, 43.7) and for placebo 25.0 (95% CI 14.2, 38.4). There was no statistical difference between the two groups in median number of days with URTI symptoms or in the use of conventional medication/care. The authors concluded that the lack of the effect was due to the process of selection and type of medicines (Steinsbekk, Aslak et al., 2005).

Steinsbekk, et al. (2005), carried out a study to investigate whether individualised treatment by homoeopaths is effective in preventing childhood upper respiratory tract infection (URTI). Open, pragmatic, randomised parallel-group trial was adopted with waiting-list group as control. One hundred and sixty-nine children below the age of 10 years, recruited by post from children, previously diagnosed with URTI, were randomly assigned to receive either pragmatic homoeopathic care from one of five homoeopaths for 12 weeks or to a waiting-list control using self-selected, conventional health care. The results of the study suggested a significant difference in median total symptom score in favour of homoeopathic care (24 points) compared to the control group (44 points) ( $p = 0.026$ ). The difference in the median number of days with URTI symptoms was statistically significant with 8 days in the homoeopathic group and 13 days in the control group ( $p = 0.006$ ). There was no statistical difference in the use of conventional medication or care between the two groups. This study indicates that there was a clinically relevant effect of individualised homoeopathic care in the prevention of URTI in children.

Barrett et al (1999) reviewed 13 trials that used echinacea for the Upper Respiratory Tract Infections (URTIs) in children from Canada. Out of the 13 trials, 9 trials used echinacea as therapy and 4 as prevention trials. The study indicated that 8 of the 9 treatment trials reported benefit from echinacea therapy, and two of the prevention trials reported benefit while 2 did not. Vohra and Reider (2005) studied the results of 16 trials using echinacea, 8 as therapy for URTIs and 8 for prevention with a total

of 3396 subjects studied. The prevention studies suggested that there was strong evidence for benefit trials compared to prevention trials. It was concluded that echinacea appears to show beneficial effects in the context of Upper Respiratory Tract Infections (URTIs) in children and are confined to the treatment, but not prevention. Echinacea appears to show benefits in the treatment of URTIs when it is given early, and this is related to the reduced progression of symptoms.

#### **4.5 OTITIS MEDIA**

Some children with upper respiratory tract infection also develop an infection of the middle ear (Otitis Media). Otitis Media is one of the most frequent diseases of early infancy and childhood and one of the most common reasons for children to visit a Physician. In the past two decades, there has been a substantial increase in the diagnosis of Otitis Media worldwide. Otitis Media may be caused by the virus itself or a bacterial infection that develops because the inflammation caused by the virus makes the tissue more susceptible to invasion by other germs.

Ear infections (Otitis Media) in children can cause irritability, difficulty sleeping, runny nose, fever, fluid draining from the ear, loss of balance, mild to severe ear pain, and hearing difficulty. Untreated infections can cause permanent hearing impairment and can also spread to other parts of the head, including the brain. Frequent or persistent ear infections in children can reduce their hearing when normal hearing is critical for speech and language development. Use of antibiotics each time can contribute to the problem of antibiotic resistance. In the most common type of ear ache (Otitis Media) homoeopathic medicines can relieve the symptoms while also increasing child's overall immunity (Jacobs et al., 2001; Frei and Thurneuisan, 2001)

A double-blind, placebo-controlled trial of 38 children evaluated the effectiveness of *Pulsatilla* D2 in the treatment of Otitis Media (Mossinger, 1985). However, the tested remedy failed to prove more effective than placebo.

Two studies compared homoeopathic treatment to standard treatment for ear infections (Friese, et al., 1997; Harrison et al., 1999). However, these studies were not double-blind, and for that reason alone the results mean little. In addition, there is some controversy regarding whether standard treatment is very much more effective than no treatment (Rosenfeld et al., 1994; Alho et al., 1996; Rothrock, et al., 1997; Del Mar et al., 1997; Damoiseaux et al., 2000). Therefore, even if they had been performed correctly, these studies wouldn't have provided much in the way of information.

A placebo-controlled clinical trial of the treatment of recurrent ENT/respiratory tract infections in children, to investigate the effect of homoeopathic treatments was carried out. A mailed questionnaire was sent to 237 homoeopathic physicians in France and the data were analysed. The study involved cases of 309 different acute treatments and 422 different preventive treatments. A total of 467 different homoeopathic remedies were used. The analysis indicated a favourable response to homoeopathic response to treatment of recurrent ENT/respiratory tract infections in children. More clinical trials will be required to establish the effect of homoeopathic treatment of ENT/respiratory tract infections in children (Cornu et al., 1995).

Harrison et al (1999) reviewed the results of a randomised controlled trials carried out to investigate whether homoeopathic treatment of children suffering from glue ear (Otitis Media) is more effective than standard General Practice (GP) in Southern England. The trial included thirty-three children aged 18 months to 8 years suffering from Otitis Media with effusion, hearing loss >20 dB and an abnormal tympanogram (Friese et al., 1997). The principal outcome measures were hearing loss, tympanogram, referrals to specialists and number of courses of antibiotics at 12 month follow-up. More homoeopathy patients than controls had a normal tympanogram (75 vs 31%,  $P=0.015$ ). Referrals to specialists and antibiotic consumption were lower in the homoeopathy group. A higher proportion of children receiving

homoeopathic care had a hearing loss less than 20 dB at follow-up (64 vs 56%). The authors conclude that further research comparing homoeopathy to standard care is warranted.

A pilot study comparing homoeopathic treatment with placebo for acute Otitis Media was conducted in 75 children (mean  $\pm$  S.D. age, 42.1  $\pm$  15.9 and 36.6  $\pm$  13.6 months in the homoeopathy and placebo groups, respectively). The goal of the study was to determine clinical response and the sample size required for a future trial with adequate power (Jacobs et al., 2001). Several homoeopathic medicines were used, depending on the child's initial symptoms. The study found no difference between the treatment (most commonly chamomilla, sulfur, *Pulsatilla nigrans*, or calcium carbonate three to five pellets sublingually three times daily for five days or until improvement) and placebo groups in treatment failures (defined as ear pain or fever of  $>38$  °C [measured orally] during the first 48 hours of treatment or severe ear pain resulting in crying or fever of  $>39$  °C after the first 24 hours) at five days, two weeks, and six weeks. There was no difference in the presence of middle-ear effusion at two and six weeks. Although there was a difference in symptom scores over the first 72 hours, the authors calculated that 243 children would be needed in each group to detect a significant difference between the groups with  $\alpha = 0.05$  and a power of 80%. No adverse drug reactions were reported in either group.

The efficacy, safety, and cost-effectiveness of homoeopathy for acute Otitis Media were assessed in 230 children (mean age not reported) coming to a clinic for treatment (Frei and Thurneysen, 2001). The patients received 1 of 26 homoeopathic medicines chosen on the basis of their symptoms. The authors did not state the methods used to assess pain. An antibiotic was given if the child still had pain 12 hours after the first dose and 6 hours after a second dose. Whether analgesics were given was not stated. No conclusions can be made.

A comparison of individualized therapy with homoeopathy medicines (based on symptoms) versus placebo in 75 children (median

age, 4.2 [range, 1.5–9.8] years and 3.6 [1.7–7.9] years in the homoeopathy and placebo groups, respectively) with recurrent URTI showed no difference in daily symptom scores, the number of antibiotic courses, or the proportion of children having adenoidectomies or tonsillectomies (De Lange de Klerk, 1994). No information regarding adverse reactions was reported.

There is actually considerably more laboratory research on homoeopathic medicine than most people realize. However, it must also be recognized that more research is certainly needed to help homoeopaths optimize their use of powerful natural medicines.

The amount of research on homoeopathic medicines is growing, and it is becoming increasingly difficult to ignore these studies, because they are now appearing in many of the most respected International and Scientific and Medical journals (Dana, 1981, 1986; Scofield, 1984).

Modern research is designed to evaluate the therapy as compared to the placebo and/or another therapy. This type of study is valuable because many patients respond very well to placebos, this “treatment” is so safe and inexpensive, it is generally assumed that “real treatments” should have considerably better results than placebo medicine.

The currently available data are not adequate to establish the efficacy and use of homoeopathy for treatment and prevention of Upper Respiratory Tract Infections (URTIs) in children below 5 years. There are conflicting data regarding the efficacy of homoeopathy. Some trials have shown positive efficacy on reducing the number of episodes and the duration of the symptoms and some showed no efficacy. Not all studies show efficacy of homoeopathic medicines, not because they do not work, but mostly because the studies were poorly designed.

Large randomized control trials with adequate sample sizes and power are required before definitive conclusions can be made about the efficacy of various homoeopathic medicines for the treatment and

prevention of Upper Respiratory Tract Infections (URTIs) in children below 5 years.

There are different types of homoeopathic clinical research, some of which provide individualization of remedies which is the hallmark of homoeopathic methodology, some of which give a commonly prescribed remedy to all people with a similar ailment and some of which give a combination of homoeopathic medicines to people with a similar condition. While one can perform good research using any of these methods, there are certain issues that the researchers have to be aware of and sensitive to in order to obtain best objective results.

The present clinical research teaches us that individualization and use of well chosen remedies are essential for most effective treatment. In order to advance the present knowledge in the field of clinical research the author has carried out a systematic study to investigate the utility of homoeopathic medicines for the treatment and prevention of recurrent Upper Respiratory Tract Infections (URTIs) in children below 5 years based on the concept of individualization. The study is based on the data relating to the homoeopathic treatment carried out with detailed case studies and their follow up on children below the age of 5 years in the Out Patient Department (OPD) of the KAKASAHEB MHASKE HOMOEOPATHIC MEDICAL COLLEGE & P. G. INSTITUTE, Ahmednagar, Maharashtra State).

The above observed data after a detailed assessment were analysed and appropriate statistical significance tests were applied. The details of the research work carried out, data analysis, evaluation and the outcome of the research work carried out by the author are presented in different chapters of this thesis.

**CHAPTER 5**

**MATERIALS AND METHODS**

## **CHAPTER 5**

### **MATERIALS AND METHODS**

The study is divided into the following components:

- (i) Theoretical study which includes Review of Literature
- (ii) Clinical study

#### **Clinical Study:**

##### **1. Period of study:**

The study was conducted over a period of one year at the IPD and OPD of Kakasaheb Mhaske Homoeopathic Medical College & Hospital, Nagapur, Ahmednagar (M. S.) and allied OPDs conducted by KMHMCH, Ahmednagar.

Study was carried out on 30 patients with detailed case studies and follow-ups of 6 months to one year.

##### **2. Case Definition:**

Homoeopathy is based on Holistic and Individualistic, the collective and selective thinking. The principle of individualization allows the physician to cater to the needs of an individual patient.

The cases in which case histories that were adequately and accurately taken were subjected to experimental work. The case was defined strictly in accordance with the central tenet of prescribing, that is, “Law of Similars”, to which is interwoven the doctrine of individualization.

The homoeopathic medicine was given only when the indications of it were present and the case analysed, evaluated and synthesized in logical and rational way. It was given as per indication of it in a particular case (for e.g., as intercurrent, neutral symptom similarity for initiating treatment etc).

##### **3. Inclusion Criteria:**

Subjects of age below 5 years and both sexes, who fulfilled the standard case definition were included in the study.

**Patients were taken irrespective of socioeconomic status.**

**Instead of full names initials were used.**

**4. Exclusion Criteria:**

**All the cases that did not fulfill the standard case definition were excluded.**

**Patients who refused to give proper case history were excluded.**

**5. Clinical Protocol:**

**The data have been collected by purposive sampling method and processed in a standard format with the following steps:**

- (i) Patients have been selected as per inclusion criteria**
- (ii) Details of research work have been explained to the patients and their consent has been taken.**
- (iii) Nosological diagnosis of a case has been done with adequate investigations.**
- (iv) All cases have been taken in standardized case record.**
- (v) Processing of the case has been done as per the principles of Homoeopathy. The totality has been erected after analysis, evaluation and synthesis of the case.**
- (vi) References from Materia Medica and Repertory have been availed for selection of the remedy.**
- (vii) All the cases have been followed up for a period of 6 months to 1 year as per guidelines from Organon of Medicine and Homoeopathic Philosophy.**

**6. Selection of the Remedy:**

**A detailed study of the case was carried out after case taking. The medicine was given as per the indications, i. e., as intercurrent based on acute totality etc.**

**7. Selection of the Potency:**

**Potency selection was done according to the rules of Posology as per 6<sup>th</sup> Edition of Organon of Medicine and evolved logically afterwards.**

**8. Repetition Schedule:**

The drugs were repeated depending upon the presentation of the individual cases and responses during follow-up.

**9. Preparation of the Remedy:**

The drugs were brought from the standard Pharmacies, which manufacture the drugs according to standard Homoeopathic Pharmacopoeia.

**10. Storage of Drugs:**

Storage of drugs was as per rules of Pharmacy.

**11. Route of Administration:**

Medicines were administered orally.

**12. Criteria of Assessment:**

Assessment was based on general improvement of patient at mental and physical level and also at local level (inclusive of pathology).

New signs and symptoms developed after the medicine was administered was also assessed during the follow-up.

Whenever necessary, help of investigations was taken for assessment.

**13. Investigations:**

As per the need of the case, necessary investigations were asked for and utilized.

**14. Follow-up:**

The patients were asked to report depending on the clinical entity, general condition of the patient, severity of illness, nature of disease, nature of pathology and the organs affected etc.

**15. General Management:**

The following points have been taken into account:

**A). Problem Definition:**

Understanding precisely the exact problem of the patient from which the patient is suffering. This is worked out at three levels:

- i. **Diagnostic:** Arriving at the diagnosis of a disease through exclusion and inclusion method, with or without the aid the investigations.
- ii. **Patient as a Person:** Understanding the patient as a whole, through analysis of expressions in his various areas of functioning viz., family, work and society.
- iii. **Homoeopathic:** Analyzing, evaluating and synthesizing the case from Homoeopathic philosophy and practice.

**B). Problem Resolution:**

- i. Therapeutic/Homoeopathic aspect of resolution through a) Constitutional b) Acute c) Intercurrent d) Anti-miasmatic e) Nosodes etc.
- ii. Diet.
- iii. Ancillary Measures: Steam inhalation, saline gargles, etc.

**CHAPTER 6**

**CASES**



**Case No: 1****Name: S.A.S.****Age: 4 years****Sex: F****Doc: 16-2-2006****Chief Complaint:****Recurrent Colds – last 8 months****Associated Complaints:****Nocturnal enuresis – 1 month****ODP:**

For last 8 months, the child has been getting Recurrent Upper Respiratory Tract Infections. Generally starts with irritation in throat, dry cough, followed by moderate fever, thick nasal discharge, green, easy. On the average she has been getting such attacks every month for the last 8 months. Nocturnal enuresis almost daily for last 1 month, started after seeing a horror show. She continues to sleep after bed wetting.

**Personal History:****Appetite – Good****Craving – Cold drinks, cold milk, ice creams, sweets****Bowels – Move on alternate days****Sleep. – On back, irritable on awakening****Mind - Fear of animals, fear of darkness****General Examination:**

- Thin, fair child
- Cervical Lymphadenopathy
- Tonsils enlarged

**Systematic Examination:****N.A.D.****Case Summary:**

A thin fair child with history of Recurrent Ascending Upper Respiratory Tract Infections with thick green discharges. Nocturnal enuresis from fear. Desire for cold drinks. Irritable on awakening. Fear of animals. Enlarged tonsils and lymphadenopathy

**Clinical Diagnosis:****Recurrent Pharyngitis followed by Rhinitis****Final Diagnosis:****Recurrent Pharyngitis followed by Rhinitis****Chronic Totality of Symptoms:**

- Tendency to Recurrent URTIs – Ascending Type
- Nocturnal Enuresis < fear

- Craving for cold drinks
- Fear of animals
- Irritable on awakening
- Enlarged tonsils and cervical lymph nodes

**Acute Totality of Symptoms:**

- Irritation in throat, dry cough
- Moderate fever
- Thick green easy nasal discharge

**Indicated Remedy:**

Tuberculinum

**Prescription:**

Tuberculinum 1M single dose  
S.L. TDS x 15 days

**Auxiliary Treatment:**

Avoid cold drinks and ice creams during acute episodes  
Eat plenty of fresh fruits rich in Vitamin C and vegetables regularly

**Follow up:**

Date	Progress	Prescription
1-3-2006	Better	S.L. TDS x 15 days
15-3-2006	Had an ice cream, complaint of throat pain, thick green coryza	Hepar Sulphuris 30 TDS x 2 days S.L. TDS x 15 days
28-3-2006	No fresh episode of URTI	Tuberculinum 1M single dose S.L. TDS x 1 month
27-4-2006	Better, no symptoms	S.L. TDS x 1 month
25-5-2006	Better, no cervical lymphadenopathy	S.L. TDS x 1 month
23-6-2006	Better, no symptoms	S.L. TDS x 1 month
24-7-2006	Better, no symptoms	S.L. TDS x 1 month
22-8-2006	G.C. better, no symptoms	S.L. TDS x 1 month

**Case No: 2****Name: A.G.A.****Age: 4 years****Sex: M****Doc: 17-2-2006****Chief Complaint:**

Recurrent cough for the past 12 months

**ODP:**

The child has a history of recurrent cough with vomiting, sticky white mucus and fever, < change of season, < night, < lying on stomach. He has recurrent cough and chronic Tonsillitis for the past 12 months. On the average he has such episodes once every month for the past 1 year.

**Past History:**

Recurrent cough and chronic Tonsillitis for the past 12 months.

**Family History:**

Mother – Frontal sinusitis and Recurrent URTI

**Personal History:**

Craving – Icecream, cold drinks, sweets

Thirst – Intense thirst for cold water

Thermals – Hot patient

Mind – Fear in the darkness

**General Examination:**

- Weakness
- Face – Plumpish
- Pulse – 84/min
- Temperature – Afebrile
- Lips – Thick
- Nose – Pinched
- Teeth – Protruding and irregular

**ENT Examination:**

Tonsils enlarged

**Systematic Examination:**

C.N.S. - well conscious and oriented

C.V.S. – S1, S2

P.A. – Soft non-tender

**Case Summary:**

A 4 year old weak child with recurrent cough, sticky white mucoid expectoration, fever, tonsils enlarged, nocturnal enuresis, > lying on stomach, < change of season, intense thirst, desires icecreams, sweets, thermally hot patient, fear in darkness. He has chronic hyper-trophic Tonsillitis, adenoid enlargement, sycosis. He is thermally hot patient. He has a family history of frontal sinusitis and Recurrent Respiratory Tract Infection (Mother).

**Clinical Diagnosis:**

Recurrent URTI with Hypertrophic Tonsillitis

**Final Diagnosis:**

Recurrent URTI with Hypertrophic Tonsillitis

**Chronic Totality of Symptoms:**

- Recurrent Upper Respiratory Tract Infection
- Hypertrophic Tonsillitis
- Adenoid enlargement, sycosis
- Intense thirst for cold water
- Nocturnal enuresis, > lying on stomach, < change of season
- Fear of darkness
- Hot Patient
- F/H Mother Frontal Sinusitis and Recurrent URTI

**Acute Totality of Symptoms:**

- Recurrent cough with vomiting, sticky white mucus, < change of season, < night
- Fever
- Tonsils enlarged
- Weakness

**Indicated Remedy:**

Medorrhinum

**Prescription:**

Medorrhinum 1 M single dose  
S.L. TDS x 15 days

**Auxillary Treatment:**

Avoid cold foods and oily foods

**Follow up:**

Date	Progress	Prescription
2-3-2006	Better, no symptoms	S.L. TDS x 15 days
16-3-2006	H/O eating ice cream had throat pain, pricking with deep barking cough	Hepar sulphuris 30 3 doses x 1 day S.L. TDS x 15 days
29-3-2006	Better, no symptoms	S.L. TDS x 1 month
28-4-2006	Better, no symptoms	Medorrhinum 1 M single dose S.L. TDS x 1 month
26-5-2006	Better, no symptoms	S. L. TDS x 1 month
25-6-2006	Better, no symptoms	S. L TDS x 1 month
25-7-2006	Better, no symptoms	S. L. TDS x 1 month
23-8-2006	G.C. better, started gaining weight	S. L. TDS x 1 month

**Case No: 3****Name: A.A.B.****Age: 3 years 6 months****Sex: M****Doc: 20-2-2006****Chief Complaint:**

Cough off and on – last 7 months

**ODP:**

The child has a history of developing dry cough off and on for last 7 months – brought on by change of weather < lying down < chocolates < night. Cough hard, dry, racking, sharp > after drinking water. On the average he has been getting such attacks every month for the past 6 months. There was no history of fever/loss of weight.

