



EFFECTIVENESS OF THE 200TH CENTESIMAL POTENCY IN MANAGING ACUTE DISEASES IN PAEDIATRIC CASES

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Abstract: Acute diseases are illnesses characterized by a rapid onset and typically short duration, often resolving within days to weeks, either with full recovery or progression to a more serious condition if not treated appropriately. In this study, 30 paediatric cases were included, it was found that age group of 11-13 years (Early adolescent) and 7-10 years (Early school age) were most commonly affected. Males were more affected than females. Drenching in rain and Drinking cold water were the commonest causative factors in Acute Illnesses. Most of the cases reported with Acute bronchitis. The most commonest medicine was Pulsatilla nigricans. The symptomatic improvement was evaluated using disease-specific assessment scales before and after treatment. The study also demonstrated the importance of considering causative factors in remedy selection achieving favorable outcome in the acute cases using homoeopathic medicines. This clinical study shows the efficacy of 200th centesimal potency in managing acute paediatric illnesses.

Keywords: Acute disease, Centesimal potency, Homoeopathy,

Introduction:

Centesimal potencies, prepared of one part by volume or weight of drug or previous potency with 99 parts by volume or weight of vehicle (1:99 ratio) and it undergoes a process of serial dilution and succussion represent a fundamental principle of classical homoeopathic practice, as introduced by Samuel Hahnemann.^[1] In Aphorism 72 of Organon of medicine, Dr. Hahnemann states that “the disease to which man is liable are either morbid processes of the abnormally deranged vital force, which have a tendency to finish their course more or less quickly, but always in a moderate time – these are termed as acute disease. Also, Hahnemann mentioned this in aphorism 5, Useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease ^[2].

In developing countries, ARI, fever, and diarrhea are prominent causes of the burden of childhood disease along with mortality particularly, in south Asia and sub-Saharan Africa. Common colds and the flu are the most frequent ARI among under-five children, affecting both the upper and lower respiratory tracts ^[3].

Antibiotics carry risks of causing diarrhoea and allergic reactions, as well as antibiotic resistance. Antibiotics confer only a small benefit in this common primary care scenario. A basic principle is that the

homeopathic medicine stimulates the body's own adaptive healing processes (i.e. the postexposure conditioning component of hormesis) and/or bidirectional effects of low dose sensitization^[4].

Among those who have long used the high potencies (in particular the two hundredth), Dr. von Boenninghausen stands pre-eminent. In many acute diseases are treated solely in accordance with his directions. He has for many years used exclusively the two hundredth potencies. For the last five years I have used the high potencies (two hundredth potency) in all forms of disease that occur in a general practice^[5] This study investigates the role of individualized homoeopathic remedies in the 200th centesimal potency, with consideration of the ailment factor and susceptibility, in treating acute pediatric cases.

Aims and objectives:

- To evaluate the therapeutic efficacy and clinical outcomes of homoeopathic remedies in 200th centesimal potency in the treatment of acute diseases in paediatric patients.
- To identify the predominant gender, causative factors and commonest age group affected with acute diseases in paediatric patients.
- To assess the commonly encountered acute diseases among pediatric patients.
- To demonstrate the most commonly indicated homoeopathic medication in the treatment of acute diseases in paediatric patients.

Materials and methods:

Study design: Prospective study

Study setting

Cases were chosen from the Out – Patient Department, In – Patient Department and Rural Health centers of Sarada Krishna Homoeopathic Medical College and Hospital, Kulasekharam, Kanniyakumari, Tamil Nadu.

Duration of study: 6 months

Sample size: 30 cases

Sampling technique: Purposive sampling

Inclusion criteria:

- Patients presenting with Acute Illnesses
- Patients of both genders within age group from 1 to 17 years
- Patients without any Acute medical emergency condition.
- Patients with high susceptibility

Exclusion criteria:

- Patients with Acute Illnesses who are undergoing treatment from other systems of medicine
- Patients below the age of 1 year and above 18 years
- Patients with chronic diseases
- Patients with Acute Illness requiring serious medical emergency.

Data collection:

- By interrogation of individual case taking
- By physical examination
- By investigation (if needed)

Data collection tools:

- Pre structured case format of Sarada Krishna Homoeopathic Medical College and Hospital
- Disease specific assessment scales

Brief procedures:

- 30 cases from OPD, IPD and Rural Health Centers were screened.
- Detailed case taking was done and recorded in the standardized acute case sheet format.

