

Bronchiolitis in a Toddler and Utility of Subjective and Objective symptoms for complete cure - A Homeopathic Case Study

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Abstract—Background: Bronchiolitis is the most common lower respiratory tract infection in infants and young children, predominantly caused by viral pathogens such as respiratory syncytial virus (RSV). Conventional management remains largely supportive, with limited scope for disease-modifying pharmacological interventions. Homoeopathy, based on individualised prescription derived from symptom totality comprising of both Subjective and Objective symptoms, offers a Curative approach in acute paediatric respiratory conditions.

Objective: To evaluate the clinical outcome of an individualized homoeopathic intervention in a toddler diagnosed with bronchiolitis, emphasizing symptom totality, remedy selection, and follow-up assessment.

Methods: A 17-month-old male child presenting with acute bronchiolitis was assessed using classical homoeopathic principles. Case evaluation included detailed history, physical examination, laboratory investigations, radiological findings, miasmatic analysis, repertorial totality, and materia medica correlation. Pulsatilla 1M was prescribed initially based on the symptoms reported by mother, followed by Calcarea Phosphorica 10M based on new symptomatology constructed on the physician's observation of the cough paroxysms and constitutional details. The clinical progress was documented through structured follow-ups.

Results: Significant improvement in fever, respiratory distress, cough frequency, and general well-being was observed within four days of homoeopathic

intervention. No adverse effects were reported. The case highlights the importance of symptoms like mental, general, and modalities in remedy selection. Fever subsided within 24 hours of Pulsatilla 1M. Cough which was residual responded to Calcarea Phosphorica 10 M, leading to complete recovery by Day5.

Conclusion: This case suggests that individualized homoeopathic treatment may be beneficial as a therapeutic approach in acute bronchiolitis. Fever subsided within 24 hours of Pulsatilla 1M. Cough which was residual responded to Calcarea Phosphorica 10 M, leading to complete recovery by Day5. No adverse effects were reported. Larger controlled studies are required to validate these findings.

Index Terms—Bronchiolitis, Paediatrics, Homoeopathy, Pulsatilla, Case study, Individualized medicine

I. INTRODUCTION

Bronchiolitis is an acute inflammatory disease of the lower respiratory tract, predominantly affecting infants and children under two years of age. It is commonly caused by viral pathogens, especially respiratory syncytial virus (RSV), and is characterized by cough, wheezing, tachypnoea, and respiratory distress. Globally, bronchiolitis is one of the leading causes of hospitalization among

paediatric age group, placing a significant burden on healthcare systems.

Despite advances in paediatric care, conventional management of bronchiolitis remains largely supportive, including oxygen therapy, hydration, and monitoring. Pharmacological interventions such as bronchodilators, corticosteroids, and antibiotics have shown limited benefit in routine cases. Consequently, interest has grown in complementary and alternative medical approaches that emphasize individualized care and minimal adverse effects.

Homoeopathy, a system of medicine founded by Samuel Hahnemann, is based on the principles of “Similia Similibus Curentur” (Like Cures Like) and individualized remedy selection. In paediatric practice, homoeopathy is often preferred due to its gentle action, minimal side effects, and focus on constitutional and emotional aspects of the child. Several studies and clinical observations suggest that individualized homoeopathic remedies may help in reducing symptom severity and duration in acute respiratory illnesses.

This paper aims to present a detailed and evidence-based homoeopathic case study of bronchiolitis in a toddler, demonstrating clinical reasoning, remedy selection, and outcome assessment in accordance with standard case-reporting guidelines.

II. MATERIALS AND METHODS

Study Design

A single-case observational study was conducted in an In Patient Department of Shree Mumbadevi Homeopathic Hospital.

Case Selection

The case involved a 17 months old child diagnosed clinically with acute bronchiolitis based on presenting symptoms and clinical paediatric evaluation.

Informed consent was obtained from the parents prior to treatment and documentation.