**Personal History:**

Appetite – Poor

Thirst – Increased

Desires – Sweets

Aversion – Milk, vomits after milk

Bowels – Hard, takes long

Urine - normal

Sleep. – Good, on back, awakes frequently, on slightest noise

Perspiration – On head, palms and soles

Hot Pt – Throws away cover

**General Examination:**

- Thin, child
- Tongue – thin, white coating, red tip
- Palms – hot, sweaty
- Head – warm to touch

**ENT Examination:**

Throat – congestion of pharyngeal mucosa

Granular Pharyngitis +

**Systematic Examination:**

N.A.D.

**Case Summary:**

A thin child, with history of recurrent dry cough on change of weather. Desires sweets, milk disagrees, constipated, perspiration on palms and soles, hot thermally.

**Clinical Diagnosis:**

Granular Pharyngitis

**Investigations:**

Haemogram – normal (no eosinophilia)

Stools – normal (no parasites)

**Final Diagnosis:****Granular Pharyngitis****Chronic Totality of Symptoms:**

- Tendency to recurrent URTI
- Recurrent dry cough
- Desires- Sweets
- Intolerance of milk
- Hot Patient
- Thirst-increased
- Bowels- constipated
- Perspiration palms, soles, head
- Sleep – wakes on slightest noise

**Acute Totality of Symptoms:**

- Dry cough from change of weather
- Dry cough < lying down, < chocolates
- Cough hard, racking, > drinking water

**Indicated Remedy:****Sulphur****Prescription:**

**Sulphur 1M single dose in the morning  
S. L. TDS x 15 days**

**Auxiliary Treatment:****Avoid chocolates, steam inhalation****Follow up:**

<b>Date</b>	<b>Progress</b>	<b>Prescription</b>
<b>6-3-2006</b>	<b>Better</b>	<b>S.L. TDS x 15 days</b>
<b>20-3-2006</b>	<b>Dry cough, irritation in throat</b>	<b>Spongia Tosta 30 TDS x 1 day S.L. TDS x 15 days</b>
<b>3-4-2006</b>	<b>Better – no symptoms</b>	<b>S.L. TDS x 1 month</b>
<b>2-5-2006</b>	<b>Had dry cough 4 days back, lasted for 2 days</b>	<b>Sulphur 1M single dose in the morning S.L. TDS x 1 month</b>
<b>1-6-2006</b>	<b>Better, no symptoms</b>	<b>S.L. TDS x 1 month</b>
<b>30-6-2006</b>	<b>Better, no symptoms</b>	<b>S.L. TDS x 1 month</b>
<b>28-7-2006</b>	<b>Better, no symptoms</b>	<b>S.L. TDS x 1 month</b>
<b>28-8-2006</b>	<b>G.C. better, started gaining weight</b>	<b>S.L. TDS x 1 month</b>

**Case No: 4****Name: A.N.L.****Age: 1 year 3 months****Sex: M****Doc: 22 - 2 – 2006****Chief Complaint:****Recurrent Coryza with blockage of nose – last 6 months****ODP:**

For the last 6 months, the child has recurrent coryza, almost every 15 days. It starts with thin, watery coryza, but then the coryza dries up with blockage of nose causing difficult nursing and breathing, followed by thick yellow – mucus from nostrils. Later dry cough, worse at midnight, causes him to wake up from sleep and sit up in bed.

**Personal History:****Appetite – Good****Prefers – sweets, warm milk****Cries during urination****Sleeps usually on abdomen****Does not keep cover during sleep****Child very sensitive to noise – starts at the least sound****General Examination:**

- Pale looking child
- Head – warm, sweat
- Lymphadenopathy – present
- Cervical nodes palpable
- Tongue – normal

**ENT Examination:****Thick yellow mucus in nostrils****Nose – air blast - almost nil****Mouth breathing****Systematic Examination:****N.A.D.****Case Summary:**

A toddler with history of Recurrent Rhinitis followed by stoppage of nose, cough for the last 6 months. The child has preference for sweets, warm milk, cries during urination, sleeps better on the abdomen, thermally more towards hot, sensitive to noise. Clinical examination – shows Lymphadenopathy, nasal obstruction with thick yellow mucus in nostrils.

**Clinical Diagnosis:**

Recurrent Rhinitis

**Final Diagnosis:**

Recurrent Rhinitis

**Chronic Totality of Symptoms:**

- Recurrent URTI
- Craves sweets, milk - warm
- Sleeps more comfortably on abdomen
- Hot Patient

**Acute Totality of Symptoms:**

- Watery coryza soon dries up with blockage of nose
- Thick yellow mucoid coryza
- Dry cough, < night, has to sit up in bed

**Indicated Remedy:**

Medorrhinum

**Prescription:**

Medorrhinum 200 single dose  
S.L. TDS x 15 days

**Follow up:**

Date	Progress	Prescription
8-3-2006	Stoppage of nose, sniffles, +Dry cough at midnight	Sambucus Nigra 30 TDS x 1 day S.L. TDS x 15 days
22-3-2006	Better, no symptoms at present	S.L. TDS x 15 days
5-4-2006	Coryza – thick yellow, cough rattling, history of exposure to dry cold air	Hepar sulphuris 30 TDS x 2 days S.L. TDS x 1 month
3-5-2006	Better, no symptoms	Medorrhinum 1M single dose S.L. TDS x 1 month
2-6-2006	Better, no symptoms	S.L. TDS x 1 month
3-7-2006	No recurrence	S.L. TDS x 1 month
2-8-2006	Child looking healthy, no pallor, breathing through nose	S.L. TDS x 1 month
1-9-2006	G.C. better, started gaining weight	S.L. TDS x 1 month

**Case No: 5****Name: B.G.D.****Age: 4 years 3 months****Sex: F****Doc: 24-2-2006****Chief Complaint:**

Recurrent colds last 3 years

**ODP:**

For the last 3 years, there is a history of recurrent colds, specially at change of weather and in the rainy season. Watery coryza for a day or two, followed by stoppage of nose and fetid thick yellow discharge. High fever with redness of face for a day or two. Later she develops pain in throat with difficulty in swallowing. Such episodes recur about 8 times a year and she is given a course of antibiotics each time.

**Past History:**

History of frequent diarrhoea in infancy

**Family History:**

N.A.D.

**Personal History:**

Appetite good, even during acute illness

Averse to fried foods

Craves sweets, eggs, ice creams

Bowels – constipated – initial part hard, then soft

Perspiration – on head, neck

Sleep – good on either side, occasionally wakes up with a scream

Thermal – chilly – warm water bath, keeps cover, &lt; fan

Mind – happy child, likes to play with dolls, does not play active games, Scared to be alone in a room, fear of darkness

**General Examination:**

- Child plumpish, fair, pale looking
- Tongue - clean
- Enlarged cervical glands
- Head hot

**ENT Examination:**

Nostrils dry, thick yellow discharge in nasal cavity

Tonsils - enlarged

Pharynx - normal

**Case Summary:**

A four years and three months old child with Recurrent Colds and coughs < change of weather, damp weather – 8 times a year. Thick yellow fetid nasal discharge. Child fair, plump, pale with lymphadenopathy, craving for sweets, eggs, ice creams, dislike for fried foods. Bowels constipated with history of diarrhoea in infancy. Chilly patient with perspiration of head, neck. Does not like to play active physical games, fear of darkness, fear of being alone.

**Clinical Diagnosis:**

Recurrent Rhinitis with Pharyngitis

**Investigations:**

Haemogram – Hb – 9 gm%

**Final Diagnosis:**

Recurrent Rhinitis with Pharyngitis

**Chronic Totality of Symptoms:**

- Fear of darkness, fear of being alone
- Plump, fair, pale child with cervical lymphadenopathy
- Recurrent URTI with thick yellow discharge
- Aversion to fried foods
- Craving for sweets, eggs, ice creams
- Chilly patient
- Perspiration on head, neck
- Aversion to physical exertion
- Constipation – initial part hard, then soft

**Acute Totality of Symptoms:**

- Watery coryza for 1 – 2 days followed by stoppage of nose, fetid thick yellow discharge
- High fever with redness of face
- Pain in throat with difficulty in swallowing

**Indicated Remedy:**

Calcarea Carbonica

**Prescription:**

Calcarea Carbonica 1M single dose  
S.L. TDS x 15 days

**Auxiliary Line of Management:**

Plenty of green leafy vegetables, dates, dried fig in diet

**Follow up:**

Date	Progress	Prescription
10-3-2006	Better, no episode of URTI	S.L. TDS x 15 days
24-3-2006	Complaint of high fever, pain in throat, throat congestion	Belladonna 200 TDS x 4 days S.L. TDS x 15 days
6-4-2006	Better, no symptoms	Calcarea Carbonica 1M single dose S.L. TDS x 1 month
5-5-2006	Better, no episode of URTI	S.L. TDS x 1 month
5-6-2006	Better, no symptoms	S.L. TDS x 1 month
4-7-2006	Better, no symptoms	S.L. TDS x 1 month
3-8-2006	Better, no symptoms	S.L. TDS x 1 month
4-9-2006	G.C. better, no symptoms	S.L. TDS x 1 month

**Case No: 6****Name: A.J.W.****Age: 2 years 6 months****Sex: M****DOC: 1-3-2006****Chief Complaint:**

Recurrent Coryza, - last 8 months

**ODP:**

The child gets fever with watery coryza and cough every month - more since winter started for the last 8 months. Fever moderate rise, with crankiness, has to be carried, coryza watery, cough with vomiting, < lying down. Pain in ears during each episode. On the average he has been getting such attacks every month for the 8 months.

**Past History:**

N.A.D.

**Family History:**

N.A.D.

**Personal History:**

Craving - likes fruits, sweets, drinks cold, wants food cold

Aversion – warm milk

Bowels / Mict – normal

Perspiration – on forehead

Sleep –on back, for a very short time

Thermals – hot – patient – does not keep cover

Mind – clings to mother always

Angry easily – does not like to be spoken to

**General Examination:**

- Thin child appears restless, irritable
- Tongue - normal
- Lymphadenopathy – cervical nodes present
- Head hot, with clammy sweat on forehead

**ENT Examination:**

Nose – watery coryza present

Rest - N.A.D.

**Systematic Examination:**

N.A.D.

**Case Summary:**

A two and half year old child with history of recurrent watery coryza, fever, ear ache, cough for the last 8 months. Child is cranky, irritable, restless, better when carried, clings to the mother. Prefers sweets, fruits, cold food, aversion to warm milk. Child is thin, with hot sweaty forehead, with Cervical Lymphadenopathy

**Clinical Diagnosis:**

Recurrent Rhinitis with Pharyngitis

**Final Diagnosis:**

Recurrent Rhinitis with Pharyngitis

**Chronic Totality of Symptoms:**

- History of recurrent URTI
- Clings to the mother
- Does not like to be spoken to
- Child thin, with – restlessness, irritability
- Cervical Lymphadenopathy

**Acute Totality of Symptoms:**

- coryza watery, cough < lying down
- Pain in ears
- Fever with crankiness
- Wants to be carried

**Indicated Remedy:**

Sulphur

**Prescription:**

Sulphur 1M – single dose in the morning  
S.L. TDS x 15 days

**Follow up:**

Date	Progress	Prescription
15-3-2006	Fever, watery coryza and cough since last 2 days. Pain in ears, child cranky	Nux Vomica 200 single dose S. L. TDS x 15 days
29-3-2006	Better, above symptoms subsided within 2 days	S. L. TDS x 15 days
12-4-2006	No episode of acute illness	Sulphur 1M single dose S.L. TDS x 1 month
10-5-2006	No symptoms, child now usually calm, plays on his own	S.L. TDS x 1 month
9-6-2006	Better, no symptoms	S.L. TDS x 1 month
10-7-2006	Better, no symptoms	S.L. TDS x 1 month
8-9-2006	G.C. better, no symptoms	S.L. TDS x 1 month

**Case No: 7****Name: S.M.S.****Age: 1 year 4 months****Sex: F****Doc: 3-3-2006****Chief Complaint:****Recurrent Upper Respiratory Tract Infection – last 10 months****Associated Complaints:****Insect bite allergy (last 7 months)****Burning and itching at vulva (last 3 months)****ODP:**

The child has a history of Upper Respiratory Tract Infections every month, for the last 4 months. It starts with watery coryza and fever. The nasal discharge is copious, extremely acrid. Eyes become suffused and there is profuse lachrymation. Feels > in open air. Later he gets dry cough < night, < warm room. The child is given antibiotics each time. On the average she has been getting such attacks every month for the 10 months.

**ODP of Associated Complaints:**

H/O Insect bite allergy – reddish papular lesions with pruritus all over after insect bite.

Burning and itching at vulva during urination off and on.

**Past History:****N.A.D.****Family History:****Mother – Hyperthyroidism****Personal History:****Appetite – Normal****Craving – Spicy foods****Thirst – Increased****Urine – Strong smelling, cries during urination sometimes****Bowels – Constipation – initial motion hard, later – normal****Sleep. – On back, sides****Thermals – Likes warm water bath, keeps covered, chilly****General Examination:**

- Child-Plumpish
- Head-Warm to touch
- Nose – snuffles +, coryza +
- Throat – N.A.D.

**Systematic Examination:****N.A.D.**

**Case Summary:**

A plump child with tendency to catch cold easily, chilly. Head warm, perspiration on whole head. Constipated. Insect bite allergy.

**Clinical Diagnosis:** Recurrent Upper Respiratory Tract Infections

**Final Diagnosis:** Recurrent Upper Respiratory Tract Infections

**Chronic Totality of Symptoms:**

- History of recurrent URTI
- Head warm to touch
- Perspiration on whole head
- Insect bite allergy
- Nose snuffles
- Craves spicy foods
- Chilly patient
- Burning and itching at vulva during urination off and on

**Acute Totality of Symptoms:**

- Tendency to catch cold easily
- Watery coryza and fever
- Dry cough < night, < open air

**Indicated Remedy:**

Calcarea Carbonica

**Prescription:**

Calcarea Carbonica 200 single dose  
S.L. TDS x 15 days

**Follow up:**

Date	Progress	Prescription
15-3-2006	Better	S.L. TDS x 15 days
31-3-2006	Watery coryza, sneezing, profuse lacrymation	Allium Ceba 30 TDS x 2 days S.L. TDS x 15 days
14-4-2006	Better, no symptoms	S.L. TDS x 1 month
12-5-2006	Had an episode of mild Rhinitis some days back	Calcarea Carbonica. 200 single dose S.L. TDS x 15 days
26-5-2006	Insect bite allergy reduced Vulvovaginitis reduced	S.L. TDS x 15 days
12-6-2006	Better, no symptoms	S.L. TDS x 1 month
10-7-2006	Better, no symptoms	S.L. TDS x 1 month
11-8-2006	Better, no symptoms	S.L. TDS x 1 month
12-9-2006	G.C. better, started gaining weight	S.L. TDS x 1 month

**Case No: 8****Name: C.R.T.****Age: 2 years****Sex: M****Doc: 6-3-2006****Chief Complaint:**

Recurrent Acute Pharyngitis with middle ear inflammation for the past 6 months.

**ODP:**

The child has a history of recurrent high fever with chills, pain in the left ear, coryza, mucoid, dry cough. On the average he had such episodes every 15 days for the past 6 months.

**Past History:**

Recurrent URTI with ear involvement for the past 6 months.

**Family History:**

N.A.D.

**Personal History:**

Appetite – Reduced  
Craving-- Cold milk  
Thirst – Increased  
Bowels – Constipated  
Sleep. – Sleeps with mouth open  
Thermals –Chilly patient  
Mind – Irritable, cries on awakening from sleep

**General Examination:**

- Temperature – 101°F
- Pulse – 102/min
- Emaciated look
- Face congested
- Lymphadenopathy
- Cervical Nodes palpable
- Uvula – oedematous
- Tympanic membrane – pinkish red appearance

**ENT Examination:**

Congestion on posterior, Pharyngeal wall - red velvety appearance

**Case Summary:**

A 2 year old child with Recurrent Upper respiratory Tract Infections with ear involvement for the past 6 months. He has Recurrent Acute Pharyngitis with middle ear inflammation, tubercular. He has been getting attacks of high fever with chills and pain in the left ear, coryza, mucoid, transparent cough, short, dry, > warm room, < lying down. During fever he has excited mental state, movement of limbs, irritable. His face is reddish, throat congested, velvety red appearance, tympanic

membrane pinkish red. He has emaciated look, face congested, Lymphadenopathy, cervical nodes palpable. Thermally he is chilly patient.

