



STUDY ON THE SUCCESSFUL HOMEOPATHIC TREATMENT OF RECURRENT UPPER RESPIRATORY TRACT INFECTION AND LOWER RESPIRATORY TRACT INFECTION IN A PAEDIATRIC PATIENT USING INDIVIDUALISED HOMEOPATHIC MEDICINE : A CASE REPORT

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Abstract:

This article presents the successful homeopathic treatment of a 4-year-old female patient, Miss DDS, suffering from chronic Upper Respiratory Tract Infection(URTI), Lower respiratory Tract Infection(LRTI), recurrent digestive complaints, and emotional shyness. Based on detailed constitutional analysis and repertorization with repertory software Complete Dynamics, Individualised Homeopathic Medicine was prescribed. Over the course of treatment, the patient showed marked improvement, particularly in physical health & emotional balance. This case illustrates the holistic and personalized nature of homeopathic treatment and its efficacy in treating recurring paediatric respiratory infective (both upper and lower) conditions.

Introduction:

Homeopathy is frequently utilized for treating chronic paediatric conditions such as recurrent respiratory infections and emotional imbalances. This case report highlights the use of the homeopathic remedy chosen based on a comprehensive constitutional assessment. Repertorial analysis was carried out via modern repertorization tool namely Complete Dynamics software to ensure accuracy and to remove any manual error of selection. The success of Individualised Homeopathic Medicine in addressing both physical and emotional symptoms reinforces the importance of individualized treatment in homeopathy, and in paediatric cases.

Case Report:**Patient Information:**

Name: Miss DDS

Age: 4 years and 3 month

Hindu, Vegetarian.

Patient came on 28-5-2024 with her parents in neatly dressed and finely combed her hairs, holding her mother.

Vaccination Status: All government-mandated vaccines administered.

Complaints:

K/C/O Recurrent upper and lower respiratory infections since last 1 year and 3 months approx.

- Patient was great up, until age of 3 years
- Before approximately 1.5 years, on very next day of cold food consumption, suddenly she developed coryza with yellow discharge, sneezing, cough, high-grade fever around 102.4 degree F and she needed admission at hospital, treated with Intravenous antibiotics for 5 days, she was improved and discharged, but episodes recurred every 15-20 days just after cold food/candies/ice-creams and was stopped all those at all, need to keep her on medicines and away from such foods.
- She had latest episode of such attack on 18th feb 2024 to 21st feb 2024 and was hospitalised for the same with diagnosis of Viral URTI with septicaemia treated on antibiotics, mostly episode triggered by? travelling and? Outside food, she had coryza, dry cough and high-grade fever 102-104 degree F and abdominal pain, relieved only after stool that only passed by Somva 34(ayurvedic laxative).
- During fever- sleeps, does not speak, does not eat, suddenly completely agitated then becomes completely calm. After a few days, blisters broke out in both hands.

At some point patient's parents was not happy with recurrent URTI and LRTI's conventional treatment and came for Homeopathic consultation.

Any oily food, icy cold foods trigger her respiratory complaints.

Presently, Cough, dry and frequent. Unable to eat any cold food, that her cousins and friends relishes.

Physical generals:

Weight: 12 kg

Appetite: less, if no phone in hand, 5-6pm needs food.

Desire: Cold drinks, frooti, idlee, dhosa, dhokla, chips, bhajiya, thepla(oily foods), mango, dairy milk chocolate, Cold freeze water.

Aversion: nothing specific.

Bowel: Constipated on off, needs somva 34, it relieves, alternate day or daily for a week sometimes.

Thirst: less. Occasionally desires cold water.

Urination: 5-7 times/day

Perspiration: Profuse, esp. over head and face, hairs, scalp, lips, nose

Nose: Normal

Tongue: moist, normal

Skin: Normal moist, oily

Air: needs cold air/fan at least

Covering: Not required in winter

Thermal: Hot

Enuresis: Present before 6 month, not now

Others: Habit of clinging to mother or daddy while asleep.

Past History:

As described, she underwent multiple hospitalisation for URTI and LRTI with septicemia at last episode in February 2024.

She had diarrhea during hospitalisation and vomit after food for 2-3 days during that, due to much coughing.

Birth History:

Full Term Normal Delivery(FTND)

Birth weight: 3.3 Kg

Milestones:

All were normal.

Family History:

Father allergy- coryza due to dust, sneezes

Mother: diabetes during pregnancy, at the 8th gestation month, was on insulin. –normal delivery

Paternal Grand Father- Coryza, cough, allergies to dust

Paternal Grand Mother- Diabetes Mellitus Type 2, Hypertension, Hypothyroid

Maternal Grand Father- Diabetes Mellitus Type 2

Maternal Grand Mother- Diabetes Mellitus Type 2

Personal History & Life Sketch:

Shy.

