

Common Pediatric Respiratory Disorder, Its Miasmatic Expression and Homoeopathic Management

Dr. Ashish Narsana¹, Dr. Riddhish Tanna², Dr. Falguni Joshi³

¹PG Student, Shree B G Garaiya Homoeopathic Medical College and Hospital. Rajkot. Gujarat. India

²MD Hom., HOD Dept of Organon, Shree B G Garaiya Homoeopathic Medical College and Hospital. Rajkot. Gujarat. India

³Principal/Professor, Shree B G Garaiya Homoeopathic Medical College and Hospital. Rajkot. Gujarat. India

Abstract—Background: Pediatric respiratory disorders are among the most common causes of morbidity in children and account for a significant proportion of outpatient visits and hospital admissions. Conditions such as allergic rhinitis, recurrent upper respiratory tract infections (URTI), chronic cough, tonsillitis, and bronchial asthma adversely affect children's physical health, school attendance, and quality of life. This study was undertaken to evaluate the role of individualized homoeopathic medicines in the management of pediatric respiratory disorders with special reference to their miasmatic expression. **Objective:** To study the miasmatic expression of common pediatric respiratory disorders. To document clinically observed outcomes of individualized homoeopathic medicines in the management of pediatric respiratory disorders. To assess clinical improvement using disease-specific assessment scales. To analyze the relationship between miasmatic expression and the selection of homoeopathic remedies. **Methodology:** An uncontrolled prospective, interventional, observational, case series study was conducted on 30 pediatric patients diagnosed with respiratory disorders, including allergic rhinitis, chronic cough, recurrent URTI, tonsillitis, and bronchial asthma. Six cases from each disease category were included according to predefined inclusion and exclusion criteria. Patients were followed up periodically, and disease-specific validated assessment tools were used to evaluate treatment outcomes. Statistical analysis was performed using descriptive statistics and the Wilcoxon Signed-Rank Test. **Results:** Among the 30 patients, 18 (60%) were males and 12 (40%) were females. Each disease category constituted 20% of the study population. Clinical outcome analysis revealed that 13 patients (43.33%) showed excellent improvement(80-99.9%), 9 patients (30.00%) showed good improvement(70-79.9%), and 5 patients (16.7%) showed moderate improvement(50-69.9%), 1 patient(3.3%)

showed complete recovery(100%) and 2 patients(6.7%) showed poor/no improvement(<50%). Sycotic miasm emerged as the most predominant miasm in the present study, in 20 cases(66.67%), showing predominant sycotic symptoms like recurrent and chronic inflammations, catarrhal conditions, hypertrophy, fears, jealousy, etc. Psoric miasm was found as predominant in 7 cases (23.3%), showing psoric manifestations like hypersensitivity, inflammations, functional disorders, irritability, etc. Syphilitic miasm was predominant in 3 cases (10.00%), representing syphilitic tendencies of violence, destruction and night aggravations.

Conclusion: The findings of this study indicate that individualized homoeopathic treatment was associated with significant clinical improvement in the majority of pediatric patients suffering from respiratory disorders. Miasmatic evaluation provided valuable guidance in the selection of individualized homoeopathic medicines and contributed to the holistic management of pediatric respiratory disorders. Further multicentric studies with larger sample sizes and longer follow-up periods are recommended to strengthen the evidence regarding the role of homoeopathy in pediatric respiratory care.

I. INTRODUCTION

Epidemiological data strongly emphasize the burden of respiratory diseases in children. A report from the Agency for Healthcare Research and Quality (AHRQ) revealed that in 2012, the three most common causes of non-neonatal and non-maternal hospitalizations in children under 18 years of age were all respiratory disorders.

In pediatric patients, chronic respiratory problems act as persistent obstacles to growth and development. A child suffering from continuous illness may

experience impaired physical growth, delayed milestones, poor nutritional status, and disturbances in mental and emotional development. These largely preventable chronic respiratory diseases have a profound adverse impact on quality of life (QOL), lead to disability, reduce the productivity of caregivers, and impose a significant economic burden on families and the healthcare system.

The magnitude of this problem is particularly evident in India. The contribution of chronic respiratory diseases to total disability-adjusted life years (DALYs) increased from 4.5% (95% UI 4.0–4.9) in 1990 to 6.4% (5.8–7.0) in 2016. Alarming, 32% of the total global DALYs due to chronic respiratory diseases in 2016 occurred in India. These statistics underscore the urgent need for focused attention on pediatric respiratory disorders, especially in the context of chronicity and recurrence.

Homeopathic Approach:

According to Dr. Hahnemann, chronic diseases evolve from underlying miasmatic influences, and mere nosological classification is insufficient for curative treatment. Understanding the miasmatic expression and evolution of pediatric respiratory disorders is therefore crucial for accurate remedy selection and long-term management. A detailed study focusing on pediatric respiratory diseases, their miasmatic basis, and homeopathic management is therefore essential. Such a study will help clinicians in better case analysis, rational remedy selection, and long-term management, ultimately contributing to improved quality of life and healthy development of pediatric patients. Hence, this study was undertaken for the upliftment of the daily living of pediatric patients suffering from respiratory complaints.