**Clinical Diagnosis:**

Acute Pharyngitis with middle ear inflammation, Otitis Media

**Final Diagnosis:**

Acute Pharyngitis with middle ear inflammation, Otitis Media

**Chronic Totality of Symptoms:**

- History of Recurrent Upper respiratory Tract Infections
- Acute Pharyngitis with middle ear inflammation, Tubercular
- Congestion on posterior pharyngeal wall, red velvety appearance
- Lymphadenopathy, cervical nodes palpable
- Irritable
- Face redness, throat congested – velvety red appearance
- Tympanic membrane pinkish red

**Acute Totality of Symptoms:**

- High fever with chills and pain in left ear
- Coryza, mucoid
- Dry cough > warm room < lying down

**Indicated Remedy:**

Belladonna

**Prescription:**

Belladonna 200 4 hourly x 2 days  
S.L. TDS x 15 days

**Follow up**

Date	Progress	Prescription
20-3-2006	No Fever Pain in ear ↓ Throat congestion ↓↓	S.L. TDS x 15 days
3-4-2006	No symptoms at present	Tuberculinum 1 M 1dose S.L. TDS x 15 days
18-4-2006	Had an episode of mild fever with coryza	Belladonna 200 TDS x 2 days S.L. TDS x 15 days
2-5-2006	Better, no symptoms, cervical lymphadenopathy reduced	S.L. TDS x 15 days
16-5-2006	Better, no symptoms	S.L. TDS x 1 month
16-6-2006	Better, no symptoms	S.L. TDS x 1 month
14-7-2006	Better, no symptoms	S.L. TDS x 1 month
16-8-2006	Better, no symptoms	S.L. TDS x 1 month
15-9-2006	G.C. better, started gaining weight	S.L. TDS x 1 month

**Case No: 9**

**Name: A.M.G.**

**Age: 3 years**

**Sex: M**

**Doc: 10-3-2006**

**Chief Complaint:**

**Recurrent Upper Respiratory Tract Infection – last 12 to 14 months**

**ODP:**

**The child has a history of chronic recurrent cold, blockage of nose, dry, ends in vomiting of thick mucus, < cold air, < night. On the average the frequency of such attacks was once every month for the last 1 year.**

**Past History:**

**Recurrent Upper Respiratory Tract Infection – last 12 to 14 months**

**Family History:**

**Mother – Allergic Rhinitis, Myopia**

**Personal History:**

**Craving – Salty foods, sweets**

**Aversion – Chocolates, icecream, milk, eggs**

**Bowels – Constipated, painful**

**Sleep. – On abdomen**

**Mind – Very restless, mixes easily with other children, playful**

**Thermals – Hot patient**

**General Examination:**

- **Tongue – Moist**
- **Palm – Warm**

**ENT Examination:**

**Tonsils enlarged, Lt > Rt**

**Case Summary:**

**A 3 year old child with Recurrent Upper Respiratory Tract Infection, cold, cough, thick greenish yellow mucus, blockage of nose, dry, ends in vomiting of thick mucus, < cold air, < night – past 12 to 14 months. Child likes salty foods and sweets, aversion to chocolates, icecream, eggs, milk, bowels constipated, painful. Tonsils enlarged. Mother has allergic Rhinitis, Myopia.**

**Clinical Diagnosis:**

**Recurrent Rhinitis with Tonsillitis**

**Final Diagnosis:**

**Recurrent Rhinitis with Tonsillitis**

**Chronic Totality of Symptoms:**

- Recurrent Upper Respiratory Tract Infection
- Recurrent cold, cough
- Recurrent Tonsillitis
- F/H Allergic Rhinitis, Myopia
- Hot Patient

**Acute Totality of Symptoms:**

- Cold, cough
- Coryza thick, greenish yellow
- Blockage of nose, < cold air, < night
- Tonsils enlarged

**Indicated Remedy:**

**Medorrhinum**

**Prescription:**

**Medorrhinum 1 M single dose  
S.L. TDS x 15days**

**Auxillary Treatment:**

**Avoid cold foods  
Steam inhalation**

**Follow up:**

<b>Date</b>	<b>Progress</b>	<b>Prescription</b>
<b>24-3-2006</b>	<b>Cough with vomiting Tongue - coated thick</b>	<b>Antimonium Tartaricum. 30 TDS x 1day S.L. TDS x 15days</b>
<b>7-4-2006</b>	<b>Coryza - thick, stringy, greenish</b>	<b>Kali Bichromicum 30 TDS x 1day S.L. TDS x 15days</b>
<b>21-4-2006</b>	<b>General condition better</b>	<b>Medorrhinum 1M 1 dose HS S.L. TDS x 1 month</b>
<b>19-5-2006</b>	<b>No episode of URTI</b>	<b>S.L. TDS x 1 month</b>
<b>19-6-2006</b>	<b>Better, no fresh episode</b>	<b>S.L. TDS x 1 month</b>
<b>17-7-2006</b>	<b>No recurrence</b>	<b>S.L. TDS x 1 month</b>
<b>18-8-2006</b>	<b>Redness of eyes with serous discharge</b>	<b>Euphrasia 30 TDS x 2 days S.L. TDS x 1 month</b>
<b>18-9-2006</b>	<b>G. C. better, no symptoms, started gaining weight</b>	<b>S.L. TDS x 1 month</b>

**Case No: 10**

**Name: K.V.P.**

**Age: 3 years 6 months**

**Sex: M**

**Doc: 14-3-2006**

**Chief Complaint:**

Recurrent colds for the past 16 – 18 months

**ODP:**

The child has a history of Recurrent Upper Respiratory Tract Infection for the past 16 – 18 months. He came with fever, watery coryza, dry cough, with occasional thick yellow mucopurulent sputum. He had 14 such episodes during the past 1 year.

**Past History:**

Recurrent Upper Respiratory Tract Infection for the past 16 to 18 months

**Family History:**

Mother – G<sub>6</sub> PD deficiency, Myopia

**Personal History:**

Craving – Cold drinks, cheese, butter, fruits, sour

Aversion – Hot drinks, mainly milk, meat

Bowels – Constipated with offensive flatus

Perspiration - On back, palms soles - offensive

Sleep. – Talks in sleep, dreams of religious activities

Thermals – Hot patient

Mind – Shy, obstinate, fear of darkness, noise, thunderstorm

**General Examination:**

- White spots on nails
- Tongue – Clean
- Palms – Cold, clammy
- Temperature - Normal

**ENT Examination:**

Cervical lymph nodes indurated – non-tender

**Case Summary:**

A 3 year 6 months old child with Recurrent Upper Respiratory Tract Infection, with fever, watery coryza, dry cough, thick yellow mucopurulent sputum, < cold air, < change of season, < warm room. The child likes cold drinks, cheese, butter, sour, dislikes hot drinks, mainly milk, meat. Mother has G<sub>6</sub> PD deficiency. He has cervical lymph nodes, indurated, non-tender.

**Clinical Diagnosis:**

Recurrent Rhinitis with Tubercular Miasm

**Final Diagnosis:**

Recurrent Rhinitis with Tubercular Miasm

**Chronic Totality of Symptoms:**

- Recurrent Upper Respiratory Tract Infection with fever
- Shy and obstinate
- Fear of darkness, noise, thunderstorm
- Hot Patient
- Cervical lymph nodes indurated, non-tender, Tubercular Miasm

**Acute Totality of Symptoms:**

- Fever with watery coryza
- Dry cough with thick yellow mucopurulent sputum
- Recurrent cold, < cold air, < change of season, < warm room

**Indicated Remedy:**

Silicea

**Prescription:**

Silicea 1 M single dose  
S.L..TDS x 15days

**Auxillary Treatment:**

Avoid cold foods  
Steam inhalation

**Follow up**

Date	Progress	Prescription
28-3-2006	Better, no symptoms	S.L. TDS x 15days
11-4-2006	Had an ice cream – cold, yellow mucus, cough < lying down	Pulsatilla 30 1 dose TDS x 2 days S.L. TDS x 15 days
25-4-2006	Better, no symptoms	Silicea 1M 1 dose S.L. TDS x 1 month
22-5-2006	Had consumed food from eatery, had vomiting/loose motion	Arsenicum Album 30 TDS x 1 day S.L. TDS x 1 month
23-6-2006	Better, no symptoms	S.L. TDS x 1 month
21-7-2006	Better, no recurrence	S.L. TDS x 1 month
21-8-2006	Better, no recurrence	S.L. TDS x 1 month
20-9-2006	G.C. improved, no symptoms	S.L. TDS x 1 month

**Case No: 11****Name: J.P.S.****Age: 4 years 3 months****Sex: F****Doc: 15-3-2006****Chief Complaint:****Recurrent nasal blockage on right side for the past 8 months****ODP:**

The child has a history of recurrent nasal blockage on right side, fever, acute coryza, pain in cheek area, < bending down, mucoid nasal discharge. She has dry cough persistent throughout the day. On the average she has been getting such episodes every month for the past 6 months. She has acute maxillary sinusitis and was given antibiotic treatment. She had temporary relief but her blockage of nose persisted, with profuse, yellow, acrid purulent discharge from right side. Frontal headache with more pain on right side continued.

**Past History:****N.A.D.****Family History:****N.A.D.****Personal History:****Craves – Spicy foods****Aversion – Butter****Thirst – Increased****Bowels – Diarrhoea off and on, more when coryza reduces****Sleep – Good, sometimes disturbed due to nasal blockage****Thermals – Chilly patient****Mind – Quiet child, easily mixes with everybody, playful****General Examination**

- Averagely built child
- Redness of cheeks
- Tongue – white coating
- Palms – warm, dry

**ENT Examination****Antrochoanal Rhinoscopy – single polyp seen on right side extending backwards, no extension till nasopharynx****Investigations:****X-ray – maxillary sinus opaque on right side****Case Summary:**

A 4 years 3 months old child with coryza, nose blockage, pain in cheeks, dry cough. Persistent nasal blockage, with profuse, yellow, acrid, with frontal headache. The child likes spicy foods, aversion to butter, has diarrhoea off and on, specially when coryza reduces. Thermally chilly patient. Child is quiet, playful, mixes easily, has redness of cheeks. Rhinoscopy revealed Antrochoanal polyp.

**Clinical Diagnosis:****Maxillary Sinusitis with Antrochoanal polyp formation****Final Diagnosis:****Maxillary Sinusitis with Antrochoanal polyp formation****Chronic Totality of Symptoms:**

- Chilly patient
- Persistent nasal blockage with profuse, yellow, purulent discharge
- Diarrhoea alternates with coryza
- Craves spicy foods
- Aversion to butter
- Antrochoanal polyp – right side

**Acute Totality of Symptoms:**

- Pain in the cheek area, < bending down
- Blockage of nose and frontal headache on right side
- Thirst increased
- Tongue coated white

**Indicated Remedy:****Sanguinaria Canadensis****Prescription:****Sanguinaria Canadensis 30****TDS x 4 days****S.L. TDS x 15 days****Follow up:**

<b>Date</b>	<b>Progress</b>	<b>Prescription</b>
<b>31-3-2006</b>	<b>Headache decreased, coryza decreased, nasal blockage same</b>	<b>Sanguinaria Canadensis 30 TDS x 4 days S.L. TDS x 15 days</b>
<b>14-4-2006</b>	<b>No headache, coryza decreased, nasal blockage decreased by 25%</b>	<b>Sanguinaria Canadensis 30 TDS x 4 days S.L. TDS x 15 days</b>
<b>28-4-2006</b>	<b>Nasal blockage much better</b>	<b>S.L. TDS x 1 month</b>
<b>23-5-2006</b>	<b>Nasal blockage still persists polyp size reduced</b>	<b>Sanguinaria Canadensis 200 TDS x 1 day S.L. TDS x 1 month</b>
<b>23-6-2006</b>	<b>Polyp persists</b>	<b>Sanguinaria Canadensis 200 TDS x 1 day S.L. TDS x 1 month</b>
<b>24-7-2006</b>	<b>Better, no nasal blockage</b>	<b>S.L. TDS x 1 month</b>
<b>23-8-2006</b>	<b>Better, no symptoms</b>	<b>S.L. TDS x 1 month</b>
<b>22-9-2006</b>	<b>G.C. better, no polyp visible</b>	<b>S.L. TDS x 1 month</b>

**Case No: 12**

**Name: R.V.G.**

**Age: 4 years 6 months**

**Sex: M**

**Doc: 17-3-2006**

**Chief Complaint:**

Recurrent colds last 2 years

**ODP:**

For the last 2 years, the child suffers from recurrent colds specially at peak of summer season. Discharge is stringy, tough, greenish yellow and cannot be cleared easily. Pain at the root of the nose, with obstruction of the nose. On the average he has been getting such attacks every 15 days for the past 6 months.

**Past History:**

N.A.D.

**Family History:**

N.A.D.

**Personal History:**

Appetite – Good

Desires – Fried fish+, salt

Sleep –Good, jerks in sleep

Thermals – Hot patient

Mind – If scolded or shouted at, keeps remembering it

**General Examination**

- Looks emaciated specially neck
- Pale, anaemic
- Tongue geographic

**ENT Examination:**

N.A.D.

**Case Summary:**

A 4 years and 6 months old child, emaciated about the neck, with history of recurrent colds, more in summer. Coryza is thick, stringy, tough, greenish – yellow, with obstruction and pain at the root of the nose. The child has craving for fried fish and salt. Jerks during sleep, hot thermally, when scolded keeps remembering it. The child is pale, has a geographic tongue.

**Clinical Diagnosis:**

Recurrent Rhinitis

**Final Diagnosis:**

Recurrent Rhinitis

**Chronic Totality of Symptoms:**

- Anaemic child with emaciation, more of neck
- Craving for fried fish, salt
- Jerks during sleep
- Hot patient
- Geographic tongue
- Broods over reprimands
- Recurrent Rhinitis < summer

**Acute Totality of Symptoms:**

- Coryza thick, stringy, tough, greenish – yellow
- Blockage of nose
- Pain at the root of the nose

**Indicated Remedy:**

Natrum Muriaticum

**Prescription:**

Natrum Muriaticum 200 single dose  
S.L. BDS x 15 days

**Follow up:**

Date	Progress	Prescription
3-4-2006	Coryza since yesterday, blockage of nose	Kali Bichromicum 30 TDS x 2 days S.L. TDS x 15 days
17-4-2006	Better, no blockage of nose, coryza reduced	S.L. TDS x 15 days
1-5-2006	Better, no symptoms	Natrum Muriaticum 200 single dose S.L. TDS x 1 month
30-5-2006	Similar attack of coryza	Kali Bichromicum 30 TDS x 2 days S.L. TDS x 15 days
14-6-2006	Better, no symptoms	Natrum Muriaticum 200 single dose S.L. TDS x 15 days
28-6-2006	Better, no symptoms	S.L. TDS x 1 month
27-7-2006	Better, no symptoms	S.L. TDS x 1 month
25-8-2006	Better, no symptoms	S.L. TDS x 1 month
25-9-2006	G.C. good, started gaining weight	S.L. TDS x 1 month

**Case No: 13****Name: R.P.K.****Age: 3 years 6 months****Sex: M****Doc: 20-3-2006****Chief Complaint:****Recurrent attacks of cold for the past 6 months****ODP:**

The child gets recurrent attacks of cold every month for the past 6 months. It starts as acrid, watery coryza. After 1 – 2 days he develops stoppage of nose, cannot breathe through the nose - has snuffles, sometimes bright red streaks of blood in the coryza, later he gets dry cough, < 3 – 4 A. M. On the average he has been getting such attacks every month for the past 6 months.

**Past History:****N.A.D.****Family History:****N.A.D.****Personal History:****Appetite – Good, but easily satisfied****Bowels – Difficult, knotted stools****Micturition – Normal, nocturnal enuresis****Sleep – On abdomen, sleepy during day, starts from sleep – as if to get breath****Thermals – Wet weather aggravation****Mind – Weeps easily, ill humoured in wet weather****General Examination:**

- Child is plump, fair skinned
- Tongue – clean

**ENT Examination:****Nasal mucosa oedematous, congested****Case Summary:**

A 3 years 6 months old child with the history of recurrent attacks of cold which starts as acrid watery coryza, later snuffles, epistaxis, < evening, cough dry, < 3 – 4 A.M. The child is plump, with nocturnal enuresis, knotted difficult stools < wet weather, sleeps better on abdomen.

**Clinical Diagnosis:**

Recurrent Rhinitis

**Final Diagnosis:**

Recurrent Rhinitis

**Chronic Totality of Symptoms:**

- Child weeps easily, ill humoured in wet weather
- < Wet weather
- Sleeps better on abdomen, sleepy during day
- Starts from sleep as if to get breath
- Plump, fair skinned child
- Recurrent Rhinitis
- Nocturnal Eneuresis
- Bowels difficult, knotted

**Acute Totality of Symptoms:**

- Watery acrid coryza followed by stoppage of nose, snuffles, occasionally epistaxis
- Cough – dry, < 3 – 4 A. M.
- Nasal mucosa – congested, oedematous

**Indicated Remedy:**

Ammonium Carb

**Prescription:**

Ammonium Carb 30 TDS x 1 day

S.L. TDS x 15 days

**Follow up:**

Date	Progress	Prescription
4-4-2006	Better, no coryza Nasal stoppage continues	Ammonium Carb 30 single dose S.L. TDS x 15 days
20-4-2006	Better Nasal stoppage reduced	S.L. TDS x 15 days
4-5-2006	Had coryza with blockage of nose	Ammonium Carb 30 TDS x 2 days S.L. TDS x 15 days
19-5-2006	Better, no symptoms	S.L. TDS x 15 days
2-6-2006	Had acute symptoms that lasted for 1 day only	Ammonium Carb 200 single dose S.L. TDS x 15 days
16-6-2006	Better, no symptoms	S.L. TDS x 15 days
3-7-2006	Better, no symptoms	S.L. TDS x 1 month
2-8-2006	Better, no symptoms	S.L. TDS x 1 month
1-9-2006	Better, no symptoms	S.L. TDS x 1 month
2-10-2006	G.C. better, no symptoms	S.L. TDS x 1 month

**Case No: 14****Name: A.K.K.****Age: 4 years and 6 months****Sex: M****Doc: 24-3-2006****Chief Complaint:****Recurrent Upper Respiratory Tract Infection for the past 10 months****ODP:****The child suffers from recurrent infections of the Upper Respiratory Tract Infection for the past 10 months. Coryza, mucoid with blockage of nostrils for 2 to 3 days followed by spasmodic cough, rarely vomiting after cough. Occasionally becomes breathless < night, < after meals. On the average he has been getting such attacks every month for the past 10 months.****Past History:****N.A.D.****Family History:****Maternal Grandfather. – Pleurisy****Personal History:****Desires – Spicy, pungent food****Perspiration – Easy on forehead****Sleep – On back, talks in sleep****Thermals – Hot****Mind – Irritable, pampered child, does not listen to elders, hyperactive****General Examination:**

- Averagely built child
- Earthy complexion
- Pulse – 80/min

**ENT Examination:****N.A.D.****Case Summary:****A 4 year 6 months old child with history of Recurrent Upper Respiratory Tract Infections for the last 10 months. Coryza, mucoid with blockage, with spasmodic cough, < night, < meals. The child is of an average built, desires pungent foods, perspiration on forehead, talks in sleep and is hot thermally. An irritable, pampered, hyperactive child, family history of pleurisy.****Clinical Diagnosis:****Recurrent Upper Respiratory Tract Infection****Investigations:****Haemogram – ESR - normal****Chest X ray – vascular markings prominent**

**Final Diagnosis:**

Recurrent Upper Respiratory Tract Infection

**Chronic Totality of Symptoms:**

- Recurrent Upper Respiratory Tract Infection
- Problem child, hyperactive
- Pampered child
- F/H of pleurisy
- Talks during sleep
- Perspires on forehead
- Hot patient

**Acute Totality of Symptoms:**

- Coryza, mucoid with blockage of nose
- Spasmodic cough < night, < meals
- Vomiting after cough
- Occasionally breathless

**Indicated Remedy:**

Arsenicum Iodatum - 30

**Prescription:**

Arsenicum Iodatum - 30

TDS x 2 days

S.L. TDS x 15 days

**Auxiliary Treatment:**

Steam inhalation

Engage him in some fruitful activity

**Follow up:**

Date	Progress	Prescription
7-4-2006	Better, coryza, cough reduced by 50%	Arsenicum Iodatum - 30 TDS x 2 days S.L. TDS x 15 days
24-4-2006	G. C better, no cough	Tuberculinum 1M 1 dose H S S.L. TDS x 15 days
8-5-2006	Had acute attack	Arsenicum Iodatum - 30 TDS x 4 days S.L. TDS x 15 days
22-5-2006	Better, no symptoms	S.L. TDS x 15 days
7-6-2006	H/O eating icecream, loose motions +, offensive with increased thrust	Arsenicum Album - 30 TDS x 2 days S.L. TDS x 1 month
6-7-2006	Better, no symptoms	S.L. TDS x 1 month
7-8-2006	Better, no symptoms	S.L. TDS x 1 month
6-9-2006	Better, no symptoms	S.L. TDS x 1 month
5-10-2006	G.C. better, started gaining weight	S.L. TDS x 1 month

**Case No: 15****Name: S.A.G.****Age: 4 years 6 months****Sex: M****Doc: 30-3-2006****Chief Complaint:****Pain in throat with fever last 3 days.****ODP:****The child, for the past 3 days, had coryza followed by pain in throat, more on left side, with difficulty and pain on swallowing solids, liquids and empty swallowing, sensation of lump in throat. He had fever with intense shivering and copious sweat at night, cough with whitish yellow sputum, apthae and scalded feeling on tongue.****Past History:****The child had the history of similar episodes 4 times during the last 6 months. He had to take antibiotics each time.****Family History:****Mother – eczema for the past 7 – 8 years.****Personal History:****Desires – Spicy food, sweets****Perspiration – Profuse, more on palms, soles, offensive****Sleep – Talks during sleep, slightest noise awakens****Thermals – Hot patient, does not keep cover****Mind – Does not like interference, always discontented, extremely pleased with his possessions****General Examination:**

- Child is well nourished
- Skin – rough, dry
- Tongue – white coating with red tip
- Redness of ears and lips
- Cervical lymph nodes – sub-maxillary group enlarged

**ENT Examination:****Throat – dark red congestion+****Left tonsil enlarged****Systematic Examination:****N.A.D.****Case Summary:****A 4 years 6 months old child with the history of pain in throat, more left side, < swallowing, fever, cough and apathae. The above episodes have been occurring during the past 6 months. The child is well nourished, with rough dry skin, redness of ears, lips, profuse perspiration craves sweets, spicy foods, talks in sleep, is hot thermally.**

