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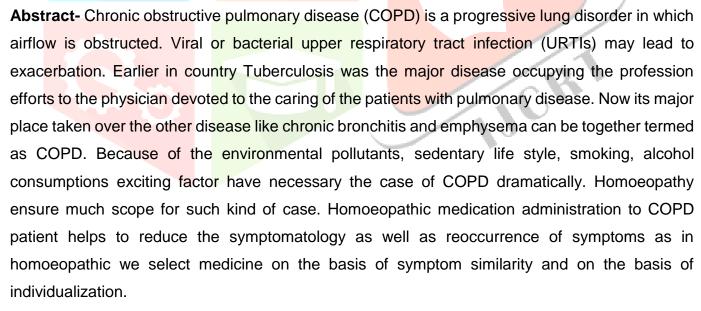
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Impact of lifestyle disorder on the respiratory system resulting in COPD.

DR HOZAIFA AYUBI, PGT

RBTS GOVT. HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL MUZAFFARPUR, BIHAR

DR RAJANI KUMARI, PGT RBTS GOVT. HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL MUZAFFARPUR, BIHAR



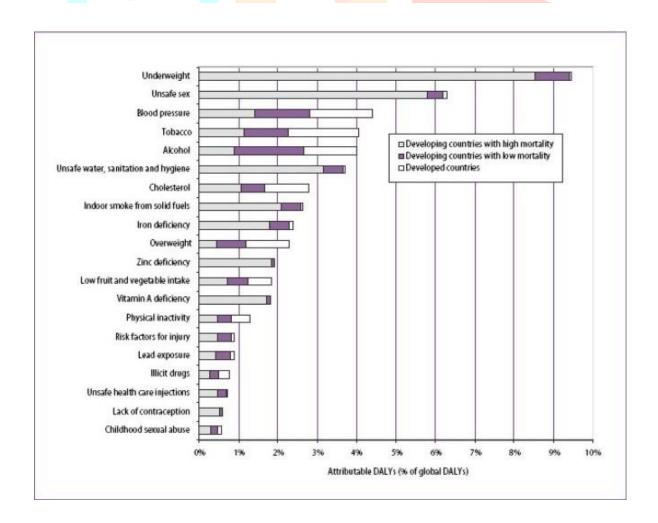
Keyword- *Lifestyle disorder, Respiratory system, COPD, Homoeopathy*

Introduction - As we live in an era where industrialization and westernization leading to a change in life style pattern in our lives. Phenomenal increase in population during the last 3-4 decade has led to a rapid industrialization and high rate of urbanization. This increasing population has created as tremendous burden on the natural resources. Due to this ever-increasing population there is overcrowding, lack of proper housing, unplanned location of industries in urban area, improper ventilation and road traffic congestion has led to unhealthy environment and having adverse effect on human health, animal and aquatic animal and vegetation.

Global organization of lung disease estimated that the COPD will rise 6th to 3rd most common cause of disease world-wide within 2020. It's time for us with the help of holistic approach of treatment to reduce this killer disease. Homoeopathy ensure much scope for such kind of case. We have huge number of medicines in Materia medica and repertory. Although our selection is purely based on totality and individualization.

Epidemiology -

According to a report published by ICMR (Indian Council of Medical Research) in 2017, 3 of the 5 leading individual causes of disease burden in India were noncommunicable, with ischaemic heart disease and chronic obstructive pulmonary disease as the top two causes and stroke as the fifth leading cause. The range of disease burden or DALY rate among the states in 2016 was 9-fold for ischaemic heart disease, 4-fold for chronic obstructive pulmonary disease, and 6-fold for stroke, and 4-fold for diabetes across India. Of the total death from major disease groups, 62% of all deaths were caused by non-communicable diseases (1).



Global Burden of Disease attributable to 20 leading selected risk factors **Source:** World Health Report 2002⁽²⁾.

"MOTIVATION IS WHAT GETS YOU STARTED. HABITS IS WHAT KEEPS YOU GOING". -JIM RYUN (3).

