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A CLINICAL RESEARCH STUDY ON THE HOMOEOPATHIC MANAGEMENT OF CHRONIC BRONCHITIS BASED ON RICHARD HUGHES METHOD

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***Abstract*:** Chronic bronchitis is a type of chronic obstructive pulmonary disease that presents with productive cough of more than 3 months per year occurring within a span of 2 years consecutively. The other symptoms include malaise, chest discomfort, breathing difficulty and abdominal pain. The clinical effects of chronic bronchitis include a higher exacerbation rate, a quicker deterioration in lung function, and a worsening in health-related quality of life. Homeopathy follows a personalized approach in treatment of chronic disease like Chronic Bronchitis. This research study is to understand the application of Richard Hughes method to find out the similimum in case and verify its efficacy. 30 pre diagnosed cases of Chronic Bronchitis were selected from the OPD, IPD and Rural health centres of Sarada Krishna Homoeopathic Medical College and Hospital, Kulasekharam. The details of the case were entered in the standardized per- structured case format. After the analysis of the case, the totality was erected according to Richard Hughes' method and suitable similimum was prescribed to the patient. Follow ups were taken every two weeks with assessment of the patient's condition using Chronic Bronchitis symptom severity scale (CBSS). All the 30 cases showed significant improvement and the results were based on statistical analysis of before and after treatment scores. This clinical study shows that the similimum selected using Richard Hughes method is effective in managing Chronic Bronchitis.

Index Terms: **CBSS, Chronic Bronchitis, Homoeopathy, Richard Hughes.**

INTRODUCTION

"Chronic Bronchitis is a clinical condition in which individuals present with a chronic productive cough for three months per year for two consecutive years". If airflow obstruction is present, then it is not included in COPD. It is a long term inflammatory condition of the bronchi. (1) It comes under ICD-11 MMS CA 20.1. (2) It poses a significant global health burden due to its high prevalence and association with poor quality of life an increased mortality rate. Active or passive smoking is the predominant causative factor. It may also occur more frequently in individuals who have a family history of bronchitis. The repeated respiratory tract infections by Influenza viruses A and B, bacterial agents like Staphylococcus, Streptococcus, and Mycoplasma pneumonia exacerbates the condition. (3) After the epidemic, respiratory diseases have reappeared in erratic patterns. Although there doesn't seem to be a definite trend at this point. Scientists are doubtful if COVID-19 will turn into a winter virus and leads to the development of respiratory tract infections. (6) Homoeopathic treatment is rooted on definite principles of cure. According to Richard Hughes method, the selection of homoeopathic similar remedy for the treatment lies on the similarity between disease and the drug. The selected homoeopathic medicine should be Generic, Specific and Individual. For the similarity of drug-action, the drug must have the same sphere of action and must be capable of producing the same symptoms as that of the disease for curing the patient. Specific similarity implies the seat of action, i.e in organ or tissue, kind of action; in diathesis or quality, in causative modification, in character of sensations, in concomitance and sequence of symptoms, these are the main elements of specific similarity which helps us to reach the 'Pathological simile'. The patients constitution and temperament, his mental and emotional state, the conditions of aggravation and amelioration presented by his sufferings, the side of the body affected and the time of day or night at which his symptoms are more pronounced, these elements helps to find out individual similarity. Here all the three points are equally important in finding the homoeopathic specific remedy for the case of disease. (4)

OBJECTIVE OF THIS RESEARCH:

The objective of this research study is to throw light into the field of homoeopathic treatment of chronic bronchitis by using Richard Hughes method of finding the remedy. He introduced new field of treatment methodology in Homoeopathy based on more of research and pathology which was not frequently practiced. Hughes's philosophies were clear and distinct. He laid importance in establishing relationship between disease pathology and drug pathogenesis. This study focuses to do the research study to understand the effectiveness of using Richard Hughes method to find the homoeopathic specific remedy for the case of diseases. It also aims to reduce the intensity of symptoms of Chronic Bronchitis and to identify the underlying triggering factors responsible for the exacerbation of Chronic Bronchitis.

MATERIALS & METHODS:

Source of data:

Thirty patients pre diagnosed with Chronic Bronchitis were taken from the OPD, IPD, and Rural health centers of Sarada Krishna Homoeopathic Medical College Hospital, Kulasekharam, Tamil nadu, India.

Selection of sample:

The study is mainly conducted in Sarada Krishna Homoeopathic Medical College. This research study consists of 30 participants who were selected using purposive sampling.