**Clinical Diagnosis:****Chronic Tonsillitis****Final Diagnosis:****Chronic Tonsillitis****Chronic Totality of Symptoms:**

- Resents interference, discontented child
- Hot patient
- Chronic Tonsillitis with cervical lymphadenopathy
- Skin rough, dry, redness of ears, lips
- Talks during sleep, slightest noise awakens
- Profuse, offensive perspiration on palms, soles
- Craves spicy foods, sweets
- Bowels – stools offensive
- Tongue – white coating with red tip

**Acute Totality of Symptoms:**

- Pain in throat, more on left side, with difficulty in swallowing
- Fever with intense shivering, copious sweat
- Cough with whitish yellow expectoration
- Aphthae, scalded feeling on tongue, throat dark red congestion
- Left tonsil enlarged

**Indicated Remedy:****Mercurius Iodatus Ruber****Prescription:****Mercurius Iodatus Ruber 30 TDS x 2 days****S.L. TDS x 15 days****Follow up:**

<b>Date</b>	<b>Progress</b>	<b>Prescription</b>
12-4-2006	Better, no pain/fever, cough reduced considerably	S.L. TDS x 15 days
27-4-2006	Better, no symptoms. Tonsils left enlarged	Sulphur 200 single dose S.L. TDS x 15 days
12-5-2006	Better, no symptoms	S.L. TDS x 15 days
24-5-2006	Fever, pain in throat, O/E Tonsils congested, left more	Mercurius Iodatus Ruber 30 TDS x 2 days S.L. TDS x 15 days
9-6-2006	Better, no symptoms	Sulphur 200 single dose S.L. TDS x 1 month
10-7-2006	Better, no symptoms	S.L. TDS x 1 month
9-8-2006	Better, no symptoms	S.L. TDS x 1 month
8-9-2006	Better, no symptoms	S.L. TDS x 1 month
9-10-2006	G.C. better, no symptoms, started gaining weight	S.L. TDS x 1 month

**Case No: 16****Name: A.S.T****Age: 4 years 3 months****Sex: M****Doc: 3-4-2006****Chief Complaint:****Recurrent URTI for last one year. Fever, Coryza since last 15 days****ODP:****The child has history of Recurrent URTI for the last one year and had 8 episodes so far. At present coryza for the last 15 days, continuous running nose, < banana, < curd, < ice cream. Right temporal headache, bursting pain > pressure. Fever high grade since three days with thirst and restlessness. Speaks excitedly, during fever. Every attack of cold is accompanied by high fever followed by weakness. These attacks are once a month, has to miss school. Cough with whitish thick difficult expectoration, < night.****Past History:****N. A.D.****Family History:****N. A.D.****Personal History:****Appetite – Diminished****Desires - Sweets****Aversion – Spinach****Intolerance – Banana, curds, ice cream****Bowels – Not satisfactory****Perspiration – Whole body on exertion****Sleep –Wakes frequently due to cough, otherwise sound****Dreams - Ghosts****Thermals – Chilly****Mind – Short tempered, caring, sensitive. Intelligent, active child****General Examination:**

- Lean, thin child,
- P – 100/min.
- RR – 22/min.
- T – 101.6F
- Throat – both tonsils enlarged, congestion, bright red. Rt > Lt

**Case Summary:****A 4 year 8 month old child with history of URTI. At present – coryza, watery, with right temporal headache, bursting, > pressure with high fever and thirstlessness. Cough with thick white difficult expectoration, < night. O/E – tonsillitis, Rt > Lt. The child is lean, thin quiet child, desires sweets, intolerance of banana, curds, ice cream. Bowels not satisfactory, perspiration on exertion, dreams of ghosts, chilly patient. Intelligent, active child, caring, sensitive.**

**Clinical Diagnosis:**

Acute Tonsillitis, Recurrent URTI

**Investigation:**

Haemogram – WBC – Total – 12800 /cmm, P – 78%

**Final Diagnosis:**

Acute Tonsillitis, Recurrent URTI

**Chronic Totality of Symptoms:**

- Lean, thin, quiet child
- Craving sweets
- Intolerance of bananas, curds, ice creams
- Bowels not satisfactory
- Dreams of ghosts
- Chilly patient
- Intelligent active child, caring, sensitive

**Acute Totality of Symptoms:**

- Coryza – watery - < burning, curd, ice cream
- Right temporal headache – bursting pain, > pressure
- High fever – excited during, thirstless during
- Cough with thick white difficult expectoration

**Indicated Remedy:**

Belladonna

**Prescription:**

Belladonna 200 x TDS

S.L. TDS x 15 days

**Auxiliary treatment:**

Saline gargles

**Follow up:**

Date	Progress	Prescription
17-4-2006	Better, no fever, cough dry, throat - no congestion, Tonsils normal	S.L. TDS x 15 days
1-5-2006	Better, no symptoms	Phosphorus 30 one dose S.L. TDS x 15 days
15-5-2006	Had an episode of Tonsillitis with fever for one day only. At present no symptoms	Belladonna 200 TDS x 2 days S.L. TDS x 15 days
1-6-2006	Better, no symptoms	S.L. TDS x 15 days
16-6-2006	Better, no symptoms	S.L. TDS x 1 month
17-7-2006	Better, no symptoms	S.L. TDS x 1 month
17-8-2006	Better, no symptoms	S.L. TDS x 1 month
18-9-2006	Better, no symptoms	S.L. TDS x 1 month
17-10-2006	G.C. better, started putting on weight. No URTI	S.L. TDS x 1 month

**Case No:** 17

**Name:** S.M.C.

**Age:** 3 years

**Sex:** F

**Doc:** 5-4-2006

**Chief Complaint:**

Recurrent colds last 1 year

**ODP:**

For the last one year, history of recurrent colds with Coryza, brought on with change of weather. Thin watery excoriating nasal discharge with sneezes. Nose stopped up. High fever for the first 2 – 3 days with great restlessness and thirstlessness. Has to take allopathic medication each time. On the average she has been getting such attacks every month for the past 1 year.

**Associated complaint:**

Nocturnal Eneuresis, Keloid on scar on neck

**Past History:**

Operated for Dermoid Cyst on neck

**Family History:**

Father – Asthmatic – last 15 years

**Personal History:**

Desires – Sweets, nonvegetarian food – chicken, ice creams

Urine – Bed wetting, has never been dry

Bowels – Constipation, dry hard stools, itching at anus

Perspiration – On neck

Sleep –On abdomen

Thermals – Hot – does not keep cover/ warm clothings at night

Mind – Cries very easily, cries loudly

**General Examination:**

- Child chubby but looking pale
- Forehead hairy
- Keloid over neck in midline
- Tongue normal

**ENT Examination:**

N.A.D.

**Systematic Examination:**

N.A.D.

**Case Summary:**

A 3 year old child, with recurrent coryza, < from change of weather. Child chubby, pale, with nocturnal enuresis, keloid. Desires sweets, chicken, ice creams, constipated with very perianal itching. The child sleeps comfortably on abdomen, is thermally hot.

**Clinical Diagnosis:**

Recurrent Rhinitis

**Final Diagnosis:**

Recurrent Rhinitis

**Totality of Symptoms:**

- Recurrent Coryza - < change of weather
- Watery excoriating nasal discharge with sneezes, nose blockage
- Nocturnal Enuresis
- Constipation – dry hard stools, itching at anus
- Sleeps on abdomen
- Hot patient
- Keloid over scar on neck
- P/H dermoid cyst
- Desires sweets, nonvegetarian food
- Child chubby, pale

**Indicated Remedy:**

Medorrhinum

**Prescription:**

Medorrhinum 200 one dose  
SL TDS x 15 days

**Follow up:**

Date	Progress	Prescription
19-4-2006	Better, no symptoms	S.L. TDS x 15 days
2-5-2006	Has high fever – since yesterday, with thirstlessness, watery coryza	Belladonna 200 TDS x 2 days S.L. TDS x 15 days
17-5-2006	Better, no symptoms	S.L. TDS x 1 month
18-6-2006	Better, no symptoms	Medorrhinum 200 single dose S.L. TDS x 1 month
19-7-2006	No fresh episode of URTI	S.L. TDS x 1 month
18-8-2006	Better, no symptoms	S.L. TDS x 1 month
20-9-2006	Better, no symptoms	S.L. TDS x 1 month
19-10-2006	G.C. better, no symptoms, started gaining weight	S.L. TDS x 1 month

**Case No: 18****Name: S.B.P.****Age: 3 years 8 months****Sex: F****Doc: 7-4-2006****Chief Complaint:**

Recurrent colds

**ODP:**

The child has history of recurrent colds for the past 10 months. She gets colds on exposure to air/change in weather/sun. She gets profuse sneezes, clear watery coryza, later tough yellow mucus, constant from nose, later dry paroxysmal cough, all day, < morning on waking up. On the average she has been getting such attacks once every month. On the average he has been getting such attacks every month for the past 10 months.

**Past History:**

H/O skin eruptions on face – used some local ointments

**Family History:**

Maternal aunt – bronchial asthma

**Personal History:**

Bowels – Constipation, in small balls

Perspiration – Profuse, offensive, a;; over after playing

Sleep – Normal, easily startled

Thermals – Chilly, but skin itches on wearing woolen clothes

Mind – Calm, quiet child, at times becomes irritable, peevish

**General Examination:**

- Lean, thin child, unhealthy look
- Skin rough, with pustular eruptions
- Tongue – normal

**E.N.T. Examination:**

Yellow purulent nasal discharge present

Upper lip excoriation increased

**Systematic Examination:**

N.A.D.

**Case Summary:**

A 3 year 8 month old child with history of recurrent colds on change of weather, exposure to air. Initially watery, later tough mucus, with dry cough, history of skin eruptions treated with local applications. The child is thin with skin rough, unhealthy, with profuse offensive perspiration, chilly patient.

**Clinical Diagnosis:****Chronic Rhinitis****Final Diagnosis:****Chronic Rhinitis****Chronic Totality of Symptoms:**

- H/O suppressed skin eruptions
- Calm quiet child, becomes peevish, irritable at times
- Child thin, skin rough, unhealthy with skin eruptions
- Chilly patient
- Chronic Rhinitis with yellow, purulent tough, acrid mucus
- Perspiration profuse, offensive, all over
- F/H bronchial asthma
- Bowels constipation, in small balls

**Acute Totality of Symptoms:**

- Colds from exposure to air/change of weather, sun
- Profuse sneezes
- Watery coryza, initially, later tough yellow mucus
- Dry paroxysmal cough, < morning on waking up

**Indicated Remedy:****Psorinum****Prescription:**

Psorinum 1 M single dose at night  
S.L. TDS x 15 days

**Follow up:**

<b>Date</b>	<b>Progress</b>	<b>Prescription</b>
21-4-2006	Better, nasal discharge decreased	S.L. TDS x 15 days
5-5-2006	C/O watery, cold sneezes, feeling of stopping of nose, < open air	Arsenicum Album 30 TDS x 2 days S.L. TDS x 15 days
19-5-2006	Better, coryza decreased	Psorinum 1 M single dose S.L. TDS x 15 days
2-6-2006	Better, no symptoms	S.L. TDS x 1 month
3-7-2006	Had sneezes, watery cold, thick offensive discharge	Hepar Sulphuris 30 TDS x 2 days S.L. TDS x 15 days
18-7-2006	Better, no symptoms	S.L. TDS x 1 month
18-8-2006	Better, no symptoms	Psorinum 1 M single dose S.L. TDS x 1 month
19-9-2006	Better, no symptoms	S.L. TDS x 1 month
20-10-2006	G.C. better, no symptoms, started gaining weight	S.L. TDS x 1 month

**Case No: 19****Name: A.R.N.****Age: 4 years 1 months****Sex: F****Doc: 10-4-2006****Chief Complaint:**

Recurrent throat infection last 10 months

**ODP:**

The child has a history of recurrent Upper Respiratory Tract Infection for the past 10 months. She gets pain in the throat with high fever, flushed face after least exposure to cold or fresh air and after getting hair cut. During fever she has headache which is > pressure, thirstless, head is hot and feet are cold. Later she gets hard, dry cough, more during sleep. Symptoms begin and end suddenly. On the average she has been getting such attacks once every month.

**Past History:**

N.A.D.

**Family History:**

H/O Pulmonary Tuberculosis – Paternal uncle – one and half years back and is on treatment

**Personal History:**

Thirst – Increased

Aversion - Meat

Bowels – Normal, at times sudden diarrhoea in the morning

Sleep – Poor, wakes up easily and frightened, sleeps on back

Mind – Bright and active child, has fear of dogs

**General Examination:**

- Child is emaciated, looks weak
- Skin marks of previous boils

**E.N.T. Examination:**

Pharynx - granular

Tonsils enlarged

**Case Summary:**

A 4 year 1 month old child with history of recurrent Upper Respiratory Tract Infection, after exposure to cold air, getting hair cut. Symptoms begin and end suddenly. She is thin, but bright and active. She has aversion to meat. Poor sleep, wakes up frightened. She has history of multiple recurrent boils. She has a family history of Tuberculosis (paternal uncle).

**Clinical Diagnosis:**

Chronic Pharyngo Tonsillitis

**Final Diagnosis:**

Chronic Pharyngo Tonsillitis

**Chronic Totality of Symptoms:**

- Recurrent Pharyngo Tonsillitis
- Bright, active child, fear of dogs
- F/H Pulmonary Tuberculosis
- Aversion to meat
- Poor sleep, wakes up easily and frightened
- Sudden diarrhoea in the morning

**Acute Totality of Symptoms:**

- Sudden onset of symptoms
- Attacks after exposure to cold air, after hair cut
- Pain in throat, with high fever, flushed face
- Headache > pressure, thirstless during fever
- Symptoms begin and end suddenly

**Indicated Remedy:**

Tuberculinum

**Prescription:**

Tuberculinum 1 M single dose  
S.L. TDS x 15 days

**Follow up:**

<b>Date</b>	<b>Progress</b>	<b>Prescription</b>
24-4-2006	Has high fever, coryza, headache O/E strawberry tongue	Belladonna 200 QID x 1 day
25-4-2006	Fever decreased	Belladonna 200 TDS x 3 days S.L. TDS x 15 days
8-5-2006	Better, no symptoms	S.L. TDS x 15 days
22-5-2006	Has fever 102°F, watery coryza, pain in throat O/E throat congested	Belladonna 200 TDS x 4 days
25-5-2006	Better, no symptoms	Tuberculinum 1 M single dose S.L. TDS x 1 month
23-6-2006	Better, no symptoms	S.L. TDS x 1 month
21-7-2006	Had slight fever, coryza	Tuberculinum 1 M single dose S.L. TDS x 1 month
22-8-2006	Better, no symptoms	S.L. TDS x 1 month
22-9-2006	Better, no symptoms	S.L. TDS x 1 month
23-10-2006	G.C. better, no symptoms, started gaining weight	S.L. TDS x 1 month

**Case No: 20**

**Name: K.R.P.**

**Age: 4 years 3 months**

**Sex: M**

**Doc: 11-4-2006**

**Chief Complaint:**

Recurrent cold and cough for the past 1 year

**ODP:**

The child has a history of recurrent cold and cough with fever for the past 1 year. He has no history of any precipitating cause. It starts with watery, burning coryza with stoppage of nose. Nostrils become sore and bleed. Later burning pain in the throat, cough at 3am. The above symptoms are more in winter. He has green casts from the nose every morning. On the average he has been getting such attacks every month during the past 1 year.

**Past History:**

N.A.D.

**Family History:**

N.A.D.

**Personal History:**

Desires – Eats mud, chalk, salt

Bowels – Constipation – has to strain

Micturition – Strong smelling urine

Perspiration – Palms, hands offensive

Thermals – Ambithermal, < cold climate, hot weather

Mind – Headstrong, irritable

**General Examination:**

- Thin child, looks pale
- Dark complexion
- Skin – warts on fingers (index, ring) – right hand
- Tongue – clean, red with central furrow

**E.N.T. Examination:**

Nose - excoriation of nostril skin

Green yellow discharge+

**Case Summary:**

A 4 year 3 month old child with history of recurrent Rhinitis, in cold climate and hot weather. Watery acrid coryza with soreness, bleeding with stoppage of nose. The child is thin, of a dark complexion. He likes salt, and mud, chalk. He is constipated, has strong smelling urine. He is ambithermal, perspires on palms, mentally headstrong, irritable.

**Clinical Diagnosis:**

Recurrent Rhinitis

**Final Diagnosis:**

Recurrent Rhinitis

**Chronic Totality of Symptoms:**

- Headstrong, irritable child
- Thin, pale child of dark complexion
- Ailments in cold climates and hot weather
- Recurrent Rhinitis, with acrid coryza and nasal stoppage
- Craves salt++, and mud, chalk
- Warts on fingers
- Urine strong smelling
- Bowels constipated

**Acute Totality of Symptoms:**

- Watery burning coryza with stoppage of nose
- Nostrils become sore, bleed
- Green casts from the nose every morning
- Burning in the throat, cough at 3am

**Indicated Remedy:**

Nitric Acid

**Prescription:**

Nitric Acid 200 single dose  
S.L. TDS x 15 days

**Follow up:**

Date	Progress	Prescription
25-4-2006	Better, no symptoms	S.L. TDS x 15 days
9-5-2006	Had watery coryza last 2 days with stoppage of nose	Ammonium Carb 30 TDS x 4 days S.L. TDS x 15 days
23-5-2006	Better, no symptoms	Nitric Acid 200 single dose S.L. TDS x 15 days
7-6-2006	Had stoppage of nose for the past 2 days	Ammonium Carb 30 TDS x 2 days S.L. TDS x 15 days
22-6-2006	Better, no symptoms	S.L. TDS x 1 month
24-7-2006	Better, no symptoms	S.L. TDS x 1 month
23-8-2006	Better, no symptoms	S.L. TDS x 1 month
25-9-2006	Better, no symptoms	S.L. TDS x 1 month
24-10-2006	G.C. better, no symptoms, started gaining weight	S.L. TDS x 1 month

**Case No: 21**

**Name:.** P.Y.J.

**Age:** 2 years 6 months

**Sex:** F

**Doc:** 12-4-2006

**Chief Complaint:**

Recurrent coryza for the past 6 months

**ODP:**

The child has a history of recurrent colds with nasal discharge for the past 6 months. The cold is brought on by eating icecream and from exposure to cold air. The discharge is acrid, thick, yellow white in color. She vomits out a lot of mucus each time. There is severe weakness when she gets such attacks. She had 8 such episodes during the past 6 months.

**Past History:**

She had diarrhoea during teething, slow teething. She was slow in learning to walk.

**Family History:**

N.A.D.

**Personal History:**

Thirst – Increased

Desires – Nonvegetarian foods

Bowels – Sometimes hard, followed by bleeding

Perspiration – Profuse on back of head and neck

Thermals – Chilly

Mind – Calm, quiet child, always wants to go somewhere

**General Examination:**

- Thin, dark complexioned child
- Head hot
- Extremities – cold
- Teeth - decayed

**E.N.T. Examination:**

N.A.D.

**Case Summary:**

A 2 year 6 month old child with history of recurrent colds, with thick, acrid yellow-white discharge, with vomiting of mucus, with great weakness. The child is thin, of a dark complexion, with decay of teeth, head hot and cold extremities. She had the history of delayed walking, slow dentition. Perspiration on back of head, neck, prefers nonvegetarian foods and tendency to constipation.