She doesn't speak in Unknown setup, with classmates she doesn't speak in school, unlike others. Clings to mother or father.(during whole history, patient didn't made much of eye contact, and didn't left her mother or father alternatively)

talkative at home, with grandparents, especially paternal.

If asked to speak to a stranger, she would cry, if she doesn't find acquainted people around, she would cry in marriage function or any social gathering.

Fears Dark.

Plays with toy monkey, a doll, a teddy bear, play with clay, draws sometime.

play with water from the kitchen set, drink water, writes ABCD then plays by herself.

At school less answers to teacher. Likes school friend, especially her special friends.

Arranges her toys, books well. Needs tidy shoes, clothes. Nice writing

Dance is her hobby. Keeps dancing.

Copies Hindi lines from social media videos.

If in good mood, keeps playing and running here and there.

Fears needle of hospitals.

Sleep:

Deep,

sleeps on right side, holds ear of mother with hand. No covers, fan/ac needed full.

Dreams: Sometimes, Friends, occasionally.

Mother's obstetrics history:

1st pregnancy : FTND

Normal Delivery

DURING 9 MONTHS OF PREGNANCY –

Regular life style. Lower middle class family.

Financial tension about husband's shop.

She had anaemia and diabetes at 8th month of pregnancy. Was worried about life long medicines for diabetes. Her sister had diabetes and it turned to be lifelong disease.

During fever- sleeps, does not speak, does not eat, if completely agitated then becomes completely calm.

Stool - normal,

Urine - regular.

Observation:

The patient also exhibited emotional symptoms, such as excessive clinging, shyness, and fear of unfamiliar people and places, during whole of her interview. Weeping easily.

Case Analysis and Evaluation:

The following symptoms were taken into consideration during the analysis:

- Mental Characteristics: Timidity in children, Clinging to the mother, Fear of thunderstorms and darkness, Shyness.
- Physical Characteristics: Coryza with yellowish discharge, Thirstlessness, Digestive disturbances.
- General Characteristics: Sensitive to cold but desires cold foods and drinks, aggravation from oily foods and cold foods.

Repertorization:

Using Complete Repertory, the following rubrics were referred & selected:

1. Mind; clinging; children, of
2. Mind; fear; dark, of
3. Mind; timidity; blushing
4. Mind; weeping, tearful mood; trifles, about
5. Cough; drinks; cold; agg.
6. Generalities; food and drinks; cold; drinks; desires

Repertorization Software Analysis:

To enhance the repertorial process Complete Dynamics software was used. This analysis confirmed Pulsatilla as the highest-scoring remedy, with strong mental and physical correspondence to the case.



Figure 1: repertorization chart from complete dynamics software using complete repertory.

Prescription:

Based on the repertorization from Complete Repertory and Complete Dynamics, the remedy Pulsatilla 30C was prescribed, one dose of 4 wet globules same day, Sac Lac(placebo) globules 4-0-4 & to be followed after 4 weeks.

Follow-Up and Progress:

28-6-2024: Improvement in coughing, improved appetite, no vomiting or diarrhoea, emotional irritability decreased. Sac Lac(placebo) globules 4-0-4 & to be followed after a month.

28-7-2024: Coryza and cough reduced significantly, eats cold food, better interaction with peers, teachers.

25-8-2024: Notable improvement in physical and mental symptoms, including no coughing and no weeping or shyness. Sac Lac(placebo) globules 4-0-4 & to be followed after a month, especially with her mother, to notify changes.

1-9-2024: she had again cough and mild coryza, was given a dose of Pulsatilla 30C. Sac Lac(placebo) globules 4-0-4 & to be followed by a month, if symptoms vanish.

16-9-2024: No recurrence of digestive or respiratory issues, emotional shyness reduced. Weeping almost gone. Was left with no medications. Only to follow up if any symptoms reappear.

Discussion:

This case illustrates the importance of individualized homeopathic treatment. Pulsatilla successfully addressed the patient's chronic respiratory and digestive issues while also improving her emotional stability. Combining classical repertorization methods with modern software tools proved effective.

Conclusion:

The individualized prescription of Pulsatilla successfully cured the patient's chronic coryza, digestive issues, and emotional imbalance, demonstrating the holistic effectiveness of homeopathy.

Keywords: Homeopathy, paediatric case, Upper Respiratory Tract Infection(URTI), Lower respiratory Tract Infection(LRTI), digestive complaints, Abdomen, Pain, repertorization, constitutional treatment, Pulsatilla.

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