Data collection method:

A purposive sampling approach was employed to select 30 patients pre diagnosed with chronic bronchitis from the Outpatient Department, Inpatient Department, and Rural Centres affiliated with Sarada Krishna Homoeopathic Medical College, Kulasekharam, Tamil nadu, India. Detailed case information was documented using standardized and pre-structured formats provided by Sarada Krishna Homoeopathic Medical College. These cases were then analysed to identify symptom patterns and develop a comprehensive symptom profile. Symptoms were assessed, and based on the totality of symptoms and evaluated using Richard Hughes method. After analysis and evaluation of each individual case, appropriate remedy was prescribed. The selection of potency and frequency of doses was determined in accordance with the principles of homeopathic philosophy. Patients were assessed every two weeks, and any changes in symptoms were carefully recorded.

Inclusion criteria:

Patients who had symptomatology of chronic bronchitis, belonging to the age group between 25-80 years and of both sexes.

Disqualifying factors:

Participants outside the age range of 25-80 years, individuals who were diagnosed with other severe systemic illness, cases in which surgical intervention becomes necessary, pregnant women, chronic bronchitis related to chronic and systemic diseases undergoing current medical intervention.

Outcome assessment:

Changes in the symptoms of patients with chronic bronchitis was noted accordingly & improvement in symptoms was validated using chronic bronchitis symptom severity scale (CBSS).

Statistical techniques and data analysis:

Statistical analysis was conducted utilizing paired't' test. Data visualization was incorporated in bar chart, table and columns. On the analysis, the p value was < 0.05, the study is statistically significant and the null hypothesis is rejected. Thus study of homoeopathic management of chronic bronchitis based on the specific remedy selected based on Richard Hughes method.

OBSERVATION & RESULTS:

Distribution of cases according to occupation:

Out of 30 cases, 6 cases (20%) were housewives, 4 cases (13.3%) were teachers, 3 cases (10%) were govt employees, 2 cases (6.6%) each were carpenters and painters and 1 case (3.3%) were Retd railway officer, accountant, pharmacist, helper in old age home, mason, welding worker, farmer, lab assistant, coolie, businessmen, latex company worker, IT professionals.

Distribution in accordance with triggering factors:

On analyzing different factors that triggers Chronic Bronchitis, it is found that 16 cases (53.3%) were increased due to cold exposure, 7 cases (23.3%) due to dust exposure, 5 cases (16.7%) due to damp wet weather exposure and 2 cases (6.7%) from inhalation of smoke from burning.

Distribution of cases according to anamnesis of the case:

Out of 30 cases analyzed, 18 cases (60%) had history of COVID-19 and 12 cases (40%) were negative. 16 were males and among them 12 cases were having strong smoking history. 7 cases (23%) had asthmatic history and 5 cases (17%) had allergic history of family illnesses. 18 cases (60%) were not having any relevant respiratory illnesses in the family tree.

Distribution of cases according to homoeopathic medicines prescribed:

Out of 30 cases, 6 cases (20%) were prescribed with Pulsatilla nigricans, 4 cases (13.3%) each were prescribed with Antimonium tartaricum, Arsenicum album, Bryonia alba, 3 cases (10%) were prescribed with Calcarea carbonica, 2 cases (6.6%)

each prescribed with Ipecacuanha, Kali bichromicum, Rumex crispus, Sulphur and 1 (3.3%) case prescribed with Rhus toxicodendron.