**Clinical Diagnosis:**

Recurrent Rhinitis

**Final Diagnosis:**

Recurrent Rhinitis

**Chronic Totality of Symptoms:**

- Calm, quiet child, always likes to go somewhere
- Thin, dark complexioned, with hot head, cold extremities
- Slow in learning to walk, dentition and diarrhoea during dentition
- Recurrent colds from cold air and icecream
- Perspiration profuse on back of head, neck
- Chilly patient
- Bowels sometimes hard, followed by bleeding
- Likes nonvegetarian foods
- Decayed teeth

**Acute Totality of Symptoms:**

- Coryza from eating icecream and from cold air
- Discharge acrid, thick, yellow-white
- Vomits lots of mucus each time
- Severe weakness during the episode
- Thirst increased

**Indicated Remedy:**

Calcarea Phosphorica

**Prescription:**

Calcarea Phosphorica 200 single dose  
S.L. BDS x 15 days

**Follow up:**

Date	Progress	Prescription
26-4-2006	Better, no symptoms	S.L. BD x 15 days
10-5-2006	Cold started after exposure to cold air. Discharge yellowish, acrid, vomiting of mucus, weakness	Arsenicum Iodatum 30 TDS x 1 day
12-5-2006	No weakness/vomiting. Cold same	Arsenicum Iodatum..30 BDS x 2 days
15-5-2006	Very little discharge persists	Calcarea Phosphorica 200 single dose S.L. BDS x 15 days
29-5-2006	Better, no symptoms	S.L. BDS x 1 month
26-6-2006	Better, no symptoms	S.L. BDS x 1 month
25-7-2006	Better, no symptoms	S.L. BDS x 1 month
25-8-2006	Better, no symptoms	S.L. BDS x 1 month
26-9-2006	Better, no symptoms	S.L. BDS x 1 month
25-10-2006	G.C. better, no symptoms, started gaining weight	S.L. BDS x 1 month

**Case No: 22**

**Name: S.M.G.**

**Age: 2 years 8 months**

**Sex: M**

**Doc: 14-4-2006**

**Chief Complaint:**

Pain in ears, fever – last 3 three days

**ODP:**

The child following eating icecream 3 days back had fever with chills, coryza, pain in the ears. Coryza watery, profuse, bland. Pain in ears violent, bursting, > cold application. Now the coryza is thick yellow. More in the morning. Fever with chilliness at 4 P.M. without thirst.

**Past History:**

The child had the history of similar episodes every month for the past 8 months.

**Family History:**

N.A.D.

**Personal History:**

Aversion– Warm milk, butter

Thirst – Thirstless

Urine – Nocturnal enuresis

Bowels – Normal stools, 2 – 3 times a day

Sleep – Restless during sleep, initially sleeps with hands over head

Thermals – Hot patient

Mind – Weeps easily, fear of darkness, ghosts, does not like to be alone

**General Examination:**

- Child of a small built
- Skin – fine
- Hair - fine
- Tongue – white coating

**ENT Examination:**

Ear drum pinkish on right side

Throat - congested

**Case Summary:**

A 2 years 8 months old child with the history of fever, pain in ears, coryza with bland, profuse discharge, for 3 days. The above episodes have been occurring every month for the past 8 months. The child is of a small built, always clinging to the mother, weeps easily, fear of darkness and ghosts. He has dislike for warm drinks, butter. He has a history of nocturnal enuresis. Thermally hot patient.

**Clinical Diagnosis:**

Otitis Media

**Final Diagnosis:**

Otitis Media

**Chronic Totality of Symptoms:**

- Child weeps easily, clings to the mother
- Hot patient
- Fear of darkness, ghosts, does not like to be alone
- Recurrent Otitis Media following Rhinitis
- Thirstless patient
- Does not like warm milk, butter
- Restless during sleep, sleeps with hands over his head
- Bowels move 2 – 3 times a day, normal stools
- Nocturnal enuresis
- Tongue – white coating

**Acute Totality of Symptoms:**

- Fever with chilliness at 4 P.M. without thirst, after eating icecream in hot weather
- Pain in ears violent, bursting, > cold application
- Coryza initially, profuse, watery, bland, later thick, yellow, more in the morning
- Ear drum pinkish
- Throat congested

**Indicated Remedy:**

Pulsatilla

**Prescription:**

Pulsatilla 30 single dose  
S.L. TDS x 15 days

**Follow up:**

Date	Progress	Prescription
28-4-2006	Pain in ears decreased Coryza present	Pulsatilla 30 TDS x 2 days S.L. TDS x 15 days
12-5-2006	Better, no ear pain Ear drums normal	S.L. TDS x 15 days
26-5-2006	Had a cold drink. Attack of fever, pain in ears	Pulsatilla 200 single dose S.L. TDS x 15 days
12-6-2006	Better, no symptoms	S.L. TDS x 15 days
26-6-2006	Better, no symptoms	S.L. TDS x 1 month
27-7-2006	Attack of cold	Pulsatilla 1 M single dose S.L. TDS x 1 month
28-8-2006	Better, no symptoms, no nocturnal enuresis	S.L. TDS x 1 month
27-9-2006	Better, no symptoms	S.L. TDS x 1 month
27-10-2006	G.C. good, no symptoms	S.L. TDS x 1 month

**Case No: 23****Name: V.A.B.****Age: 4 years****Sex: M****Doc: 17-4-2006****Chief Complaint:**

Pain in throat, fever for the past 3 days.

**ODP:**

The child had an icecream, following which he developed fever, sore throat. High fever with thirstlessness, profuse perspiration. Pain in throat of burning type, < swallowing, < cold drinks. Cough < drinking, eating, lying on left side, < talking. Coryza with inflammation of throat with headache,< noise. Such episodes are occurring every 15 days for the last 6 months.

**Past History:**

N.A.D.

**Family History:**

N.A.D.

**Personal History:**

Appetite – Poor, easy satiety

Thirst – Normal (except during fever)

Desires – Sweets

Bowels – Stools hard, small, incomplete

Perspiration – Profuse, all over, during fever, during sleep

Sleep – Starts during sleep

Thermals – Hot patient

Mind – Irritable, cries all day, does not want to be alone, cross on waking up from sleep

**General Examination:**

- Pale, weak looking child
- Palms, soles - sweaty
- Tongue – dry

**ENT Examination:**

Tonsils swollen, congested

Uvula - oedematous

**Case Summary:**

A 4 years old child with the history of Recurrent Sore Throat, high fever. Burning pain < cold. Cough < drinking, eating, lying on left, < talking. The child is thin, pale with craving for sweets and is constipated. He is afraid of being alone, is irritable, angry on waking up from sleep.

**Clinical Diagnosis:**

Recurrent Tonsillitis

**Final Diagnosis:**

Recurrent Tonsillitis

**Chronic Totality of Symptoms:**

- Cross, irritable child, cries all day
- Does not want to be alone
- Desires sweets
- Profuse perspiration all over, more on palms, soles, during sleep
- Starts during sleep
- Easy satiety
- Hot patient
- Recurrent Tonsillitis
- Pale, weak looking child

**Acute Totality of Symptoms:**

- Ailments from – eating icecream
- High fever with thirstlessness and profuse perspiration
- Burning type of pain in throat < swallowing, < cold drinks
- Cough < drinking, eating, lying on left side, < talking
- Coryza with headache, < noise
- Tonsils swollen, congested
- Uvula oedematous

**Indicated Remedy:**

Phosphorus 30

**Prescription:**Phosphorus 30 single dose  
S.L. TDS x 15 days**Auxiliary Treatment:**

Avoid cold foods

Diet – plenty of vegetables, fruits, dry fruits to build up health

**Follow up:**

Date	Progress	Prescription
1-5-2006	Pain in throat, cough increased	Phosphorus 30 single dose S.L. TDS x 15 days
15-5-2006	Better, no symptoms	S.L. TDS x 15 days
29-5-2006	Better, no symptoms	Lycopodium 1 M single dose S.L. TDS x 1 month
27-6-2006	Had slight cough after taking cold drink	Phosphorus 30 single dose S.L. TDS x 1 month
28-7-2006	Better, no symptoms	Lycopodium 1 M single dose S.L. TDS x 1 month
28-8-2006	Better, no symptoms	S.L. TDS x 1 month
29-9-2006	Better, no symptoms	S.L. TDS x 1 month
30-10-2006	G.C. better, no symptoms, started gaining weight	S.L. TDS x 1 month

**Case No: 24**

**Name: N.J.A.**

**Age: 4 years**

**Sex: F**

**Doc: 21-4-2006**

**Chief Complaint:**

Recurrent Upper Respiratory Tract Infection for the past 1 year

**ODP:**

The child has a history of recurrent URTI – cold and cough from exposure to cold air, cold drinks, change of weather for the past 1 year. She has blockage of nose, yellowish offensive discharge from nostrils, cough < night, dry. Expectoration mainly in the morning, scanty. Hoarseness of voice during cough there is profuse sweat on the forehead, neck, chest wetting the clothes. On the average she has been getting one attack every month for the past 1 year.

**Past History:**

Recurrent Upper Respiratory Tract Infection for the past 1 year.

**Family History:**

Brother – 6 years, childhood asthma, Mother – Known asthmatic

**Personal History:**

Appetite – Increased

Desires – Sweets, eggs and indigestible things like chalk, mud

Aversion - Meat

Thirst – Decreased

Bowels – Constipated, flatulence++

Perspiration – Profuse on head, chest, neck

Thermals – Chilly

Mind – Fearful, does not play with friends

**General Examination:**

- Child is fat, flabby, fair complexion, Pallor+
- Tongue – moist, halitosis+
- Palms – Clammy, Skin – moist
- Lymphadenopathy – Cervical lymph nodes palpable, tender

**Systematic Examination:**

PA – Distention+, flatulence+

**Case Summary:**

A 4 year old fair, flabby girl with a history of recurrent cold and cough for the past 1 year from change in weather, cold drinks, exposure to cold air. Blockage of nose, discharge of yellow-white offensive mucus, dry cough at night, expectoration in the morning. She has a family history of bronchial asthma (mother, brother). Craves indigestible things, aversion to meat, constipated and flatulence. Profuse perspiration on head, neck, chest. The child is chilly, is fearful, with moist skin, Lymphadenopathy and halitosis.

**Clinical Diagnosis:**

Recurrent Rhino-Pharyngitis

**Final Diagnosis:**

Recurrent Rhino-Pharyngitis

**Chronic Totality of Symptoms:**

- Recurrent cold and cough from exposure to cold air, cold drinks
- Lymphadenopathy, Cervical lymph nodes palpable and tender
- Perspiration profuse on head, chest and neck
- Bowels constipated, flatulence
- Chilly patient
- Craves sweets, eggs and indigestible things like chalk, mud
- Tongue – moist, halitosis
- Mind – fearful, does not play with friends

**Acute Totality of Symptoms:**

- Blockage of nose
- Discharge of yellow-white offensive mucus from nostrils
- Cough < night, dry
- Expectoration > morning
- Hoarseness of voice during cough

**Indicated Remedy:**

Calcarea Carb

**Prescription:**

Calcarea Carb 30

TDS x 4 days

S.L. TDS x 15 days

**Follow up:**

Date	Progress	Prescription
5-5-2006	Better, cold present, cough decreased	Calcarea Carb 200 single dose S.L. TDS x 15 days
19-5-2006	Better, cold, cough frequency decreased	S.L. TDS x 15 days
2-6-2006	C/O flatulence, < evening	Lycopodium 200 single dose S.L. TDS x 1 month
3-7-2006	Had an attack of cold and cough after eating icecream	Calcarea Carb 200 single dose S.L. TDS x 1 month
2-8-2006	Better, no symptoms	S.L. TDS x 1 month
1-9-2006	Better, no symptoms	S.L. TDS x 1 month
2-10-2006	Better, no symptoms	S.L. TDS x 1 month
1-11-2006	G.C. better, no symptoms, started gaining weight	S.L. TDS x 1 month

**Case No: 25****Name: T.M.K.****Age: 4 years****Sex: F****Doc: 26-4-2006****Chief Complaint:**

Recurrent Tonsillitis – past 6 months

**ODP:**

The child has a history of throat pain off and on, especially after intake of cold food or cold drinks, exposure to cold air. It starts with burning pain in throat which shoots into ears. She has a sensation of lump in throat, difficulty in swallowing, more at night. Pain shifts from one side to the other. She gets high fever, chilliness with marked exhaustion. She had 4 similar attacks during the past 6 months.

**Past History:**

Recurrent Tonsillitis – past 6 months.

**Family History:**

Mother – Rheumatoid Arthritis

**Personal History:**

Appetite – Reduced at present

Thirst – Normal, cannot take hot milk at present

Perspiration – Profuse, offensive, on hands, feet

Sleep – Night-walking during sleep, starts in sleeps

Thermals – Chilly

Mind – Obstinate, shy in front of strangers, fear of darkness

**General Examination:**

- Child thin, fair, but pale looking
- Head appears large
- Palms, soles, skin - clammy, cold to touch

**ENT Examination:**

Tonsils enlarged, dark red, more right side

Greyish white, thick, tenacious mucus on surface of tonsils

Jugulo Digastric nodes enlarged

**Case Summary:**

A 4 year old child with a history of recurrent Tonsillitis from cold air, or intake of cold drinks. She has high fever with burning pain in throat which shoots into ears, shifting from one side to the other, profuse perspiration, offensive, on hands and feet. The patient is chilly, obstinate, shy in front of strangers, fear of darkness. There is night walking, starts in sleep.

**Clinical Diagnosis:**

Acute Ulcerative Tonsillitis

**Final Diagnosis:**

Acute Ulcerative Tonsillitis

**Chronic Totality of Symptoms:**

- Recurrent attacks of Tonsillitis
- Thin, fair, pale child with large head
- Perspiration profuse, offensive on hands and feet
- Night walking during sleep, starts in sleep
- F/H of Rheumatoid Arthritis
- Chilly patient
- Mind – Obstinate child, shy, fear of darkness

**Acute Totality of Symptoms:**

- Throat pain after exposure to cold air, intake of cold food and drinks
- Burning pain in throat, shoots to ears, shifting from side to side
- Sensation of lump in throat
- Difficulty in swallowing
- Symptoms < night
- Tonsils enlarged, dark red, more right side
- Greyish white, thick, tenacious mucus on surface of tonsils
- Jugulo Digastric nodes enlarged

**Indicated Remedy:**

Silicea

**Prescription:**

Silicea 200 single dose HS  
S.L. TDS x 15 days

**Follow up:**

Date	Progress	Prescription
10-5-2006	C/O fever, pain in throat O/E Tonsillitis	Phytolacca 30 TDS x 2 days S.L. TDS x 15 days
24-5-2006	Better, throat pain decreased, no fever, Tonsils congestion decreased	Phytolacca 30 TDS x 2 days S.L. TDS x 15 days
7-6-2006	Better, no symptoms	Silicea 200 single dose HS S.L. TDS x 15 days
21-6-2006	Had icecream 2 days back, C/O pain in throat, coryza, fever	Pulsatilla 30 TDS x 2 days S.L. TDS x 15 days
6-7-2006	Better, no symptoms	Silicea 200 single dose HS S.L. TDS x 1 month
7-8-2006	Better, no symptoms	S.L. TDS x 1 month
6-9-2006	Better, no symptoms	S.L. TDS x 1 month
5-10-2006	Better, no symptoms	S.L. TDS x 1 month
5-11-2006	G.C. better, no symptoms, started gaining weight	S.L. TDS x 1 month

**Case No: 26**

**Name: G.Y.J.**

**Age: 11 months**

**Sex: F**

**Doc: 3-5-2006**

**Chief Complaint:**

Coryza with blockage of nose off and on - last 6 months.

**ODP:**

Since last 6 months, every 15 days, the child gets fever followed by watery coryza and sneezes. Soon develops nasal blockage during day and night. Later coryza becomes thicker, yellowish green, and she gets severe dry cough with vomiting < lying down, < night. Fever with chills and without thirst, and sweat on right side of head, face only.

**Past History:**

N.A.D.

**Family History:**

N.A.D.

**Personal History:**

Thirst - Less

Desires – Spicy foods

Aversion – Sweets

Sleep – Wants head high, keeps hands on head

Thermals – Hot patient

Mind – Generally quiet, calm child, weeps if alone, easy to handle

**General Examination:**

- Child is of wheat complexion
- Chubby
- Tongue – white coated

**ENT Examination:**

Nose – yellow mucus+

**Systematic examination:**

Respiratory System - Clear

**Case Summary:**

A 11 month old child with recurrent coryza, with nose blockage. Nasal blockage, cough with vomiting. Fever with chills, thirstlessness and one sided sweat. Quiet, calm child, weeps when alone. Hot thermally, sleeps with hands on head.

**Clinical Diagnosis:**

Recurrent Rhinitis

**Final Diagnosis:**

Recurrent Rhinitis

**Chronic Totality of Symptoms:**

- A calm quiet child, easy to handle, weeps when alone
- Hot patient
- Sleeps with head high, keeps hands on head
- Thirstless
- Recurrent Rhinitis
- Prefers spicy foods

**Acute Totality of Symptoms:**

- Rhinitis with watery coryza, sneezes
- Nasal blockage – day and night
- Coryza thick yellow-green
- Cough with vomiting, < lying down, < night
- Fever with chills, without thirst
- Sweat on right of head, face only

**Indicated Remedy:**

Pulsatilla 30

**Prescription:**

Pulsatilla 30

TDS x 2 days

S.L. TDS x 15 days

**Auxiliary Treatment:**

Steam inhalation thrice a day

**Follow up:**

<b>Date</b>	<b>Progress</b>	<b>Prescription</b>
19-5-2006	Coryza, nasal blockage decreased, no fever	Pulsatilla 30 TDS x 2 days S.L. TDS x 15 days
5-6-2006	No Coryza/nasal blockage	S.L. TDS x 15 days
20-6-2006	Had been out of station where she got fever, coryza. At present slight cold	Pulsatilla 200 single dose S.L. TDS x 15 days
5-7-2006	Better, no symptoms	S.L. TDS x 15 days
20-7-2006	Cough, coryza since 2 days, no fever	Pulsatilla 200 one dose S.L. TDS x 15 days
4-8-2006	Better, no symptoms	S.L. TDS x 1 month
5-9-2006	Better, no symptoms	S.L. TDS x 1 month
6-10-2006	Better, no symptoms	S.L. TDS x 1 month
6-11-2006	G. C. better, no symptoms	S.L. TDS x 1 month

**Case No: 27**

**Name: D.M.T.**

**Age: 4 years and 2 months**

**Sex: F**

**Doc: 4-5-2006**

**Chief Complaint:**

Recurrent Coryza for the last 1 year.

**Associated Complaints:**

Dandruff thick white scales since last 2 – 3 months

**ODP:**

For the last 1 year, the patient has been suffering from cold, coryza, which is thick, greenish with nose blockage at night with snoring. < cold things, < dust, < change of weather, > lying down. Soreness in throat, < cold water, fever moderate 101<sup>0</sup>F with normal thirst. The above complaints were always associated with pain in umbilical region along with vomiting which ameliorates. She had 8 such episodes during the past 1 year.

**Past History:**

N.A.D.

**Family History:**

N.A.D.

**Personal History:**

Appetite – Poor

Thirst - Less

Desires – Raw (carrots/paneer), pickles

Aversion – Sweets, milk

Bowels – Normal, occasional flatulence

Perspiration – Scalp

Sleep – Disturbed 4 – 5 times at night

Thermals – Chilly patient

Mind – Affectionate, weeps easily, restless, talks to herself, thumb sucking

**General Examination:**

- Child obese
- Febrile
- Adenoid facies+

**ENT Examination:**

Tenderness over left maxillary sinus

**Case Summary:**

An obese female child with the history of recurrent coryza, thick, greenish with nose blockage, fever. The child has poor appetite, craves pickles, aversion to sweets, milk, perspiration on scalp. She is affectionate, weeps easily.