Table 1: Case Summary

Parameter	Details
Age/Sex	17 months / Male
Diagnosis	Bronchiolitis (ICD-11: CA41.0)
Fever	High grade, intermittent
Cough	< lying down 2+, > sitting 2+
Thirst	Markedly decreased 2+
Mental state	Clingy 2+, Restlessness 2+
Remedy	Pulsatilla 1M → Calc Phos 10 M

Repertorial Analysis

Symptom totality was constructed using Boenninghausen’s method. A standard homoeopathic repertory was employed to derive the indicated remedy based on characteristic symptoms.

Remedy Selection and Administration

The final remedy was selected on the basis of:

- Characteristic mental and physical generals
- Modalities
- Concordance with materia medica

The remedy was administered and the patient was monitored at regular intervals.

Case Presentation

A 17-month-old male child was brought to the outpatient department with complaints of high-grade fever, cough, cold, and breathing difficulty for two days. The cough was predominantly worse at night and on lying down. The child exhibited marked clinginess, irritability, and a desire for constant attention from the mother.

Clinical findings included tachypnea, mild crepitations on auscultation, and prominent perihilar markings on chest X-ray suggestive of bronchiolitis

Location:	Sensation:	Modalities:	Concomitants:
Respiratory tract since 4to5 days. O-sudden D-	Cough Persistent cough with expectoration	A/F Exposure to cold air. Worse lying down 2+	

throughout P-increasing		Better sitting upright 2+	
	<u>Fever</u> Heat stage with hot forehead, flushed face; cries during fever; throws off covering; sweat stage with perspiration on forehead Temperature upto 103F		Decreased thirst and appetite Disturbed sleep

PATIENT AS PERSON

Appetite: Decreased during fever

Thirst: Decreased (approx. 100 ml/day)

Stool: Hard stools for 3–4 days; cries during defecation

Birth: Preterm (7 months gestation)

Birth Weight: 1.6 kg

Talking: Delayed 2+

Other Issues:

Teeth grinding 2+

Excessive salivation (wets clothes) 2+

History of pica+

Past Illnesses:

Typhoid (April 2024)

Viral fever (May 2025)

Behaviour during Illness

- Clings to mother during fever
- Respiratory System (RS): Mild crepitation's heard.

INVESTIGATION

CBC (30/7/2025)

- Becomes playful as soon as fever subsides
- Needs someone nearby during fever
- Cannot tolerate heat
- Head feels hotter than body during fever
- Throws off coverings during heat stage
- Restless; cannot sit still

EXAMINATION

- Pulse: 120 bpm
- Weight: 10.38 kg
- Height: 80 cm
- Temperature: 103 F (on 31/07/2025)



Hb : 10.5 WBC: 9500 Platelet Count: 2,75,000 CRP: 3.61

X-ray shows:

Prominent perihilar markings

No focal consolidation

Suggestive of “Bronchiolitis”

Clinical Diagnosis : Acute Bronchiolitis

Repertorial Totality (First Totality)

Characteristic symptoms considered:

1. Fever with thirstlessness
2. Cough worse on lying down
3. Desire for company
4. Cough < lying down
5. Cough > Needs to sit up
6. Head hot during fever
7. Clingy, restless

Repertorial analysis strongly indicated *Pulsatilla nigricans*.

1 MIND - CLINGING - children; in	
2 MIND - COMPANY - desire for	
STOMACH	
3 STOMACH - THIRSTLESS - fever; during	
COUGH	
4 COUGH - LYING DOWN agg. ●	
5 COUGH - SITTING - erect - amel.	
Remedies	ΣSym ΣDeg Symptoms
puls.	5 8 1, 2, 3, 4, 5
kali-c.	4 7 1, 2, 3, 4
hyos.	4 6 2, 3, 4, 5
lyc.	4 6 1, 2, 3, 4

Fig 1. Repertorial Totality Sheet

First Prescription (Acute Phase)

- Remedy: Pulsatilla 1M (single dose)
- Reasons: Fever with thirstlessness, clingy temperament, cough worse lying down, desire for consolation.