A pilot study of the homeopathic treatment of recurrent Upper Respiratory Tract Infections (URTIs) in children below the age of 5 years was carried out using the data consisting of detailed case series with before and after comparison in respect of 30 patients collected during 2006. The study indicates statistically significant differences ($p < 0.001$, t-test and Wilcoxon non-parametric test) between two data sets in favour of homeopathic treated cases. Few such studies like, a systemic review of controlled trials of Homeopathy on bronchial asthma, Homeopathic

medicinal products for preventing and treating acute respiratory tract infections in children, the effectiveness and safety of homeopathic medicinal product in pediatric respiratory tract infections with fever, etc. (2009-2021) have been carried out.

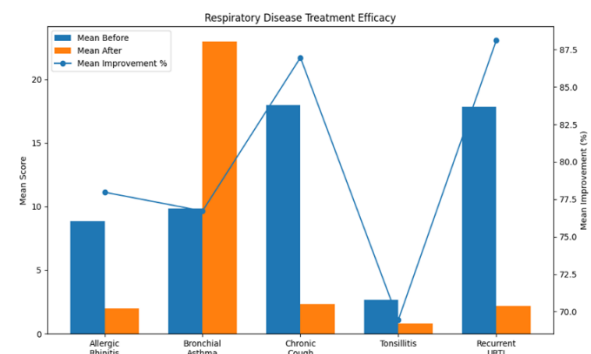
II. MATERIALS AND METHODOLOGY

Study: The study was conducted as an uncontrolled case series study with interventional and follow-up components, aimed at assessing the role of homeopathic treatment in pediatric chronic respiratory disorders along with their miasmatic understanding.

Inclusion Criteria. Age 1-14 years. Diagnosed Respiratory Disease: - Recurrent URTI – J06.9, Allergic Rhinitis – J30, Bronchial Asthma – J45, Chronic Cough – R05.3, Tonsillitis – J35.

Exclusion Criteria. Patients aged more than 14 years, Severe Pneumonia or Asthma requiring ICU, Congenital respiratory anomalies, Autoimmune disorders, Patients on long-term steroids.

III. OBSERVATION AND RESULTS



Assessment of Clinical Severity in different diseases

*For Bronchial Asthma, improvement is indicated by increase in asthma control score.

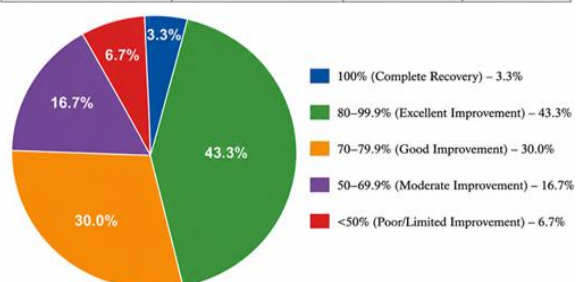
The outcome assessment demonstrates that individualized homeopathic treatment produced substantial clinical improvement in pediatric respiratory disorders.

Out of the 30 pediatric respiratory disorder cases, 13 cases exhibited excellent improvement (80-99%), 9 exhibited good improvement (70-79%), 5 exhibited

moderate improvement (50-69%), 1 exhibited complete recovery (100%), while 2 (6.67%) were categorized as having no improvement, indicating favorable clinical outcome in observed cases from constitutional homoeopathic management.

Distribution of Clinical Outcomes Following Individualized Homoeopathic Treatment (n = 30)

Clinical Outcome	Clinical Improvement (%)	No. of Patients (n = 30)	Percentage (%)
Complete Recovery	100	1	3.3%
Excellent Improvement	80–99.9	13	43.3%
Good Improvement	70–79.9	9	30.0%
Moderate Improvement	50–69.9	5	16.7%
Poor/Limited Improvement	<50	2	6.7%
Total	—	30	100.0%



Observation

- Sycotic predominance was observed in symptoms like recurrent inflammations, hypertrophy, narrowing of the bronchial tubes, congestive and obstructive tendencies.
- Psoric cases were observed with symptoms like hypersensitivity, inflammations, functional disorders.
- Syphilitic cases represented deeper chronic pathology with destructive or violent symptoms at body or mind.

IV. STATISTICAL ANALYSIS

The collected data was entered in the Microsoft Excel and analysed by using IBM SPSS software, version 27. The software was used for descriptive statistical analysis, assessment of normality and comparison of paired observation before and after treatment. Descriptive statistical analysis showed a marked improvement in diseases severity scores following individualised homoeopathic treatment.

