

## Case Study

# Efficacy of Kali Group Medicines in the Management of Upper Respiratory Tract Ailments

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## ABSTRACT

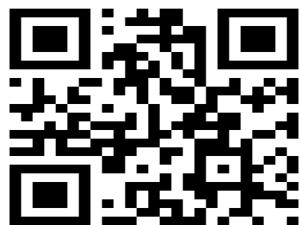
Upper respiratory tract infection (URTI) is one of the leading causes of morbidity worldwide, especially in the pediatric age group. Conventional medications have a minimal role in treating and preventing those diseases and an alternative for this is warranted. In this regard, homoeopathy can be a proper consideration, but the comparative effect and safety need critical evaluation.

Upper respiratory tract infections can be defined as self-limited irritation and swelling of the upper airways, cause a variety of patient diseases including acute bronchitis, the common cold, influenza, and respiratory distress syndromes. Defining most of these patient diseases is difficult because the presentations connected with upper respiratory tract infections (URIs) commonly overlap and their causes are similar. Upper respiratory tract infections involve the nose, sinuses, pharynx, larynx, and the large airways. Common Causes of Upper respiratory tract infection is common cold continues to be a large burden on society, economically and socially. The most common virus is rhinovirus. Other viruses include the influenza virus, adenovirus, enterovirus, and respiratory syncytial virus. Bacteria may cause roughly 15% of sudden onset pharyngitis presentations. The most common is *S. pyogenes*, a Group A streptococcus. Thirty patients of URI were selected on the basis of inclusion and exclusion criteria fixed. Case taking was done according to the scheme of model case format with a special emphasis on points needed for Homoeopathic treatment. Repertorisation was done depending upon the case by using Kent's Repertory, Boenninghausen's Characteristic Repertory and Boericke's Repertory. Follow-up criteria and parameters for evaluating the result for the study were formulated.

The results of treatment of 30 cases taken up for the study were as follows. 18 cases were recovered i.e. 60%, 6 cases were improved i.e. 20% and 6 cases not improved that is 20% after the treatment. We may conclude that, Kali group of medicines are effective in Upper respiratory tract infection which is the expression of internal sickness of man has to be treated holistically and with appropriate anti-miasmatic homoeopathic drugs. These medicines not only stop progression of pathology of affected part, but also definitely prevent recurrent pharyngitis, tonsillitis, sinusitis, allergic rhinitis and various complex diseases and complications that could involve important vital organs and better than allopathic medicines.

This study helped to get a better idea and varied experience in attempt to treat cases of URI. From this study the various aspects of managing the case of URIs, could be help in future to number of patients.

**Keywords:** Upper respiratory tract infection; Sore throat; Inflammation; Homoeopathy



QR Code for Mobile Users

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## INTRODUCTION

URIs are the most common among the respiratory tract infections. Upper respiratory tract infections consist of rhinitis (common cold), sinusitis, ear infections, acute

pharyngitis or tonsillopharyngitis, epiglottitis, and laryngitis. The ear infections and pharyngitis cause the more severe complications such as deafness and acute

rheumatic fever, respectively. The majority URI are caused by viruses. Rhinoviruses account for 25 to 30 percent of URI. Respiratory syncytial viruses (RSVs) parainfluenza and influenza viruses, human metapneumovirus, and adenoviruses account for 25 to 35 percent; corona viruses for 10 percent; and unidentified viruses for the remainder. As most URIs are self-limiting, their complications are more important than the infections. Acute viral infections predispose children to bacterial infections of the sinuses and middle ear, and aspiration of infected secretions can result in LRIs.

**Acute Pharyngitis** Acute pharyngitis is caused by viruses in more than 70 percent of cases in young children. Streptococcal infection is rare in children under five and more common in older children. In countries with crowded living conditions and populations that may have a genetic predisposition, poststreptococcal sequelae such as acute rheumatic fever and carditis are common in school-age children but may also occur in those under five. Acute pharyngitis in conjunction with the development of a membrane on the throat is caused by *Corynebacterium diphtheriae* in developing countries. However, with the almost universal vaccination of infants with the DTP vaccine, diphtheria is rare now.