Susceptibility Assessment

Suceptibility – High

Pathological expression of disease

– Reversible Disease pathology

Sudden onset

Rapid progress

Recurrent respiratory illness

Tubercular miasm

Day	Symptoms	Examination	Prescription	Outcome
Day 1	Fever 103°F, tachypnea, cough worse lying	RR 36/min, Temp 101°F	Pulsatilla 1M 1 st dilution every half hourly	Fever subsided within 24 hrs
	After Pulsatilla 1M ○ Fever subsided within 24 hours. ○ Child became playful and appetite improved. ○ However, cough persisted despite resolution of fever.			
	Second Prescription (Constitutional Phase) Based on the observation during patient admission, it was seen that child was completely better when he was sleeping or lying down and the cough would appear as soon as the child wakes up. This observation helped us to look for remedies which can be complementary to pulsatilla and covering the symptoms of 1. Cough better by lying down 2. Talking delayed too, 3. Failure to gain weight 4. Teeth grinding 5. Cold Take tendency 6. Tubercular Miasm (Typhoid (April 2024) & Viral fever (May 2025))			
Day 2	No fever, persistent cough	RR 32/min	Calcarea phosphorica 10M 1 st dilution 2 hrly	Cough reduced
Day 3	Cold, mild cough, good sleep	RR 30/min	Calcarea phosphorica 10M 1 st dilution 2 hrly	No Cough, improved sleep
Day 4	Playful, eating, no cough	Normal	Calcarea phosphorica 10M 1 st dilution 2 hrly	Complete recovery
	By Day 4, the child was afebrile, playful, eating well, and free of respiratory distress.			
Day 5	Complete recovery and child was discharged. Rx Calc Phos 10M first dilution 3 times a day for 5 days			

1 MIND - TALKING -			
slow learning to talk			
TEETH			
2 TEETH - GRINDING			
COUGH			
3 COUGH - LYING - amel.			
GENERALS			
4 GENERALS - CHILDREN; compla			
delicate, puny, sickly			
5 GENERALS - COLD; TAKING A -			
tendency			
6 GENERALS - FOOD and DRINKS			
desire			
Remedies	ΣSym	ΣDeg	Symptoms
sil.	5	10	1, 2, 4, 5, 6
calc-p.	5	8	1, 3, 4, 5, 6
sulph.	5	7	1, 2, 3, 5, 6
bell.	4	8	1, 2, 5, 6
lyc.	4	8	2, 4, 5, 6
tub.	4	8	1, 2, 4, 5
bry.	4	7	2, 3, 5, 6
calc.	4	7	1, 2, 5, 6

Figure 2 Repertorial Totality Sheet.