- Totality of symptoms was constructed and repertorization was carried out using ZOMEIO PRO Homoeopathic Software Version 3.0.
- Medicines were prescribed with reference to the Homoeopathic Materia Medica. Repetition of doses based on patient susceptibility and homoeopathic principles.
- Susceptibility was assessed as per guidelines mentioned in Stuart Close
- Cases were followed for 2 weeks. The symptomatic improvement was evaluated using disease-specific assessment scales before and after treatment in the subsequent follow-ups
- The results based on the observations done were represented in the form of Tabular column and Bar diagrams.

Statistical techniques and data analysis :

- Statistical analysis is done by using paired t - test
- Data presentation using charts, diagrams and tables
- Pre and post test assessment score

Observation and Results:

TABLE 1: Distribution of cases according to age group

S.NO	Age Group	Category	Number of cases
1.	1 year to 3 years	Toddler	3
2.	4 years to 6 years	Pre school	5
3.	7 years to 10 years	Early school age	7
4.	11 years to 13 years	Early Adolescence	10
5.	14 years to 16 years	Middle Adolescence	4
6.	17 years to 18 years	Late Adolescence	1

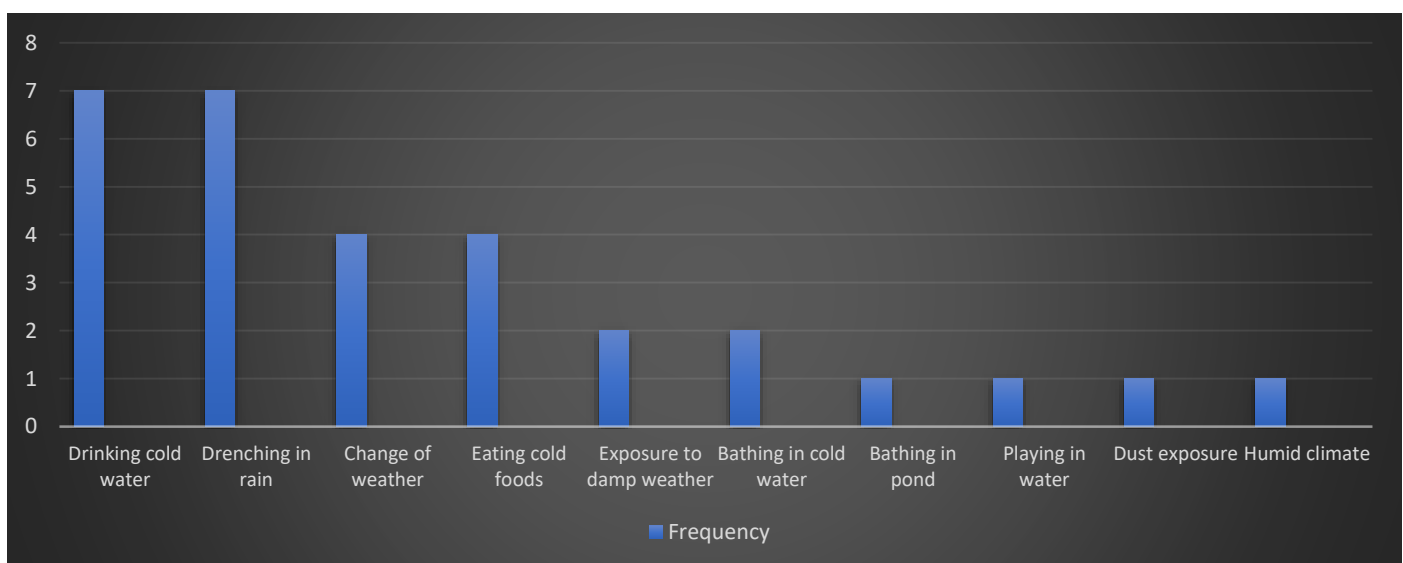


Fig 1: Distribution of cases according to causative factors

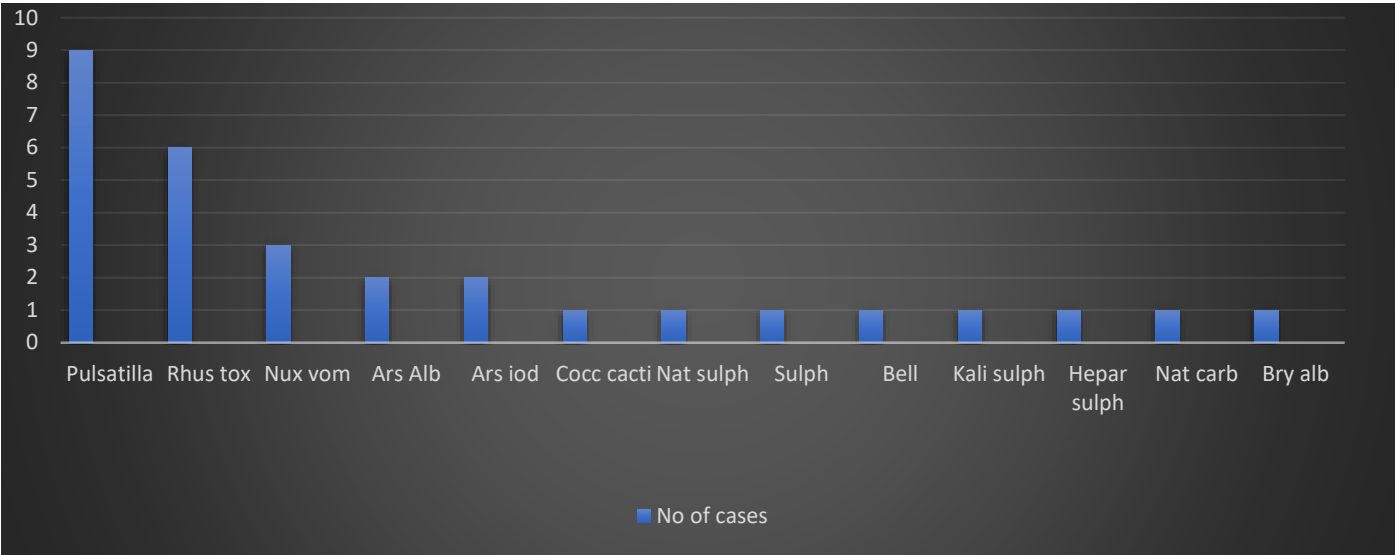


Fig 2: Distribution of cases according to medicines given

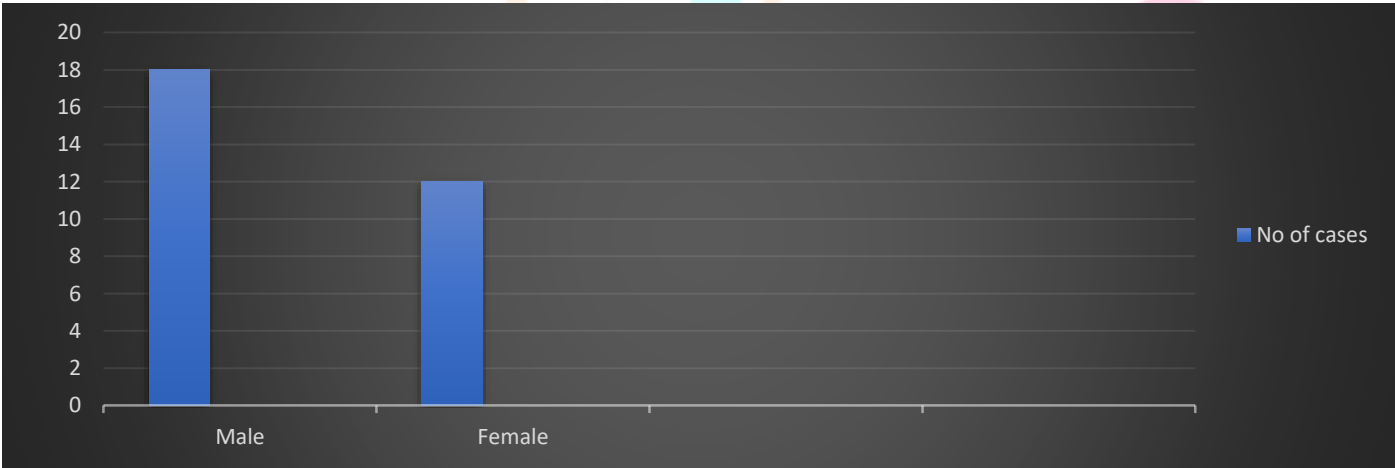


Fig 3: Distribution of cases according to gender

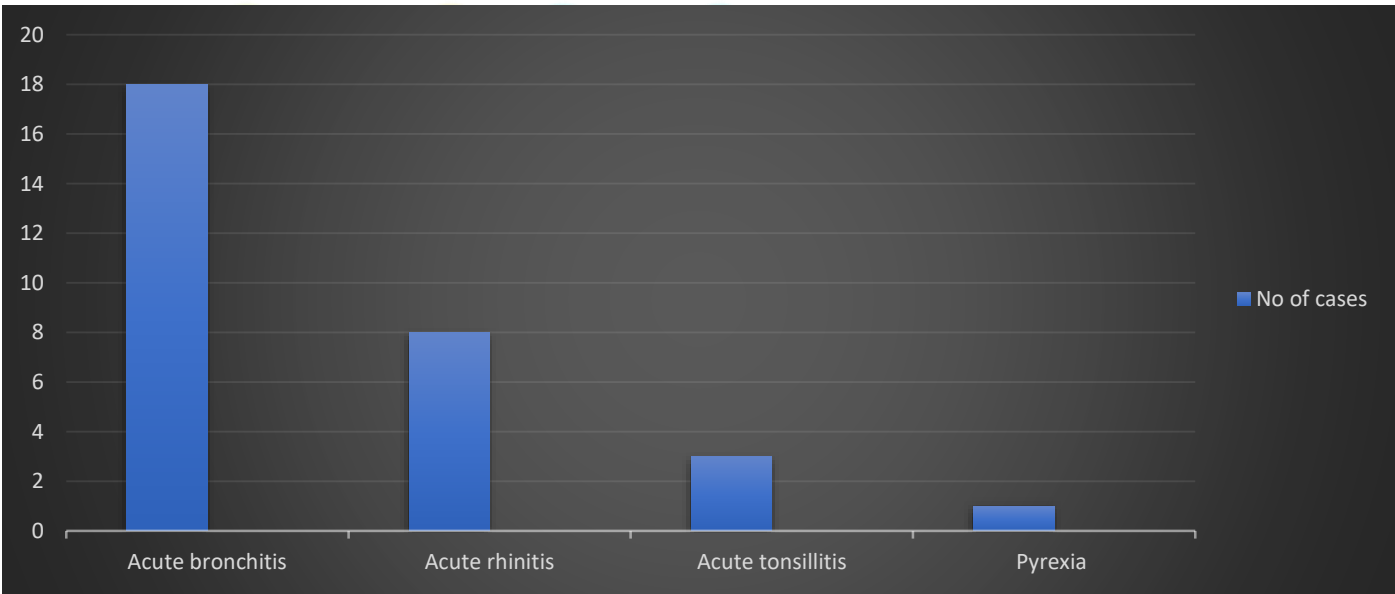


Fig 4: Distribution of cases according to diseases

Statistical Analysis:

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Before	11.73	30	6.86	1.25