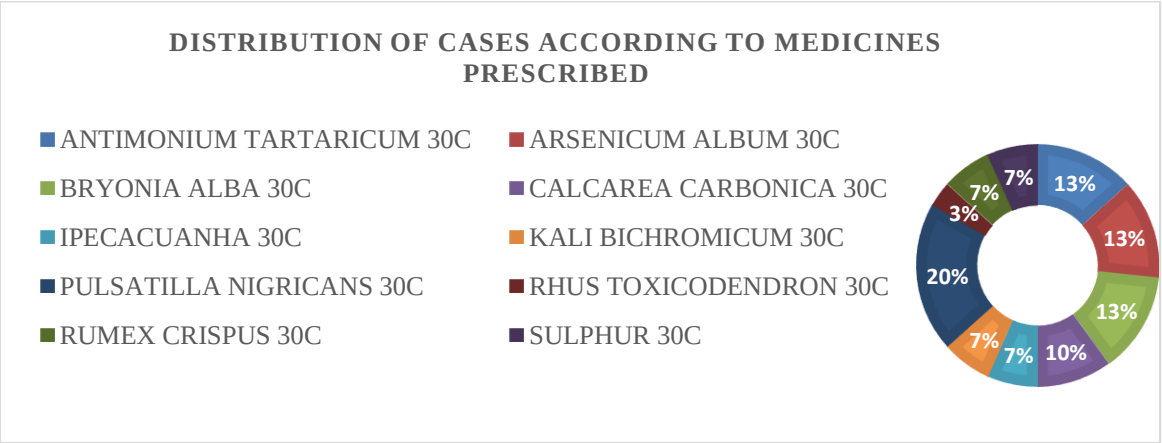

Figure 1: Distribution of cases according to homoeopathic medicines prescribed

Distribution of cases based on disease intensity assessment score:

According to the observations obtained from the above given thirty pre diagnosed cases of Chronic bronchitis. The cases were mostly mild and moderate in nature. After taking the case completely the totality was constructed based on Richard Hughes method. The most similar medicine was administered to each case. The improvement was assessed using CBSSS. It can be concluded that homoeopathic treatment based on Richard Hughes' method reduced the severity of Chronic Bronchitis to a significant extent. There were two cases which were moderate in severity and twenty-eight cases which were mild in severity.

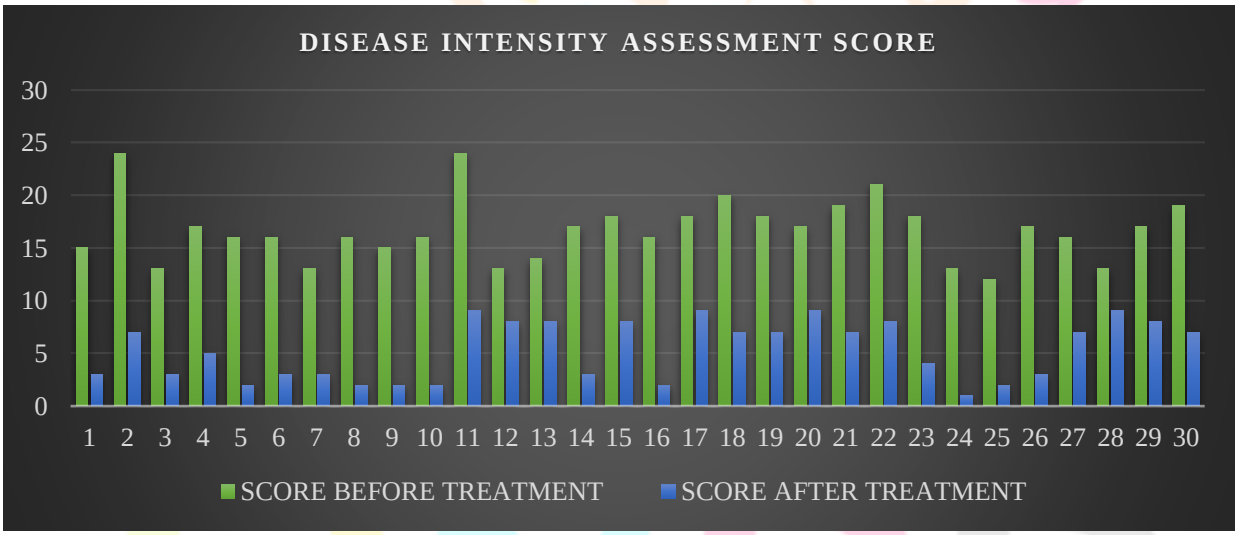

Figure 2: Distribution of cases according to before & after treatment score

DISCUSSION:

This clinical research study included 30 pre diagnosed cases of chronic bronchitis a maximum of 10 patients (33.3%) belonged to ages of 31-40 years, 8 patients (26.6%) were between the age group ranging from 41-50, 4 patients (13.3%) were between the age group ranging from 61 to 70, 3 patients each (10%) were between the age group of 51 to 60 and between the age group ranging from 71 to 80 and lastly 1 patient (3.3%) each between age group 20-30 years and 81-90 years. On a similar study to find out the age gender and socio economic status conducted by Ferré A, Fuhrman C, Zureik M, Chouaid C, Vergnenègre A, Huchon G, Delmas MC, Roche N showed that people aged 45 years were more prone get affected by chronic bronchitis. That study showed that advancing age is one the most important factor that predisposes the patient to recurrent attacks. [5]