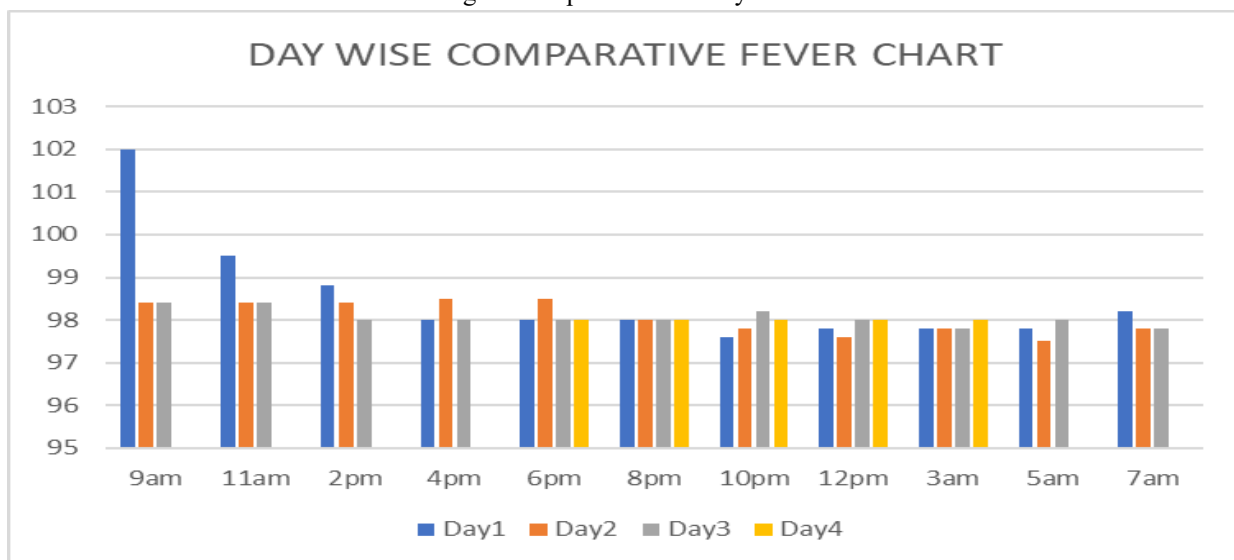


Figure no 3: FEVER GRAPH

III. DISCUSSION

Bronchiolitis symptom severity and complications may necessitate hospitalization. The present case demonstrates the potential role of individualized homeopathic treatment in accelerating recovery and reducing symptom burden.

Pulsatilla is well-known for its affinity toward respiratory conditions in children, especially when **Constitutional review:**

symptoms are accompanied by emotional dependency, thirstlessness, and aggravation in warm environments. The rapid response observed in this case supports the principle of individualization rather than disease-specific prescribing.