#### Acute rhinopharyngitis

This term involves common cold and other disorders caused by acute viral rhinitis. Acute rhinopharyngitis is the most frequent type of upper respiratory infection in childhood. Children younger than five years may have between five and eight episodes a year. This situation is almost exclusively caused by viruses, such as rhinovirus, coronavirus, respiratory syncytial virus (RSV), parainfluenza virus, influenza virus, and coxsackie viruses, adenovirus and some rarer types of viruses.<sup>1</sup> Due to the inflammation of the nasal mucosa the ostia of the paranasal sinuses and eustachian tubes may become obstructed, which allows the development of secondary bacterial infection (sinusitis and acute otitis media). Some etiologic agents, such as RSV and adenovirus, may be associated with the development of lower respiratory tract

infection. The flu, caused by the influenza virus, is usually classified separately from the common cold and is characterized by URTI with greater clinical repercussion. The child may present with high-grade fever, prostration, myalgia and chills. Symptoms like runny nose, cough, and pharyngitis may not be so important, since more intense systemic symptoms occur. Fever, diarrhea, vomiting and abdominal pain are common in younger children. Cough and fatigue may last for weeks. – Mode of transmission: droplets produced by coughing and sneezing (just as an aerosol) or by the contact of contaminated hands with the airway of healthy individuals. – Communicability: remarkable in closed and semi-closed communities, such as household, day care centers (important to infant morbidity), and schools, among others. – Incubation period: 2-5 days. – Period of communicability: from a few hours before to some days after the onset of symptoms. Signs and symptoms Rhino pharyngitis may commence with sore throat, runny nose, nasal congestion, sneezing, dry cough, and fever of varying degree, usually higher in children younger than five years. Some patients with this infection do not have fever. Certain types of viruses may cause diarrhea. The following signs or symptoms may occur: – In infants: restlessness, easy crying, unwillingness to eat, vomiting, sleep disorders, breathing difficulty due to nasal congestion in younger infants. – In older children: headache, myalgia, chills. The physical examination reveals congestion of the nasal and pharyngeal mucosa and hyperemia of the tympanic membranes. The latter finding, separately, is not a diagnostic element of acute otitis media, especially if the child cries during otoscopy. Nonspecific mild disorders of the tympanic membrane may be associated with viral infections, given that these agents may be associated with middle ear infection.

**Acute Ear Infection** 30 percent of URIs are associated with acute ear infections. If there is inadequate medical care, it can lead to perforated eardrums and chronic<sup>12</sup> ear discharge in later childhood and finally to hearing impairment or deafness. Repeated

episodes of acute ear infection leads to chronic ear infection and it is common in developing countries, seen in 2 to 6 percent of school-age children. The resulting hearing loss can be disabling and may affect learning. Repeated ear infections can result in mastoiditis, which can spread infection to the meninges. Worldwide mastoiditis and other complications of URIs account for nearly 5 percent of all ARI deaths.

Kali group of remedies having Basic nature like

- Kali family is made up of Potash in addition with other salts
- Profound muscular weakness and eventually paralysis. Lassitude, weakness, heaviness of extremities, depression of the sexual powers, sexual erethism.
- Affect markedly the mucous membranes – producing congestion, inflammation, ulceration and increased and altered mucous discharges. They have a power to arrest abnormal secretions.
- Kali salts produce an instability of the nerves; easy startling from noise or touch
- Oedematous swelling, twitching, jerking, choreic movements and convulsions. Stitching, shooting, tearing and wandering pains.
- Lack of vital heat; chilly patient
- Kali patient is dropsical, debilitated, destructive, rheumatic and epileptic. Anxious, agitated, dependent, conformist, irritable, weak-willed, restless, religious, selfish, insecure and oversensitive.
- They are routinist, conventional and traditional. They follow ISOPRAXISM that is imitation in their life. They are conscientious and controlling. They may hide their emotions and express through bodily gestures. They refer to an expression of emotional attachments to other people.
- Aggravation: After midnight, early morning, motion, fat, eating, milk. They have aggravation of the chest symptoms in the forenoon and bowel symptoms in the afternoon