**Clinical Diagnosis:**

Left maxillary sinusitis with adenoids enlargement

**Investigations:**

X ray for paranasal sinuses, left maxillary sinusitis, enlarged adenoids with encroachment of naso – pharyngeal space

**Final Diagnosis:**

Left maxillary sinusitis with adenoids enlargement

**Chronic Totality of Symptoms:**

- Affectionate child
- Craves raw foods, pickles
- Aversion to sweets, milk
- Chilly patient
- Perspiration scalp
- Sinusitis, enlarged adenoids
- Dandruff - thick white scales

**Acute Totality of Symptoms:**

- Coryza thick, greenish, with nasal blockage < cold things, < dust, < change of weather, < lying down
- Soreness in throat - < cold water
- Fever 101<sup>0</sup>F
- Above symptoms with pain in abdomen with vomiting

**Indicated Remedy:**

Kali Bichromicum 30

**Prescription:**

Kali Bichromicum 30

BDS x 2 days

S.L. TDS x 15 days

**Auxiliary Treatment:**

Steam inhalation thrice a day

**Follow up:**

Date	Progress	Prescription
19-5-2006	Better, no fever, nasal blockage and discharge decreased	Kali Bichromicum 30 TDS x 2 days S.L. TDS x 15 days
5-6-2006	Better	S.L. TDS x 15 days
20-6-2006	Nose blockage increased, snoring increased	Thuja Occidentalis 200 single dose S.L. TDS x 15 days
5-7-2006	Better, no symptoms	S.L. TDS x 1 month
7-8-2006	No symptoms, adenoid facies increased	Thuja Occidentalis 200 single dose S.L. TDS x 1 month
8-9-2006	Better, no symptoms	S.L. TDS x 1 month
9-10-2006	Better, no snoring, mouth breathing	S.L. TDS x 1 month
10-11-2006	G.C. better, started gaining weight	S.L. TDS x 1 month

**Case No: 28**

**Name: N.C. J.**

**Age: 5 years**

**Sex: F**

**Doc: 5-5-2006**

**Chief Complaint:**

Recurrent Throat Infection – last 3 years

**ODP:**

The child has a history of Recurrent Throat Infection for the past 3 years with a frequency of 6 in a year. At present the pain is more on the right side for the past 2 days, extends to the ears, < swallowing, < cool drinks. Fever, moderate with chills. Child cries all the time, wants to lie down.

**Past History:**

N.A.D.

**Family History:**

Maternal Grandfather – Psoriasis

Maternal Grandmother – Lichen Planus

**Personal History:**

Appetite – Reduced

Perspiration – On forehead

Sleep – Disturbed

Thermals – Chilly

Mind – Irritable, inactive child – does not play much

**General Examination:**

- Child obese, fair
- T – 102 F
- Pulse – 114/min
- Tongue – yellow coating
- Submandibular lymph nodes enlarged

**ENT Examination:**

Right side tonsil enlarged, red, congested

**Case Summary:**

A 5 year old fair child, obese with history of Recurrent Tonsillitis for the last 3 years. At present pain in throat, more on right side, < swallowing, < cold, moderate fever with chills. Child is chilly, with cervical lymph node and tonsillar enlargement. She is irritable and not very active.

**Clinical Diagnosis:**

Recurrent Acute Tonsillitis

**Final Diagnosis:**

Recurrent Acute Tonsillitis

**Chronic Totality of Symptoms:**

- Fair, obese, inactive child
- History of Recurrent Tonsillitis
- Chilly patient
- F/H skin disease
- Perspiration on forehead

**Acute Totality of Symptoms:**

- Pain in right tonsillar region extending to ears < swallowing, < cool drinks
- Fever moderate, with chills
- Child cries constantly
- Right tonsil enlarged, congested
- Submandibular lymphadenopathy
- Tongue yellow coating

**Indicated Remedy:**

Mercurius Iodatus Flavus

**Prescription:**

Mercurius Iodatus Flavus 30

TDS x 2 days

S.L. TDS x 15 days

**Auxiliary Treatment:**

Tap water sponging during fever

Avoid ice creams and cold drinks

**Follow up:**

Date	Progress	Prescription
19-5-2006	Better, no fever, tonsils – congestion reduced	Mercurius Iodatus Flavus 30 TDS x 2 days S.L. TDS x 15 days
2-6-2006	Better, tonsils – no congestion, right tonsil larger than left	Calcarea Carbonica. 200 single dose S.L. TDS x 15 days
19-6-2006	Better, no symptoms at present, tonsils – normal	S.L. TDS x 15 days
3-7-2006	Had an acute attack, intensity reduced	Mercurius Iodatus Flavus 30 TDS x 1 day S.L. TDS x 15 days
17-7-2006	Better, no symptoms	Psorinum 1M single dose HS S.L. TDS x 1 month
14-8-2006	Better, no symptoms	S.L. TDS x 1 month
12-9-2006	Better, no symptoms, mental state improved	S.L. TDS x 1 month
12-10-2006	Better, no symptoms	S.L. TDS x 1 month
14-11-2006	G.C. good, no symptoms	S.L. TDS x 1 month

**Case No: 29**

**Name: S.R.K.**

**Age: 4 years**

**Sex: F**

**Doc: 12-5-2006**

**Chief Complaint:**

Recurrent colds last 3 years

**ODP:**

For the last 3 years, the child gets recurrent colds. The colds start on least exposure to cold winds. The cold starts with high fever, nose blockage. Coryza watery, profuse, with sore ulcerated nostrils. Later coryza thick, offensive with pain in throat radiating to ears. Has to breathe through mouth, with frontal headache. On the average she has been getting such attacks every month for the past 1 year.

**Associated complaints:**

Pain in legs off and on especially in calf muscles.

**Past History:**

N.A.D.

**Family History:**

Twin brother has similar health problems. Father hypertensive.

**Personal History:**

Appetite – Good

Desires – Juicy fruits, curds

Perspiration – On head

Sleep – On back, with open mouth

Thermals – Chilly patient

Mind – Child bright, cheerful, sharp, shows great care for sibling, stubborn

**General Examination**

- Child thin, lean built
- Cervical lymph nodes palpable
- Teeth decayed
- Tongue normal

**ENT Examination**

Tonsils enlarged – Lt > Rt

Adenoid facies +

**Systematic Examination**

N.A.D.

**Case Summary:**

A thin child, with history of recurrent Upper Respiratory Tract Infection – on least exposure to cold air, - coryza thin, later thick, with fever, pain in throat, headache. Mouth breathing, with history of growing pains, easy teeth decay

**Clinical Diagnosis:**

Recurrent Rhinitis with Adenoids enlargement and Tonsillitis

**Final Diagnosis:**

Recurrent Rhinitis with Adenoids enlargement and Tonsillitis

**Totality of Symptoms:**

- A lean thin child with history of recurrent Coryza and Tonsillitis
- history of growing pains, easy tooth decay
- Enlarged Tonsils and Adenoids, cervical lymph - nodes
- Chilly patient
- Craves juicy fruits, curds
- Perspiration on head
- Child bright, cheerful, sharp, caring, stubborn

**Indicated Remedy:**

Calcarea Phosphorica

**Prescription:**

Calcarea Phosphorica 1M single dose  
SL TDS x 15 days

**Auxiliary treatment:**

Eat plenty of vegetables, fruits rich in Vitamin C.  
Avoid ready made food articles

**Follow up:**

Date	Progress	Prescription
26-5-2006	C/O – fever, coryza last 2 days Coryza thick, pain in throat	Hepar Sulphuris 30 TDS x 2 days S.L. TDS x 15 days
9-6-2006	Better – no fever, coryza reduced, Tonsils enlarged, no congestion	S.L. TDS x 15 days
26-6-2006	Better, no symptoms	Calcarea Phosphorica 1M single dose S.L. TDS x 1 month
27-7-2006	Got wet in the rain, Coryza thin, throat irritation, no fever	Dulcamara 30 TDS x 2 days S.L. TDS x 15 days
14-8-2006	Better, no symptoms	S.L. TDS x 1 month
15-9-2006	Better, no symptoms	S.L. TDS x 1 month
16-10-2006	Better, no symptoms	S.L. TDS x 1 month
17-11-2006	G.C. better, no symptoms	S.L. TDS x 1 month

**Case No: 30****Name: P.A.S.****Age: 3 years and 8 months****Sex: F****Doc: 17-5-2006****Chief Complaint:**

Recurrent Colds – last 8 months

**ODP:**

The child has history of recurrence of cold averaging 2 per month for the last 8 months. Coryza is watery with stuffing of nose, discharge, < in the mornings, blockage < night < outdoors. She falls ill after taking cold things, exposure to dry, cold atmosphere. She becomes very irritable and does not like to be touched.

**Past History:**

She was slow in learning to walk.

**Family History:**

N.A.D.

**Personal History:**

Appetite – Poor

Thirst - Excessive

Desires – Icecream

Aversion – Warm food

Bowels – Move on alternate days

Perspiration – Profuse all over after playing, offensive

Thermals – Chilly

Mind – Very shy and timid at school, obstinate, headstrong

**General Examination:**

- Child looks pale, weak
- Head appears larger, white spots on nails
- Palms, soles cold, clammy

**ENT Examination:**

N.A.D.

**Systematic Examination:**

N.A.D.

**Case Summary:**

A 3 year 8months old child with history of Recurrent Colds, pale looking, catches colds easily from exposure to dry cold air, cold things. Coryza watery with nasal blockage, < night. She becomes very irritable during illness. She is headstrong, obstinate, shy, with desire for icecream, constipation, profuse offensive perspiration.

**Clinical Diagnosis:**

Recurrent Rhinitis

**Final Diagnosis:**

Recurrent Rhinitis

**Chronic Totality of Symptoms:**

- Very shy timid child, but also obstinate and headstrong
- Chilly patient
- Recurrent Upper Respiratory Tract Infection
- Profuse sweating after exertion, offensive
- Aversion to warm food
- Craving for icecream
- Large head
- White spots on nails
- Colds, clammy palms, soles
- History of slow learning to walk

**Acute Totality of Symptoms:**

- Coryza after exposure to dry cold air, taking cold things
- Watery coryza, < in the morning
- Blockage of nose < night < outdoors
- Very irritable and touchy during illness
- Appetite poor

**Indicated Remedy:**

Silicea - 200

**Prescription:**

Silicea – 200 single dose  
S.L. BDS x 15 days

**Auxiliary Treatment:**

Avoid cold drinks/food  
Diet – green leafy vegetables like Methi etc and dried figs

**Follow up:**

Date	Progress	Prescription
2-6-2006	No attack of cold, offensive sweating <	Silicea – 200 single dose S.L. TDS x 15 days
21-6-2006	Better, offensiveness of sweat decreased	S.L. TDS x 15 days
5-7-2006	History of drinking cold refrigerated water. Coryza watery with nose blockage, poor appetite	Nux Vomica 200 TDS x 2 days S.L. TDS x 15 days
21-7-2006	Coryza better, blockage still continues	Nux Vomica 200 TDS x 2 days S.L. TDS x 15 days
7-8-2006	Better, good appetite	Silicea – 200 single dose S.L. TDS x 1 month
11-9-2006	Better, no symptoms	S.L. TDS x 1 month
16-10-2006	Better, no symptoms	S.L. TDS x 1 month
20-11-2006	G.C. better, started gaining weight	S.L. TDS x 1 month

**CHAPTER 7**

**OBSERVATION AND ANALYSIS**

## CHAPTER 7

### OBSERVATION AND ANALYSIS

#### 7.1 AGE INCIDENCE

Out of thirty cases, the age distribution of the cases is shown in the following table:

#### STATISTICAL CHART OF AGE INCIDENCE:

Sr. No.	Age group (yrs)	No. of patients	Percentage (%)
1	< 1	1	3.3
2	1-2	2	6.7
3	2-3	4	13.3
4	3-4	7	23.3
5	4-5	16	53.4
Total		30	100

As shown in the Table, the maximum age incidence was seen in the age group 4 – 5 years (16 cases) and the distributions in different age groups are shown in Figure 7.1.1.

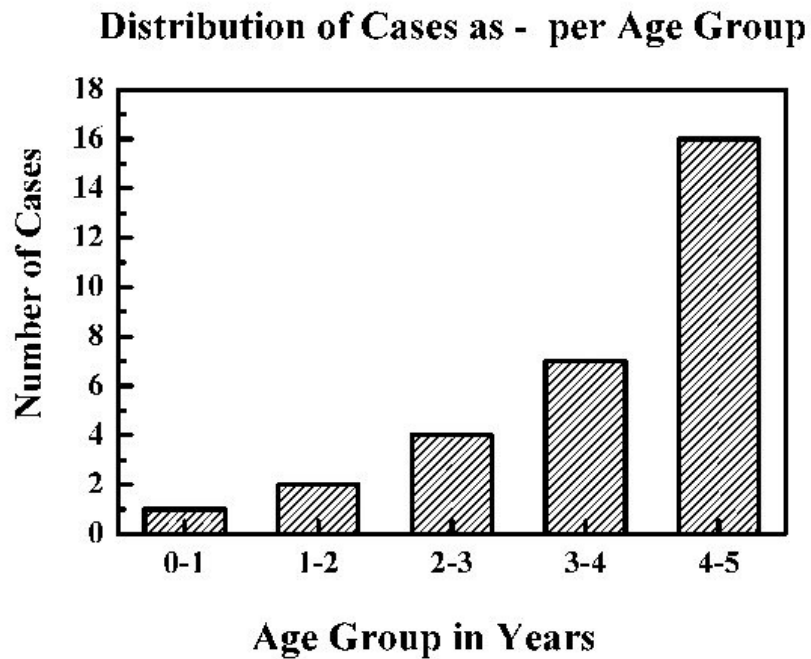


Figure 7.1.1: Distribution of Cases in different age groups

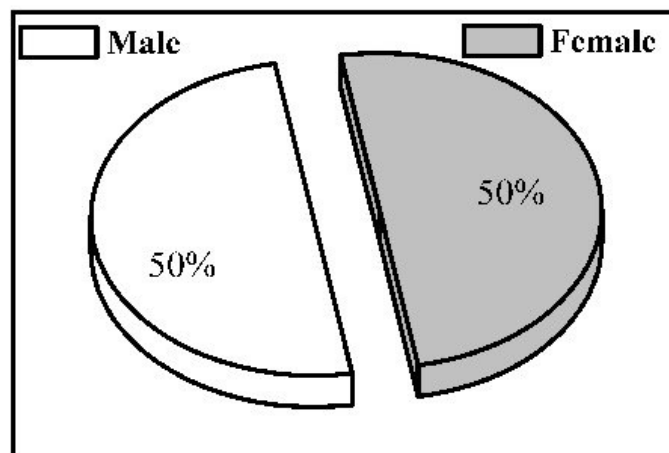
**7.2 SEX INCIDENCE:**

Sex incidence of the patients is as follows:

**STATISTICAL CHART OF SEX INCIDENCE:**

Sr. No.	Gender	No. of patients	Percentage (%)
1	Male	15	50
2	Female	15	50
	Total	30	100

The percentage distribution of male/female incidence of patients is shown in Figure 7.2.1.

**Distribution of Cases as - per Sex**

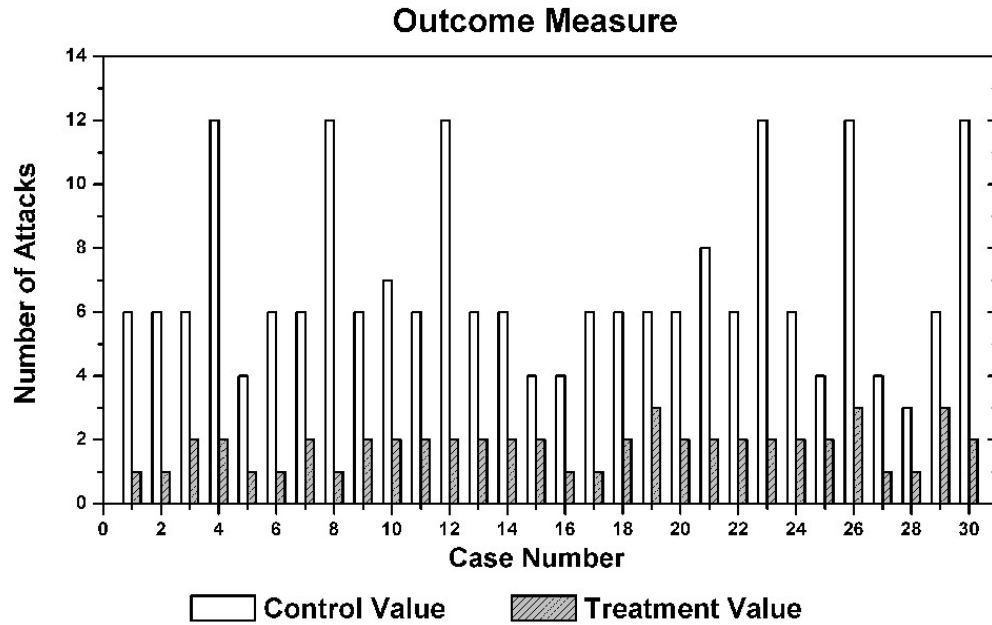
**Figure 7.2.1: The percentage distribution of male/female incidence of patients**

### **7.3 STATISTICAL ANALYSIS**

The present study is based on 30 cases of Recurrent Upper Respiratory Tract Infections (URTI) in children below the age of 5 years. Out of the 30 children treated with homoeopathic medicines the number of attacks/episodes of the Recurrent Upper Respiratory Tract Infections 6 months period preceding the date of commencement of the homoeopathic treatment (Control Value) and 6 months period following the date of commencement of treatment (Treatment Value) were taken from the respective case papers presented in Chapter 6 and the data are recorded in Table 7.3.1 and Figure 7.3.1. As seen from the following Table and Figure there are differences in the number of attacks preceding and following the homoeopathic treatment.

**Table 7.3.1: Control and Treatment values of the Recurrent URTI**

Case Number	Name	Age (Y, M)	Sex	Control Value (C)	Treatment Value (T)	Outcome Measure (C-T)
1	S.A.S.	4Y	F	6	1	5
2	A.G.A.	4Y	M	6	1	5
3	A.A.B.	3Y 6M	M	6	2	4
4	A.N.L.	1Y 3M	M	12	2	10
5	B.G.D.	4Y 3M	F	4	1	3
6	A.J.W.	2Y 6M	M	6	1	5
7	S.M.S.	1Y 4M	F	6	2	4
8	C.R.T.	2Y	M	12	1	11
9	A.M.G.	3Y	M	6	2	4
10	K.V.P.	3Y 6M	M	7	2	5
11	J.P.S.	4Y 3M	F	6	2	4
12	R.V.G.	4Y 6M	M	12	2	10
13	R.P.K.	3Y 6M	M	6	2	4
14	A.K.K.	4Y 6M	M	6	2	4
15	S.A.G.	4Y 6M	M	4	2	2
16	A.S.T.	4Y 3M	M	4	1	3
17	S.M.C.	3Y	F	6	1	5
18	S.B.P.	3Y 8M	F	6	2	4
19	A.R.N.	4Y 1M	F	6	3	3
20	K.R.P.	4Y 3M	M	6	2	4
21	P.Y.J.	2Y 6M	F	8	2	6
22	S.M.G.	2Y 8M	M	6	2	4
23	V.A.B.	4Y	M	12	2	10
24	N.J.A.	4Y	F	6	2	4
25	T.M.K.	4Y	F	4	2	2
26	G.Y.J.	11M	F	12	3	9
27	D.M.T.	4Y 2M	F	4	1	3
28	N.C.J.	4Y 4M	F	3	1	2
29	S.R.K.	4Y	F	6	3	3
30	P.A.S.	3Y 8M	F	12	2	10



**Figure 7.3.1: Number of attacks of the Recurrent URTI during the 6 months period preceding the date of commencement of the homoeopathic treatment (Control Value) and 6 months period following the date of commencement of the treatment (Treatment Value) for the 30 cases**

## 7.4 STATISTICAL TESTS

In order to investigate the efficacy of the homoeopathic treatment vis-à-vis the statistical significance of the differences between the control and treatment values the following standard statistical tests were applied to the data.

1. Student's t-test
2. Mann Whitney U test

The theory relating to the above two tests is described in the following.

### 7.4.1 Student's t-test for the comparison of two means

This test (as described below) assumes: (a) A normal (gaussian) distribution for the populations of the random errors, (b) there is no significant difference between the standard deviations of both population samples.