This case demonstrates the importance of **acute remedy selection followed by**

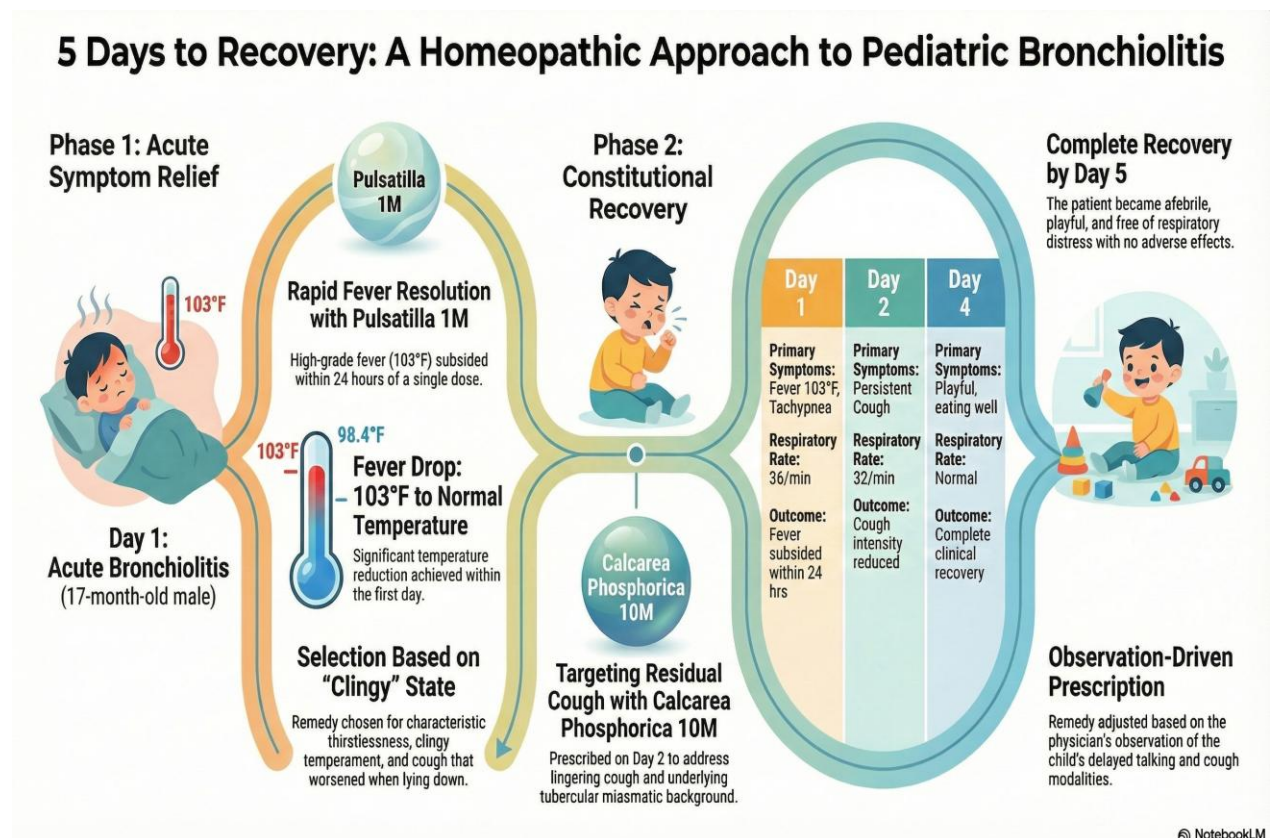


Figure no 4: Illustration Overview of the Treatment process.

IV. CONCLUSION

This case study suggests that individualized homeopathic treatment may offer a beneficial, safe, and supportive role in the management of acute bronchiolitis in toddlers. Incorporating homeopathy as a complementary approach may help improve clinical outcomes while minimizing pharmacological burden in pediatric patients.

Individualized homeopathic treatment in acute bronchiolitis can involve sequential remedy prescription:

- Acute remedy (*Pulsatilla* 1M) → rapid fever resolution.
- Constitutional remedy (*Calcarea phosphorica* 10M) → complete cough cure and overall recovery.
- This emphasizes the role of dynamic case review and miasmatic consideration in pediatric homeopathy. The sequential prescription highlights the value of repertorial re-evaluation after acute improvement, ensuring long-term cure and prevention of recurrence.

Evaluation using Modified Naranjo Criteria for Homeopathy (MONARCH) :

	Domain	Yes	No	Not Sure
1.	Was there an Improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2.	Did the Clinical improvement within a plausible timeframe relative to the medicine intake?	+1		
3.	Was there a homoeopathic aggravation of symptoms ?		0	
4.	Did the effect encompass more than the main symptoms or condition (ie were other symptoms not related to the main presenting complaint, improved or changed?			
5.	Did Overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1		
6.A	Direction of Cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?			
6 B.	Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms • From the organ of more importance to those of less importance? • From deeper to more superficial aspect of the individual • From Top to downwards?	+ 1	Symptoms improved from general to particular Improvement of Deeper Infection ie Bronchiolitis	
7	Did “old symptoms” reappear temporarily during the course of improvement ?		0	
8	Are there Alternative causes (other than medicine) that with a high probability could have caused the improvement?		+1	
9	Was the health improvement confirmed by any objective evidence? (e.g. Investigations, clinical examination, etc.)	+2		
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1		
	Total Score = +9			

SCORE +9 means Homeopathic intervention has lead to effective cure.

V. ACKNOWLEDGEMENT

Shri Nayan Patel, Vice President, The homeopathic Education Society, Smt Chandaben Mohanbhai Patel Homeopathic Medical College, Irla, Vile Parle west, Mumbai 400056

Dr Asmita Parikh, General Secretary, The homeopathic Education Society, Smt Chandaben Mohanbhai Patel Homeopathic Medical College, Irla, Vile Parle west, Mumbai 400056

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