The mean pre-treatment and post-treatment scores of each disease were as follows:

Disease	Mean Before	Mean After	Mean Improvement
Allergic Rhinitis	8.83	2.00	77.97%
Bronchial Asthma	9.83	23.00	76.72%
Chronic Cough	18.00	2.33	86.96%
Tonsillitis	2.67	0.83	69.45%
Recurrent URTI	17.83	2.17	88.10%

Conclusion

The statistical analysis showed significant clinical outcome in clinical severity scores of all five diseases group following individualised homoeopathic treatment based on evaluation of chronic miasm, in common pediatric respiratory disorders.

The Wilcoxon Signed-Ranked Test showed statistically significant improvement in Allergic Rhinitis ($p = 0.020$), Bronchial Asthma ($p = 0.027$), Chronic Cough ($p = 0.027$), Tonsillitis ($p = 0.026$) and Recurrent URTI ($p = 0.020$). The overall pooled analysis of all thirty cases also showed a statistically significant improvement, $p = 0.006$ ($p < 0.05$).

V. DISCUSSION

The most frequent of all symptoms was fear found in 73.33% of the cases, The works of the pioneers has also stated Fear is the strong emotion of Sycosis. And this again suggest miasm at physical and mental plane will simultaneously express itself.

It was followed by the overproduction and accumulative tendency for mucus which was seen in 70% of the patients. As written in the books of philosophy chronic catarrhal conditions are predominantly sycotic and is again suggest predominant sycosis miasm as the main miasm for present study.

While 53.33% patient expressed thick yellowish discharge, that also is a classical symptom of sycotic miasm. Similar percentage of the patients that is 53.33% had strong history of sycotic diseases in the family like asthma, chronic catarrhal conditions, Diabetes mellitus, thyroid disorders, Piles, etc. This shows the hereditary predisposition and congenital

constitution of the patients of the study having sycotic miasm.

40% of the patients had chronic inflammatory conditions and this is as said by Kent is predominant sycotic feature. Similar 40% had aggravation from change of weather which is a predominant modality of sycotic miasm. And also 40% patients showed overgrown body and overweight at this age group is again sycosis predominance attribute.

In a same way the study showed various characteristics of the sycotic miasm present in the most of the patients in the study. As miasmatic diagnosis does not depend on 1 or 2 symptoms, but on as a whole diagnosis of the patient from family history, past history to generals of the patients to particulars of the patients. So, this study when collectively analysed showed paediatric patients having common respiratory disorders are mostly having sycosis as predominant miasm.

According to homoeopathic philosophy, recurrent respiratory disorders are manifestations of an altered vital force influenced by hereditary and acquired miasmatic factors.

Conventional treatment often focuses on controlling acute symptoms, whereas homoeopathy seeks to:

- Improve constitutional resistance.
- Reduce recurrence.
- Correct underlying susceptibility.
- Restore health at a deeper level.

The results of the present study support this approach, as improvement was observed not only in respiratory symptoms but also in overall health and well-being.

The statistical analysis demonstrates a highly significant reduction in symptom scores following treatment.

The present study highlights the importance of miasmatic evaluation and constitutional homoeopathic treatment in pediatric respiratory disorders. The sycotic miasm was the predominant underlying miasmatic influence. Individualized homoeopathic prescriptions, resulted in substantial clinical improvement, reflected by a marked reduction in severity scores and an overall clinical improvement.

VI. CONCLUSION

The improvement of individualized homoeopathic treatment was evaluated using disease-specific

validated clinical assessment scales, namely Total Nasal Symptom Score (TNSS) for Allergic Rhinitis, Childhood Asthma Control Test (C-ACT) for Bronchial Asthma, Short Pediatric Cough Questionnaire (PCQ) for Chronic Cough, Brodsky Grading Scale for Tonsillitis, and Modified Jackson Score (MJS) for Recurrent URTI. Clinical assessment was performed before treatment, after three months, and at the completion of treatment.

Since the data were ordinal and each disease group comprised six patients, the Wilcoxon Signed-Rank Test, a non-parametric statistical test, was employed to compare pre-treatment and post-treatment assessment scores. Each disease group demonstrated a statistically significant improvement ($Z = -2.741$; $p = 0.006$). Furthermore, pooled analysis of all 30 paired observations showed a highly statistically significant improvement ($p < 0.05$), indicating that the observed clinical improvement was unlikely to have occurred by chance.

VII. LIMITATION OF THE STUDY

The present study showed improvement in common paediatric respiratory disorders when homoeopathic management was given after proper individualized medicine from miasmatic evaluation was given. This shows the fruitfulness of Hahnemannian approach in chronic cases and further this can study in a larger scale. But limitation of the study like follow should also be considered while interpreting the findings.

Small sample size (30 cases): -

Short follow-up period (9 months)

Single-center, case series design

Symptom Scoring System

Further control studies with larger samples and longer follow-up may be recommended to further validate the findings of the study.

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