The two means and the corresponding standard deviations are calculated by using the following equations ( $n_A$  and  $n_B$  are the number of measurements in data set A and data set B, respectively):

$$\bar{X}_A = \frac{\sum_{i=1}^{n_A} X_i}{n_A} \quad \bar{X}_B = \frac{\sum_{i=1}^{n_B} X_i}{n_B}$$

$$S_A = \sqrt{\frac{\sum_{i=1}^{n_A} (\bar{X}_A - X_i)^2}{n_A - 1}} \quad S_B = \sqrt{\frac{\sum_{i=1}^{n_B} (\bar{X}_B - X_i)^2}{n_B - 1}}$$

Then, the pooled estimate of standard deviation  $S_{AB}$  is calculated:

$$S_{AB} = \sqrt{\frac{(n_A - 1)S_A^2 + (n_B - 1)S_B^2}{n_A + n_B - 2}}$$

Finally, the statistic  $t_{\text{exp}}$  (experimental  $t$  value) is calculated:

$$t_{\text{exp}} = \frac{|\bar{X}_A - \bar{X}_B|}{S_{AB} \sqrt{\frac{1}{n_A} + \frac{1}{n_B}}}$$

$t_{\text{exp}}$  value is compared with the critical (theoretical)  $t_{\text{th}}$  value corresponding to the given degree of freedom  $N$  (in the present case  $N = n_A + n_B - 2$ ) and the confidence level chosen. Tables of critical  $t$  values can be found in any book of statistical analysis, as well as in many quantitative analysis textbooks. If  $t_{\text{exp}} > t_{\text{th}}$  then  $H_0$  is rejected else  $H_0$  is retained.

### ARE TWO SETS OF DATA REALLY DIFFERENT?

If we have two collections of maple leaves (i.e., two samples), it is quite likely that in detail the collections are different: different highs, lows, and average leaf sizes. Is the measured difference in average leaf size large enough that we should reject the null hypothesis that in fact such differences are due to "chance"? Given the above sort of information on the likely range for the actual mean of each sample, the question basically reduces to whether the likely ranges overlap (in which case the means *could* be the same: in the overlap of the intervals, and we *may not* reject the null hypothesis) or if they do not overlap (in which case we must reject the null hypothesis: the difference is most likely not due to chance). To report the variety of possible outcomes: from means not "significantly" different to means in fact "significantly" different, the probability that the difference is due to chance is reported. Reject the null hypothesis if  $P$  is "small".

### Paired Data

Very often the two samples to be compared are not randomly selected: the second sample is the same as the first after some treatment has been applied. Cedar-apple rust is a (non-fatal) disease that affects apple trees. Its most obvious symptom is rust-colored spots on apple leaves. Red cedar trees are the immediate source of the fungus that infects the apple trees. If you could remove all red cedar trees within a few miles of the orchard, you should eliminate the problem. In the first year of this experiment the number of affected leaves on 8 trees was counted; the following winter all red cedar trees within 100 yards of the orchard were removed and the following year the same trees were examined for affected leaves. The results are recorded below:

tree    number of rusted    number of rusted    difference: 1-2

	leaves: year 1		leaves: year 2	
	1    38		32    6	
	2    10		16    -6	
	3    84		57    27	
	4    36		28    8	
	5    50		55    -5	
	6    35		12    23	
	7    73		61    12	
	8    48		29    19	
average	46.8		36.2	10.5
standard dev	23		19	12

As you can see there is substantial natural variation in the number of affected leaves; in fact, a unpaired  $t$ -test comparing the results in year 1 and year 2 would find no significant difference. (Note that an unpaired  $t$ -test should not be applied to this data because the second sample was not in fact randomly selected.) However, if we focus on the difference we find that the average difference is significantly different from zero. The paired  $t$ -test focuses on the difference between the paired data and reports the probability that the actual mean difference is consistent with zero. This comparison is aided by the reduction in variance achieved by taking the differences.

#### 7.4.2 The Mann-Whitney U Test

The Mann-Whitney U test is a non-parametric test that can be used in place of an unpaired  $t$ -test. It is used to test the null hypothesis that two samples come from the same population (i.e. have the same median) or, alternatively, whether observations in one sample tend to be larger than observations in the other. Although it is a non-parametric test it does assume that the two distributions are similar in shape.

#### Carrying out the Mann-Whitney U test

Suppose we have a sample of  $n_x$  observations  $\{x_1, x_2, \dots, x_n\}$  in one group (i.e. from one population) and a sample of  $n_y$  observations  $\{y_1, y_2, \dots, y_n\}$  in another group (i.e. from another population).

The Mann-Whitney test is based on a comparison of every observation  $x_i$  in the first sample with every observation  $y_j$  in the other sample. The total number of pairwise comparisons that can be made is  $n_x n_y$ .

If the samples have the same median then each  $x_i$  has an equal chance (i.e. probability  $\frac{1}{2}$ ) of being greater or smaller than each  $y_j$ .

So, under the null hypothesis  $H_0 : P(x_i > y_j) = \frac{1}{2}$   
and under the alternative hypothesis  $H_1 : P(x_i > y_j) \neq \frac{1}{2}$

We count the number of times an  $x_i$  from sample 1 is greater than a  $y_j$  from sample 2. This number is denoted by  $U_x$ . Similarly, the number of times an  $x_i$  from sample 1 is smaller than a  $y_j$  from sample 2 is denoted by  $U_y$ . Under the null hypothesis we would expect  $U_x$  and  $U_y$  to be approximately equal.

Procedure for carrying out the test:

1. Arrange all the observations in order of magnitude.
2. Under each observation, write down  $X$  or  $Y$  (or some other relevant symbol) to indicate which sample they are from.
3. Under each  $x$  write down the number of  $y$ s which are to the left of it (i.e. smaller than it); this indicates  $x_i > y_j$ . Under each  $y$  write down the number of  $x$ s which are to the left of it (i.e. smaller than it); this indicates  $y_j > x_i$

4. Add up the total number of times  $x_i > y_j$  — denote by  $U_x$ . Add up the total number of times  $y_j > x_i$  — denote by  $U_y$ . Check that  $U_x + U_y = n_x n_y$ .

5. Calculate  $U = \min(U_x, U_y)$

6. Use statistical tables for the Mann-Whitney U test to find the probability of observing a value of  $U$  or lower. If the test is one-sided, this is your p-value; if the test is a two-sided test, double this probability to obtain the p-value.

**NOTE:** If the number of observations is such that  $n_x n_y$  is large enough ( $> 20$ ), a normal approximation can be used with  $\mu_U = \frac{n_x n_y}{2}$ ,

$$\sigma_U = \sqrt{\frac{n_x n_y (N + 1)}{12}}, \text{ where } N = n_x + n_y.$$

**Dealing with ties:**

It is possible that two or more observations may be the same. If this is the case we can still calculate  $U$  by allocating half the tie to the  $X$  value and half the tie to the  $Y$  value. However, if this is the case then the normal approximation must be used with an adjustment to the standard deviation. This becomes:

$$\sigma_U = \sqrt{\frac{n_x n_y}{N(N-1)} \times \left[ \frac{N^3 - N}{12} - \sum_{j=1}^g \frac{t_j^3 - t_j}{12} \right]}$$

where  $N = n_x + n_y$

$g$  = the number of groups of ties

Note that the Mann-Whitney U test is statistically equivalent to the Wilcoxon rank sum test (not to be confused with the Wilcoxon signed rank sum test, which is for paired data).

$t_j$  = the number of tied ranks in group  $j$

**Example:**

The following data shows the age at diagnosis of type II diabetes in young adults. Is the age at diagnosis different for males and females?

Males: 19 22 16 29 24

Females: 20 11 17 12

**Solution:**

1. Arrange in order of magnitude

Age	11	12	16	17	19	20	22	24	29
M/F	F	F	M	F	M	F	M	M	M

$M > F$			2		3		4	4	4
---------	--	--	---	--	---	--	---	---	---

$F > M$	0	0		1		2			
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2. Affix M or F to each observation (see above).
3. Under each M write the number of Fs to the left of it; under each F write the number of Ms to the left of it (see above).
4.  $U_M = 2 + 3 + 4 + 4 + 4 = 17$                        $U_F = 0 + 0 + 1 + 2 = 3$
5.  $U = \min(U_M, U_F) = 3$
6. Using tables for the Mann-Whitney U test we get a two-sided p-value of  $p = 0.11$
7. If we use a normal approximation we get:

$$\frac{U - \frac{n_x n_y}{2}}{\sqrt{\frac{n_x n_y (N + 1)}{12}}} = \frac{3 - 10}{\sqrt{50/3}} = -1.715$$

This gives a two-sided p-value of  $p = 0.09$ .

The exact test and the normal approximation give similar results. We would conclude that there is no real evidence that the age at diagnosis is different for males and females, although the results are borderline and the lack of statistical significance in this case may just be due to the very small sample. The actual median age at diagnosis is 14.5 years for females and 22 for males, which is quite a substantial difference. In this case it would be advisable to conduct a larger study.

## 7.5 RESULTS OF STATISTICAL TESTS

The following two statistical tests were applied to the data relating to the 30 cases presented in Table 7.3.1.

1. Student's t-test
2. Mann Whitney U test

The results of the above two tests have indicated the two data sets, namely *Control Value* and *Treatment Value* are highly significant with  $p < 0.1$  % indicating the effectiveness of the Homoeopathic Remedies prescribed in the treatment of Recurring Upper Respiratory Tract Infections in children below the age of 5 years based on the concept Homoeopathic Principles of Individualisation. These results are corroborated by the observations and analyses of data presented in Table 7.3.1 and Figure 7.3.1.

The results of the present study are very important in the field of clinical research and suggest that individualisation and use of well chosen remedies are essential for the most effective treatment of Recurring Upper Respiratory Tract Infections in children below the age of 5 years.

**CHAPTER 8**

**DISCUSSION**

## **CHAPTER 8**

### **DISCUSSION**

**Homoeopathy is a Holistic Science based on the principle of Individualisation, which considers both mind and body to arrive at the conclusion of the remedy.**

**It covers a broad range of illnesses, simple as well as chronic. This is observed from the Case Studies presented in this Dissertation.**

**Every Case has been taken as per the Standard Case Records. Although a brief summary of all the Cases is presented in this Dissertation, selection of the remedy has been arrived at after a detailed study and consideration of the totality, acute or chronic symptoms of the patients in each case. The main emphasis of the present study is to investigate the utility of Homoeopathic medicines in Recurring Upper Respiratory Tract Infections in children below 5 years based on the concept of individualization and a brief discussion of the response of the patients vis a vis the Homoeopathic medicine in respect of all the Cases is presented in the following.**

**The important details of the 30 cases particularly relating to the Nosological Diagnosis, Homoeopathic medicines (Remedies) prescribed and administered, the number of attacks of the Recurrent Upper Respiratory Tract Infections (URTIs) during the 6 months period preceding the date of commencement of the Homoeopathic treatment (C – Control Value) and 6 months period following the date of commencement of the treatment (T – Treatment Value) are presented in Table 8.1. Also, a more detailed discussion of the 30 cases including the response of the patients to the Homoeopathic medicines chosen and prescribed based on (1) Chronic Totality of Symptoms and (2) Acute Totality of Symptoms, vis-à-vis the nosological diagnosis in respect of the 30 cases is presented in this Chapter following Table 8.1.**

Table 8.1: C – Control Value, T – Treatment Value

No	Name	Age	Sex	C	T	Nosological Diagnosis	Remedies
1	S.A.S.	4Y	F	6	1	Rhinitis, Pharyngitis	Tuberculinum, Hepar Sulphuris
2	A.G.A.	4Y	M	6	1	Tonsillitis	Medorrhinum, Hepar Sulphuris
3	A.A.B.	3Y 6M	M	6	2	Pharyngitis	Sulphur, Spongia Tosta
4	A.N.L.	1Y 3M	M	12	2	Rhinitis	Medorrhinum, Sambucus Nigra, Hepar Sulphuris
5	B.G.D.	4Y 3M	F	4	1	Rhinitis, Pharyngitis	Calcarea Carbonica, Belladonna
6	A.J.W.	2Y 6M	M	6	1	Rhinitis, Pharyngitis	Sulphur, Nux Vomica
7	S.M.S.	1Y 4M	F	6	2	URTI	Calcarea Carbonica, Allium Cepa
8	C.R.T.	2Y	M	12	1	Pharyngitis, Otitis Media	Belladonna, Tuberculinum
9	A.M.G.	3Y	M	6	2	Rhinitis, Tonsillitis	Medorrhinum, Antimonium Tartaricum, Kali Bichromium, Euphrasia
10	K.V.P.	3Y 6M	M	7	2	Rhinitis, Tubercular Miasm	Silicea, Pulsatilla, Arsenicum Album
11	J.P.S.	4Y 3M	F	6	2	Sinusitis	Sanguinaria Canadensis
12	R.V.G.	4Y 6M	M	12	2	Rhinitis	Natrum Muriaticum, Kali Bichromicum
13	R.P.K.	3Y 6M	M	6	2	Rhinitis	Ammonium Carb
14	A.K.K.	4Y 6M	M	6	2	URTI	Arsenicum Iodatum, Tuberculinum, Arsenicum Album
15	S.A.G.	4Y 6M	M	4	2	Tonsillitis	Mercurius Iodatus Ruber, Sulphur

Table 8.1 (Contd.)

No	Name	Age	Sex	C	T	Nosological Diagnosis	Remedies
16	A.S.T.	4Y 3M	M	4	1	Tonsillitis	Belladonna, Phosphorus
17	S.M.C.	3Y	F	6	1	Rhinitis	Medorrhinum, Belladonna
18	S.B.P.	3Y 8M	F	6	2	Rhinitis	Psorinum, Arsenicum Album, Hepar Sulphuris
19	A.R.N.	4Y 1M	F	6	3	Pharyngitis, Tonsillitis	Tuberculinum, Belladonna
20	K.R.P	4Y 3M	M	6	2	Rhinitis	Nitric Acid, Ammonium Carb
21	P.Y.J.	2Y 6M	F	8	2	Rhinitis	Calcarea Phosphorica, Arsenicum Iodatum
22	S.M.G.	2Y 8M	M	6	2	Otitis Media	Pulsatilla
23	V.A.B.	4Y	M	12	2	Tonsillitis	Phosphorus, Lycopodium
24	N.J.A.	4Y	F	6	2	Pharyngitis	Calcarea Carb, Lycopodium
25	T.M.K.	4Y	F	4	2	Tonsillitis	Silicea, Phytolacca, Pulsatilla
26	G.Y.J.	11M	F	12	3	Rhinitis	Pulsatilla
27	D.M.T.	4Y 2M	F	4	1	Sinusitis,	Kali Bichromium, Thuja Occidentalis
28	N.C.J.	4Y 4M	F	3	1	Tonsillitis	Mercurius Iodatus Flavus, Calcarea Carbonica, Psorinum
29	S.R.K.	4Y	F	6	3	Rhinitis, Tonsillitis	Calcarea Phosphorica, Hepar Sulphuricum, Dulcamara
30	P.A.S.	3Y 8M	F	12	2	Rhinitis	Silicea, Nux Vomica

**Case 1: S.A.S.**

Miss S.S. age 4 years came with the complaints of irritation in the throat, dry cough followed by moderate fever, thick greenish nasal

discharge. On the average she had such episodes every month for the past 6 months. Her Tonsils were enlarged and had cervical lymphadenopathy. She has nocturnal enuresis for the last 1 month. The child has recurrent Pharyngitis followed by Rhinitis. On Chronic Totality, the drug chosen was Tuberculinum and it worked very well with good results as regards intensity and frequency of attacks. Hepar Sulphuris was given as acute remedy. The general condition of the patient improved considerably.

**Case 2: A.G.A.**

Master A.G.A., age 4 years came with the complaints of recurrent cough with vomiting, sticky white mucus and fever. On the average the frequency of such attacks was once every month during the last 12 months. The child has chronic Hypertrophic Tonsillitis, Adenoid enlargement, Sycosis. The patient has a family history of Frontal Sinusitis (Mother). On Chronic Totality the drug chosen was Medorrhinum and it worked well with good results as regards intensity and frequency. Hepar Sulphuris was given as acute remedy.

**Case 3: A.A.B.**

Master A.A.B., age 3 years 6 months came with the complaints of frequent episodes of dry cough on and off brought by the change of weather for the past 7 months. On the average he had such episodes once every month. The child had granular Pharyngitis with throat congestion of Pharyngeal Mucosa. On Chronic Totality, the drug chosen was Sulphur and it worked very well with good results. Songia Tosta was given as acute remedy. The general condition of the patient improved considerably and started gaining weight.

**Case 4: A.N.L.**

Master A.N.L., age 1 year 3 months came with the complaint of recurrent coryza almost every 15 days for the past 6 months. It starts with thin watery coryza, but then the coryza dries up with the blockage of nose with difficult nursing and breathing followed by thick yellow mucus from nostrils. He had Lymphadenopathy with palpable cervical nodes. On Chronic Totality the drug chosen was Medorrhinum and the patient responded very well with good results as regards intensity and frequency. Sambucus Nigra and Hepar Sulphuris were given as acute remedies. His general condition has improved considerably, started breathing through the nose and he had no pallor.

**Case 5: B.G.D.**

Miss. B.G.D., age 4 years 3 months came with the complaints of recurrent colds, specially at change of weather and during rainy season. She got high fever with redness of face and later on she developed pain in throat, difficulty in swallowing, watery coryza, stoppage of nose and fetid thick yellow discharge. She has been suffering from such episodes for the past 3 years. She has Recurrent Rhinitis with Pharyngitis. She

had 4 severe attacks during the past 6 months. She has past history of diarrhoea in infancy. On Chronic Totality the drug chosen was Calcarea Carbonica and the patient responded very well with good results as regards the intensity and frequency. Belladonna was given as acute remedy. The general condition of the patient improved considerably.

**Case 6: A.J.W.**

Master A.J.W., age 2 years 6 months came with the complaints of recurrent coryza. He got fever with coryza, cough with vomiting and such attacks were more during winter. On the average he has been getting such episodes every month for the past 8 months. The child has cervical lymphadenopathy. He is irritable, restless, thin with hot sweaty forehead. He has recurrent Rhinitis with Pharyngitis. On Chronic Totality the drug chosen was Sulphur and the patient responded very well with good results. Nux Vomica was given as acute remedy. The general condition of the patient improved rapidly.

**Case 7: S.M.S.**

Miss S.M.S., age 1 year 4 months came with high fever followed by dry cough, watery coryza. She has insect bite allergy and burning and itching at uvula during urination. She was given antibiotics each time. On the average she had 1 attack every month for the past 6 months. The patient has a family history of Hyperthyroidism (Mother). On Chronic Totality the drug chosen was Calcarea Carbonica and it worked very well with good results as regards intensity and frequency. Allium Cepa was given as acute remedy. The general condition of the patient improved considerably.

**Case 8: C.R.T.**

Master C.R.T., age 2 years, came with the complaints of high fever, chills, coryza, mucoid, pain in the left ear during cough. On the average he had such attacks every 15 days for the last 6 months. The patient had Acute Pharyngitis, with middle ear inflammation. On Chronic Totality the drug chosen was Belladonna and it worked very well with good results. Tuberculinum was given as acute remedy. The patient responded very well and his general condition improved rapidly.

**Case 9: A.M.G.**

Master A.M.G., age 3 years came with the complaints of chronic recurrent cold, cough with thick greenish yellow mucus, blockage of nose, dry ends in vomiting of thick mucus. The frequency of attacks was once every month for the last 12 months. The patient has a family history of allergic Rhinitis and Myopia (Mother). His recurrent cold and cough were mainly related to weather. The ENT examination revealed enlargement of Tonsils. On Chronic Totality the drug chosen was Medorrhirum and it worked well with good results as regards intensity

and frequency. Antimonium Tartaricum and Kali Bichromicum were given as acute remedies. Euphrasia was given to treat Conjunctivitis.