	After	1.80	30	1.71	0.31

The paired sample statistics show a significant difference between the “Before” and “After” conditions. The mean score for before is 11.73 with a standard deviation of 6.86, while the mean score for after is 1.80, with a standard deviation of 1.71. The standard error mean is 1.25 for “Before” and 0.31 for the “After” group

Paired Samples Test									
		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Before - After	9.933	6.6950	1.2223	7.4334	12.4333	8.1265	29	.000

The paired samples test reveals a significant difference between the "Before" and "After" conditions. The mean difference is 9.933, with a standard deviation of 6.6950 and a standard error mean of 1.2223. The 95% confidence interval for the difference ranges from 7.4334 to 12.4333, indicating that the true mean difference lies within this range. The t-value is 8.1265, with 29 degrees of freedom, and the p-value is 0.000, which is less than the significance level of 0.05. This confirms that the difference between "Before" and "After" is statistically significant, suggesting a meaningful change between the two conditions.

Discussion:

In a previous observational study, it was found that in acute sporadic diseases, the age group of 10-14 years, with early adolescents comprising 12 out of 30 cases (40%). This was followed by 7 cases (23%) in early childhood (7-9 years), 7 cases (23%) in toddlers (1-3 years), 3 cases (10%) in preschoolers (4-6 years), and 1 case (4%) in infants under 1 year. No cases were found in late adolescents (15-18 years) and a clear male predominance was noted, with boys being more frequently affected than girls which is similar in this study, 10 cases of early adolescents (11-13 years) and 7 cases of early school age (7-10 years) were commonly affected and males are more commonly affected in this study. The 200th potency was used in majority of the cases which is similar to this study.^[6] In another study, During monsoon season, acute bronchitis was the most common occurrence of acute diseases and the most common ailment factors were Drenching in rain and change of weather which is similar to this study, Drenching in rain and Drinking cold water were the most commonest causative factors. The most commonly used medicine was Pulsatilla nigricans which is similar to this study, The potencies used were 200 C, 1 M, 30 C and LM. Potency frequently used was 200C, and it was found to be more effective similar to this study in treating acute diseases.^[7]

Conclusion:

From this study, it could be understood that Early adolescent and Early school age groups were vulnerable to Acute Illnesses. Males were more affected than females. Drenching in rain and Drinking cold water were the commonest causative factors in Acute Illnesses. Most of the cases reported with Acute bronchitis. Pulsatilla nigricans was the commonly indicated medicine in Acute Illnesses. This prospective clinical study highlights that individualized homoeopathic prescriptions can bring about rapid improvement in paediatric acute illnesses. In the context of growing concerns over antibiotic resistance and adverse drug effects in children, homoeopathy emerges as a potential complementary or alternative option for managing non-emergency acute conditions.

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Conflicts of Interest: NIL

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