Males 16 patients (53.3%) were more affected with Chronic Bronchitis than females 14 patients (46.7%). The Bronchitis facts and statistics also confirmed that females are also likely to get CB and the incidence has increased recently, but we cannot completely neglect men, because males are also equally susceptible to get the disease. [6]

6 cases (20%) of housewives, 4 cases (13.3%) of teachers, 3 cases (10%) of govt employees, 2 cases (6.6%) each of carpenters and painters and 1 case (3.3%) of Retd railway officer, accountant, pharmacist, helper in old age home, mason, welding worker, farmer, lab assistant, coolie, businessmen, latex company worker, IT professional. Exposure to strong odors, highly polluted areas, fumes from factories contribute to the recurrent attack of respiratory infections. These substances are the common irritants that affect the mucosal lining of the respiratory tract leading to excessive sputum production. The exposures to dust, fumes, and toxic gases were the most common triggering factors associated with occupation was confirmed in the article titles "Jobs and Exposures That Increase Risk for Developing COPD Later in Life" that studied the development of COPD. [7]

It is found that 16 cases (53.3%) were increased due to exposure to cold climate, 7 cases (23.3%) due to inhalation of dust, 5 cases (16.7%) due to damp wet weather exposure and 2 cases (6.7%) from inhalation of smoke from burning. Kotaniemi JT, Latvala

J, Lundbäck B, Sovijärvi A, Hassi J, Larsson K. in the article "Does living in a cold climate or recreational skiing increase the risk for obstructive respiratory diseases or symptoms" also confirmed the finding that outdoor workers who are frequently attacked by cold air has more chances of getting obstructive lung diseases. [8]

The 18 cases (60%) had history of COVID and 12 cases (40%) were negative. The corona virus can exacerbate and worsen the inflammatory conditions of the lung confirmed by clinical studies. Gump DW, Phillips CA, Forsyth BR, McIntosh K, Lamborn KR, Stouch WH in the article "Role of infection in chronic bronchitis" published in the journal American Review of Respiratory Disease confirmed this. [9]

7 cases (23%) had asthmatic history and 5 cases (17%) had allergic history of family illnesses. 18 cases (60%) were not having any relevant respiratory illnesses in the family tree. CB shows a moderate familial tendency, i.e. is the susceptibility for respiratory infections may be increased. Meteran H, Backer V, Kyvik KO, Skytthe A, Thomsen SF. in article "Heredity of chronic bronchitis: a registry-based twin study: in journal Respiratory medicine showed this. [10]

Among the16 males, 12 cases were having strong smoking history. CB became a substantial health problem where smoking increased the risk. Cerveri I, Accordini S, Verlato G, Corsico A, Zoia MC, Casali L, Burney P, De Marco R. in the article "Variations in the prevalence across countries of chronic bronchitis and smoking habits in young adults" in the European Respiratory Journal confirmed this. [11]

The 6 cases (20%) with Pulsatilla nigricans, 4 cases (13.3%) each with Antimonium tartaricum, Arsenicum album, Bryonia alba, 3 cases (10%) with Calcarea carbonica, 2 cases (6.6%) each prescribed with Ipecacuanha, Kali bichromicum, Rumex crispus, Sulphur and 1 (3.3%) case with Rhus toxicodendron is prescribed in this study. A similar study by Kunja S. in the article "A Remedy Profile of Homoeopathic Drugs on Chronic Obstructive Pulmonary Diseases" also showed Pulsatilla as the most common medicine for treating chronic obstructive pulmonary diseases. [12]

CONCLUSION:

The study demonstrates homoeopathic management of chronic bronchitis based on the medicine selected using Richard Hughes method. Conducting research on the clinical verification of theoretical philosophy is much needed. Richard Hughes firmly believed that the medicine must be first selected based on generalization of symptom between the disease and the drug. But he said that the medicine selected based on generalization can rarely cure a chronic disease. So the physician must carefully select the similimum by using the method of elimination by comparing each symptom and finally selecting the most appropriate personalized medicine. So medicines were first selected based on the ability of the drug to produce the generic similarity of the disease i.e. the capability to produce cough with expectoration. Then from this group the medicines were selected based on the specific similarity of the disease, its nature, kind, character and sensation. Finally the most similar one was selected based on the individual similarity which becomes the most specific pathological similie of the case of disease. Adopting this method helped for completely treating the patients more efficaciously. This study demonstrates the efficacy of using pathological prescription in chronic respiratory diseases.

Conflict of interest: Nil

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