**Case 10: K.V.P.**

Master K.V.P., age 3 years and 6 months came with the complaints of high fever, watery coryza, usually dry, sometimes thick yellow mucopurulent sputum. He had 14 attacks during the past 12 months. The patient has indurated cervical lymph nodes and white spots on the nails. He has a family history of G<sub>6</sub> PD deficiency (Mother). Investigations indicate tubercular miasm. On Chronic Totality the drug chosen was Silicea and it worked well with good results as regards intensity and frequency. Pulsatilla and Arsenic Album were given as acute remedies.

**Case 11: J.P.S.**

Miss. J.P.S. age 4 years 3 months came with the complaints of acute recurrent nasal blockage on the right side for the past 7 months. She had acute coryza followed by fever, pain in the cheek area, < bending down, mucoid nasal discharge, blockage of nose on the right side, dry cough persistent throughout the day. Her condition was diagnosed as acute maxillary sinusitis and antibiotic treatment was given. Even after that she has recurrent nasal blockage. On the average she has such episodes once in a month for the past 6 months. Thermally she is a chilly patient. Rhinoscopy revealed that she has Antrochonal polyp formation. On Chronic Totality the drug chosen was Sanguinaria Canadensis (30) and it worked very well with good results as regards intensity and frequency. Higher dilution of Sanguinaria Canadensis (200) was given as acute remedy. Her general condition improved rapidly.

**Case 12: R.V.G.**

Master R.V.G., age 4 years 6 months came with the complaints of recurrent colds for the last 2 years. The child gets more attacks at the peak of the summer season. On the average he has been getting the attacks every 15 days for the last 6 months. Coryza is thick, stringy, tough, greenish yellow with obstruction and pain at the root of the nose. The child has Recurrent Rhinitis. On Chronic Totality the drug chosen was Natrum Muriaticum and the patient responded very well with good results as regards the intensity and frequency. Kali Bichromicum was given as Acute Remedy and the patient responded very well and his general condition improved rapidly.

**Case 13: R.P.K.**

Master R.P.K., age 3 years 6 months came with the complaints of recurrent attacks of cold every month for the past 6 months. The cold starts as acrid watery coryza, later snuffles, epistaxis, < evening, dry cough, < 3 -4 A. M., < wet weather. The child is plump, with nocturnal enuresis, knotted difficult stools, sleeps better on abdomen. He has

Recurrent Rhinitis. He has nasal Mucosa Odematous, congested. On Chronic Totality the drug chosen was Ammonium Carb 30 and it worked very well with good results as regards intensity and frequency. A higher dilution of Ammonium Carb 200 was given as acute remedy. His general condition improved rapidly.

Case 14: A.K.K.

Master A.K.K., age 4 years 6 months came with the complaints of Recurrent Upper Respiratory Tract Infection for the last 10 months. He has coryza, mucoid with blockage, with spasmodic cough. On the average he had such attacks once a month for the past 6 months. His chest X-ray showed marked vascular markings. He has family history of pleurisy. On Chronic Totality the drug chosen was Arsenicum Iodatum and the patient responded very well with good results as regards the intensity and frequency. Tuberculum and Arsenicum Album were given as Acute Remedies and the patient responded very well and her general condition improved rapidly.

Case 15: S.A.G.

Master S.A.G., age 4 years 6 months came with the complaints of fever with intense shivering, pain in throat, more left side, < swallowing, cough and Aphthae. He had such attacks 4 times during the past 6 months. His mother has skin infection for the past 7 – 8 years. The child is well nourished, with rough dry skin, redness of ears, lips, profuse perspiration, craves sweets, spicy foods, talks in sleep, thermally hot patient. He has Chronic Tonsillitis. On Chronic Totality the drug chosen was Mercurius Iodatus Ruber and it worked very well with good results as regards intensity and frequency. Sulphur was given as acute remedy. His general condition improved rapidly.

Case 16: A.S.T.

Master A.S.T., age 4 years 3 months came with the complaints of Recurrent Upper Respiratory Tract Infections for the past 1 year. He had high grade fever for the last 3 days with right temporal headache, bursting pain, thirst and restlessness. On the average he had 8 attacks during the past 1 year. He has been suffering from acute Tonsillitis. On Chronic Totality the drug chosen was Belladonna and the patient responded very well with good results as regards intensity and frequency. Phosphorus was given as acute remedy. His general condition improved rapidly and started gaining weight.

Case 17: S.M.C.

Miss. S.C., age 3 years came with the complaints of recurrent colds, coryza brought on with change of weather. She had high fever for the past 2-3 days with great restlessness and thirstlessness. On the average she gets such attacks every month for the past 1 year. The child is given antibiotics each time. She has keloid scar on neck and also

operated for dermoid cyst on neck in the past. The patient's father is asthmatic for the past 15 years. The patient has recurrent Rhinitis and thermally hot. On Chronic Totality the drug chosen was Medorrhinum and it worked very well with good results as regards intensity and frequency. Belladonna was given as Acute Remedy. The patient responded very well and her general condition improved rapidly.

**Case 18: S.B.P.**

Miss S.B.P., age 3 years 8 months came with the complaints of recurrent colds for the past 10 months. The child gets colds more on exposure to air, change in weather, sun. She gets profuse sneezes, clear watery coryza, later tough yellow mucus, constant from the nose, later dry, paroxysmal cough, all day, <morning on waking up. She has the family history of bronchial asthma (maternal aunt). On the average she gets such attacks once a month. She has been suffering from chronic Rhinitis. The child is thin with skin rough, unhealthy, with profuse offensive perspiration, chilly patient. On Chronic Totality the drug chosen was Psorinum and the patient responded very well with good results as regards intensity and frequency. Arsenicum Album and Hepar Sulphuris were given as acute remedies. Her general condition improved rapidly and started gaining weight.

**Case 19: A.R.N.**

Miss A.R.N, age 4 years 1 month came with the complaints of recurrent throat infection for the past 10 months. The child has a history of Recurrent Upper Respiratory Tract Infection, after exposure to cold air, gets pain in the throat, with high fever, flushed face. During fever she has head ache which is > pressure, thirstless, head is hot and feet are cold. She gets dry cough, more during sleep, symptoms begin and end suddenly. She has aversion to meat, poor sleep, awakens frightened. On the average she has been getting 1 attack every month during the past 10 months. She has a family history of Pulmonary Tuberculosis (paternal uncle – one and half years back, is on treatment). She has chronic Pharyngo Tonsillitis. On Chronic Totality the drug chosen was Tuberculinum and the patient responded very well with good results as regards intensity and frequency. Belladonna was given as acute remedy. Her general condition improved rapidly and started gaining weight.

**Case 20: K.R.P.**

Master K.V.P age 4 years 3 months came with the complaints of recurrent cold and cough for the past 1 year. He gets cold, cough with fever, watery acrid coryza with soreness, bleeding with stoppage of nose. Later he gets burning pain in the throat, cough at 3am. The above symptoms are more during winter. He gets green casts from the nose in the mornings. On the average he has been getting such attacks every month during the past 1 year. He has recurrent Rhinitis. He likes salt, mud, chalk. He is constipated and has strong smell in urine. He is

ambithermal, perspires on the palms, hands. He is irritable. On Chronic Totality the drug chosen was Nitric acid and the patient responded very well with good results as regards intensity and frequency. Ammonium Carb was given as acute remedy. His general condition improved rapidly and started gaining weight.

Case 21: P.Y.J.

Miss P.Y.J., age 2 years 6 months came with the complaints of recurrent coryza for the past 6 months. She has been getting cold on exposure to cold air and eating icecream. She has recurrent colds with thick, acrid, yellow-white discharge with vomiting of mucus. During such episodes, she has severe weakness. She had 8 such episodes during the past 6 months. She is thin, dark complexioned with decay of teeth, head hot, and cold extremities. She has a history of delayed walking, slow dentition. She has perspiration on back of head, neck, prefers nonvegetarian foods and tendency to constipation. She has recurrent Rhinitis. On Chronic Totality the drug chosen was Calcarea Phosphorica and it worked very well with good results as regards intensity and frequency. Arsenicum Iodatum was given as acute remedy. His general condition improved rapidly.

Case 22: S.M.G.

Master S.M.G., age 2 years 8 months came with the complaints of fever with chills, pain in ears, coryza, initially profuse, watery, bland, later thick yellow, more in the morning. He had fever with chilliness at 4 P.M. without thirst. He has been getting bursting pain in ears, violent, > cold application. Ear drum pinkish on right side, throat congested, thermally hot patient. On the average he has been getting such episodes every month for the past 8 months. He has Recurrent Otitis Media following Rhinitis. On Chronic Totality the drug chosen was Pulsatilla (30) and it worked very well with good results as regards intensity and frequency. Higher dilutions of Pulsatilla (200 and 1 M) were given as acute remedy. His general condition improved rapidly.

Case 23: V.A.B.

Master V.A.B., age 4 years came with the complaints of burning pain in the throat, high fever with thirstlessness. Such episodes were recurring every 15 days for the past 6 months. His Tonsils were swollen, congested. He is irritable, cries all day, pale, is weak looking hot patient. He has Recurrent Tonsillitis. On Chronic Totality the drug chosen was Phosphorus and it worked very well with good results as regards intensity and frequency. Lycopodium was given as acute remedy. His general condition improved rapidly.

Case 24: N.J.A.

Miss N.J.A., age 4 years came with the complaints of recurrent coughs for the past 1 year. She gets cold and cough from exposure to

cold air and intake of cold drinks, change of weather, with blockage of nose, yellow-white offensive discharge from nostrils, cough, < night, dry. Expectoration mainly in the morning, scanty, hoarseness of voice during cough. She gets profuse sweat on forehead, neck, chest, wetting of clothes. On the average she has been getting such attacks every month during the past 1 year. She has the family history of Bronchial Asthma (mother, brother). She has craving for sweets, eggs and indigestible items like chalk, mud. She has aversion for meat. She is fat, fair complexioned child. She has recurrent Rhino-Pharyngitis. On Chronic Totality the drug chosen was Calcarea Carbonica and it worked very well with good results as regards intensity and frequency. Lycopodium was given as acute remedy. Her general condition improved rapidly.

**Case 25: T.M.K.**

Miss T.M.K. age 4 years came with the complaints of recurrent throat pain with fever for the past 6 months. She gets the attacks on exposure to cold air and intake of cold drinks, icecream. It starts with burning pain in the throat which shoots into ears. She has a sensation of lump in the throat, difficulty in swallowing. Pain shifts from one side to other side. She gets high fever, chilliness with marked exhaustion. She had 4 such attacks during the past 6 months. She has a family history of Rheumatoid Arthritis (mother). Her tonsils were enlarged, dark red, more on right side, grayish white, thick tenacious mucus on the surface of tonsils. Jugulo Digastric nodes enlarged. She has Acute Ulcerative Tonsillitis. She is a chilly patient, obstinate with fear of darkness. On Chronic Totality the drug chosen was Silicea and it worked very well with good results as regards intensity and frequency of attacks. Phytolacca and Pulsatilla were given as acute remedies. The general condition of the patient improved rapidly.

**Case 26: G.Y.J.**

Miss. G.Y.J., age 11 months came with the complaints of fever followed by watery coryza, sneezing, nasal blockage. The frequency of attacks was once in 15 days for the past 6 months. The child has Recurrent Rhinitis. She gets fever with chills and without thirst, severe dry cough with vomiting, sweat on the right side of the face only. She is a hot patient. On Chronic Totality the drug chosen was Pulsatilla and it worked very well with good results as regards intensity and frequency of attacks. The general condition of the patient improved rapidly.

**Case 27: D.M.T.**

Miss. D.M.T., age 4 years 2 months came with recurrent coryza for the last 1 year. On the average she had 8 such attacks during the past 1 year. She has moderate fever, thick greenish coryza, nose blockage at night with snoring and sore throat. The above complaints were always associated with pain in umbilical region with vomiting which ameliorates. She has tenderness over left Maxillary Sinusitis, enlarged

Adenoids with encroachment of nasopharyngeal space. On Chronic Totality the drug chosen was Kali Bichromicum and the patient responded very well with good results as regards the intensity and frequency. Thuja Occidentalis was given as Acute Remedy and the patient responded very well and her general condition improved rapidly.

**Case 28: N.C.J.**

Miss N.C.J., age 4 years 4 months came with the complaints of recurrent throat infection for the past 3 years. The patient has moderate fever with chills, pain in throat, more on the right side and irritable. On the average she had 6 attacks during the past 1 year. She has a family history of Psoriasis (MGF) and Lichen Planus (MGM). She has Recurrent Tonsillitis. On Chronic Totality the drug chosen was Mercurius Iodatus Flavus and the patient responded very well with good results as regards the intensity and frequency. Calcarea Carbonica and Psorinum were given as Acute Remedies and the patient responded very well and her general condition improved rapidly.

**Case 29: S.R.K.**

Miss S.R.K., age 4 years came with the complaints of recurrent colds for the past 3 years. The cold starts with high fever, with least exposure to cold winds. She has nose blockage, profuse watery coryza, with sore ulcerated nostrils. On the average she gets such attacks every month for the past 1 year. She has Recurrent Rhinitis, with Tonsillar and Adenoid enlargement. On Chronic Totality the drug chosen was Calcarea Phosphorica and the patient responded very well with good results as regards the intensity and frequency. Hepar Sulphuris was given as Acute Remedy and the patient responded very well and her general condition improved rapidly.

**Case 30: P.A.S.**

Miss. P.A.S., age 3 years 8 months came with the complaints of recurrent colds for the past 8 months. She had a history of recurrence of colds averaging once in 15 days for the past 6 months. She has watery coryza with stuffing of nose, discharge and catches cold easily from exposure to dry cold air, cold things. She has Recurrent Rhinitis. On Chronic Totality the drug chosen was Silicea and the patient responded very well with good results as regards the intensity and frequency. Nux Vomica was given as Acute Remedy and the patient responded very well and her general condition improved rapidly.

The present study is based on 30 cases of Recurrent Upper Respiratory Tract Infections (URTI) in children below the age of 5 years. The distribution of Cases in different age groups (Section 7.1). Out of these 30 Cases, there are 15 Male and 15 Female Cases (Section 7.2).

The period of Homoeopathic treatment in all the 30 cases lasted for about 6 months as seen from the follow up tables of the Cases. By and large, the symptoms subsided during the first 3 months of the treatment and the later 3 months, the patients were given placebo (S.L.) so as to study the efficacy of different Homoeopathic remedies used for

the treatment of 30 children with different ailments. In almost all the cases, the intensity and frequency of the attacks reduced considerably with the Homoeopathic remedies prescribed and the general condition of the patients improved considerably during the later 3 months. This result is corroborated by the statistical analysis presented in Section 7.4 where, (1) Student's t-test and (2) Mann Whitney U test are applied to the data.

As seen from the results of the statistical tests presented in Section 7.4, the results are highly significant ( $p < 0.1\%$ ) suggesting the effectiveness of the Homoeopathic remedies prescribed in the 30 Cases discussed above.

The present study which was carried out with systematic statistical analysis is very important in the field of Clinical Research. As mentioned in the review of literature (Chapter 4), the currently available data are not adequate to establish the efficacy and use of Homoeopathy for the treatment and prevention of URTI in children. The results of the study will have important ramifications for advancing the present knowledge relating to the effectiveness of Homoeopathy in the treatment of Recurrent Upper Respiratory Tract Infections (URTI) in children below the age of 5 years based on Homoeopathic Principles of Individualisation. The present study suggests that Individualisation and the use of well chosen Homoeopathic remedies are essential for the most effective treatment.

**CHAPTER 9**

**SUMMARY AND CONCLUSION**

## **CHAPTER 9**

### **SUMMARY AND CONCLUSION**

Infections of the upper respiratory system, by far the most common cause of illness in infancy and childhood accounting for approximately 50 percent of all illness in children, younger than 5 years of age. Young children develop on the average 6 to 10 viral upper respiratory tract infections in a year.

The Clinical Research suggests that homoeopathic treatment may be effective in reducing the symptoms and duration of the Upper Respiratory Tract Infection (URTI) conditions in children. The recent studies indicate that individualization and use of well chosen remedies are essential for most effective treatment.

The currently available data are not adequate to establish the efficacy and use of homoeopathy for treatment and prevention of URTIs in children. There are conflicting reports regarding the efficacy of homoeopathic treatment.

The author has carried out a systematic study relating to the above topic using 30 case studies and their follow up on children below the age of 5 years recorded in the Out Patient Department (OPD) of the Kakasaheb Mhaske Homoeopathic Medical College, & P. G. Institute, Ahmednagar, Maharashtra State. The results of the above Clinical Research suggested the following.

The observations and results of the statistical analysis presented in Chapters 6 to 8 clearly indicated that the Homoeopathic medicines prescribed and administered are effective. The results of the two statistical tests, namely Students t-test and Mann Whitney U – test, applied to the data relating to the 30 Cases are highly significant ( $p < 0.1\%$ ).

The present study which was carried out with systematic statistical analysis is very important in the field of Clinical Research. As mentioned in the review of literature (Chapter 4), the currently available data are not adequate to establish the efficacy and use of Homoeopathy for the treatment and prevention of URTI in children. The results of the present study will have important ramifications for advancing the present knowledge relating to the effectiveness of Homoeopathy in the treatment of Recurrent Upper Respiratory Tract Infections (URTI) in children below the age of 5 years based on Homoeopathic Principles of Individualisation. The present study suggests that Individualisation and the use of well chosen Homoeopathic remedies are essential for the most effective treatment.

**CHAPTER 10**

**ABBREVIATIONS**

**ABBREVIATIONS**

1.	<b>DOC</b>	<b>Date of Consultation</b>
2.	<b>A.F</b>	<b>Ailments From</b>
3.	<b>M</b>	<b>Male</b>
4.	<b>F</b>	<b>Female</b>
5.	<b>&lt;</b>	<b>Aggravation</b>
6.	<b>&gt;</b>	<b>Amelioration</b>
7.	<b>ODP</b>	<b>Onset Duration Progress</b>
8.	<b>Y</b>	<b>Years</b>
9.	<b>M</b>	<b>Month</b>
10.	<b>Wt</b>	<b>Weight</b>
11.	<b>Kgs</b>	<b>Kilograms</b>
12.	<b>H/O</b>	<b>History of</b>
13.	<b>O/E</b>	<b>On Examination</b>
14.	<b>P/H</b>	<b>Past History</b>
15.	<b>F/H</b>	<b>Family History</b>
16.	<b>S.L.</b>	<b>Sac Lac</b>
17.	<b>Rt.</b>	<b>Right</b>
18.	<b>Lt.</b>	<b>Left</b>
19.	<b>N.P</b>	<b>Nothing Particular</b>
20.	<b>N.A.D.</b>	<b>Nothing Adverse Detected</b>
21.	<b>BDS</b>	<b>Twice a day</b>
22.	<b>TDS</b>	<b>Thrice a day</b>
23.	<b>QID</b>	<b>Four times a day</b>
24.	<b>HS</b>	<b>At bedtime</b>
25.	<b>CXR</b>	<b>Chest X-ray</b>
26.	<b>PA</b>	<b>Postero –Anterior view of chest X-ray</b>
27.	<b>OM</b>	<b>Otitis Media</b>
28.	<b>G.C.</b>	<b>General Condition</b>
29.	<b>URTI</b>	<b>Upper Respiratory Tract Infection</b>
30.	<b>CNS</b>	<b>Central Nervous System</b>
31.	<b>CVS</b>	<b>Cardiovascular System</b>
32.	<b>S1S2</b>	<b>Heart Sounds 1 and 2</b>
33.	<b>G6 PD</b>	<b>Glucose 6 – phosphate dehydrogenase deficiency</b>
34.	<b>RR</b>	<b>Respiratory Rate</b>
35.	<b>RS</b>	<b>Respiratory System</b>
36.	<b>P</b>	<b>Pulse Rate</b>
37.	<b>Temp.</b>	<b>Temperature</b>
38.	<b>ESR</b>	<b>Erythrocyte Sedimentation Rate</b>

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