Amelioration: Warm application, deflation

Homoeopathy is a branch of medical science in which diseased persons are treated according to the principle of ‘Similia Similibus Curentur’. The doctrines of

homoeopathy explain health to be the state of an organism in which all the parts of the body and the mind being in a harmony with each other and environment; and disease is a derangement of an organism from it. The mind and body cannot be considered differently and have effect on each other with changes in themselves. Therefore disease cannot be considered to be of only body or mind. Mind and body have to be considered as a whole to consider and treat the diseased organism. Newton of U.K. has proved that light is made up of rays. Again in the same era, it was Michael Faraday of France who proved that light is made up of particles. Both were true. Both were about the same universal truth. In the field of sciences two theories, saying two different truths regarding the same subject becomes unacceptably so there was big rift or chasm. Similarly about 200 years ago it was Dr Hahnemann, who was the first in the medical science to say that every individual is a different individual, as well as an animated body or organisms ultimately governed by life force or vital force. Dr Hahnemann said that his science is based on universal law, the law of the nature.

“No individual has done more good to the medical profession than Samuel Hahnemann”. Hahnemann pointed out to the physicians to their divine duty of cure as a real object. In the first paragraph of Organon he penetrated directly to the heart of matter & declared that “physician’s high and only mission is to restore the sick to health, to cure, as it is termed”<sup>18</sup>.

The concept of cure in homoeopathy is based on that, cure means –

Removal of all signs and symptoms

Restoration of original healthy state of the organism.

Kali group of remedies belongs to mineral kingdom. Potassium is one of the most important elements in the cell economy. The two to three grams of potassium which are brought to the human organism daily from plants does not state anything about how much active potassium is brought to the potassium ion is more reactive than sodium ion. Potassium in ionic state is found in higher concentration inside the cell as

against sodium which is higher in concentration outside the cell.

### **Aims and objectives**

#### **Aim**

To study the efficacy of kali group medicines in the management of upper respiratory tract ailments.

#### **Objectives**

The overall objective of the study was to assess the efficacy of kali group medicines in the management of upper respiratory tract ailments. Specifically, the study attempted to find out the following.

1. To exploring the action of Kali group of medicines in the management of upper respiratory tract ailments.
2. To study the clinical presentation of URI.
3. To study control and management of URI.

### **Research Questions**

Whether Kali group of medicines having significant Role in the management of Upper respiratory tract ailments?

#### **Hypothesis**

#### **Null Hypothesis**

Kali group of medicines not having any significant role in the management of upper respiratory tract ailments

### **RESULT AND CONCLUSION**

My study was done on the topic efficacy of kali group of medicines in the management of upper respiratory tract ailments.

The study is conducted in college OPD and IPD. For the purpose of study patients were selected from college OPD and IPD patients. Design for my research study is a prospective, studies before and comparison studies after research. Samples for study were selected randomly according to inclusion and exclusion criteria.

The sample size of 30 cases was selected by random sampling method, regular follow up's were done for knowing the effects of medicines before and after treatment. Statistical analysis was made at the end of study to see the efficacy of Efficacy of kali group of medicines in the management of upper respiratory tract ailments.

Thus conclusions were made accordingly at the end of study, which are as follows.

### **Gender incidence**

During study it is found that URI is more prevalent in male as compared to females. According to table no. 2 among the total 30 cases 20 (66.66%) were the male, 10(33.33%) were the female.

### **Age incidence**

During the study it is to be found that the prevalence of URI is more prominent in the age of 15-45 year.

### **Fundamental miasm's**

According to table no. 5 out of 30 cases, fundamental miasm's of most of cases are psora in background, as compared to sycosis and syphilis. From this we could understand that majority of URI cases present in psoric phase.

So after study, according to table no. 3 the conclusion is made that total recovered cases are 22 in number i.e.73.33%. Improved cases were 5 in number i.e. 16.66%, not improved cases were 3 in number i.e. 10%.

Thus after doing the analysis of the results obtained it is found that Kali group of medicines have very good role in the management of URI

The second objective of my study is exploring the 'clinical presentation of URI cases and study the control and management of URI through many cases were observed out of which 30 cases of URI were taken for the study.

Kali group of medicines are effective in the management of upper respiratory tract infection. The medicines were prescribed on the basis of totality of symptoms and repertorisation of individual cases were selected on the basis of the susceptibility of the patient, age of patient, seat of the disease and duration of disease etc.

It is observed that results obtained at the end of study that Kali group of medicines are effective in the management of upper respiratory tract infection These medicines treat the disease in a most safe way without producing any complications.

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