Life style disorder-

Are defined as the disease linked with the way people live their life. These are non-communicable disease caused by lack of physical exercise, unhealthy eating, alcohol consumptions, drugs and smoking. Disease that mostly have an effect on our life style are cardiovascular disease, stroke, obesity, diabetes mellitus, hypertension, respiratory disease especially COPD. The diseases that appear to increase in frequency as countries become more industrialized and people live longer can include (4).

Causes- lifestyle and diet are the major factor which influences the susceptibility of the many disease, drug abuse, alcohol drinking and tobacco smoking as well as lack of exercise may also increase the risk of developing many diseases epically in later phase of life.

Consumption of more milk and dairy product, vegetables oil, Tabaco, sugar food. Alcohol consumption during the later stage of life of the 20th century. People developed the sedentary lifestyle and greater rate of obesity. Rates of cancer is also increasing during the early dietary changes.

Factors responsible for lifestyle disease-

Modifiable factors	Non-modifiable factors
Unhealthy eating habbits	Age
Sed <mark>entary lifestyle</mark>	Race
Lack of physical exercise	Gender
Stress and Anxiety	Heredity
Poor sleep	
Alcoholism	
Drug abuse and Smoking	
Obesity	

Effects of lifestyle disorder-

Health

- Early morbidity
- Early mortality

Household

- increase expenditure on helath of family members
- decrease in wealth

Economy

- major productivity risk
- · increase income inequities

The major impact is on the developing country due to the increasing population, urbanization, changes in lifestyle.

Lifestyle and COPD-

COPD - Chronic obstructive pulmonary disease, which includes chronic bronchitis and emphysema, is a progressive disease characterized by airflow limitation /obstruction that is either not reversible at all or only partially reversible. The airflow obstruction in COPD is associated with abnormal inflammatory response of the lungs to chronic inhalational exposure from smokes, dusts and gases. COPD includes chronic obstructive bronchiolitis with fibrosis and obstruction of small airways and emphysema with enlargement of air spaces and destruction of lung parenchyma, loss of lung elasticity and closure of small airways. Most patients with COPD have all the three pathological mechanisms (chronic obstructive bronchiolitis, emphysema and mucus plugging) as all are induced by smoking but may differ in proportion of emphysema and obstructive bronchiolitis (5)

Increasing population is not the only cause of increased prevalence of COPD observed in the industrialized countries but other risk factors must be taken into account. The tobacco smoking epidemic, which hit the developed countries, especially among young people and subsequently among women, and spreading in other countries, is the most important cause.

Cigarette smoking is by far the commonest cause of COPD but there are other modifiable risk factors including air pollution, particularly indoor air pollution from burning fuels and occupational exposures.

Lifestyle disorder causing COPD

There are other important factors which effects the respiratory system and causes COPD.

- 1. Smoking
- 2. Work exposure or occupational disease
- 3. Air pollution
- 4. Diet
- 5. Alcohol.

SMOKING- Smoking is the first and most important causative factor in development if COPD. Mortality of COPD from smoking is increasing now a day.

Emphysema, a major component of COPD, is thought to be due to an excess of proteases, causing destruction of elastin and collagen matrix supporting the lung structure. Tobacco smoking causes an influx of neutrophils into the lungs and a subsequent release of elastase and proteases. Oxidants inhaled from tobacco smoke and released from the activated inflammatory cells play a role in the development of emphysema by impairing endogenous antiproteases.

Large group of people, men, women and children smokes foe pleasure, relaxation, relief of tension. ⁽⁶⁾.

Prenatal smoking-

Prenatal exposure to substances inhaled by the smoking mother may be a risk factor for COPD. Maternal smoking is related to lung function deficits in neonates.

Postnatal exposure to tobacco smoke conveys increased risks of lower respiratory infections and reduced lung function. Smoking during pregnancy affects the lung growth and development in uterus and possibly the priming of immune function. Infants of smoking parents have more respiratory illness than infants of non-smoking Parental ⁽⁷⁾.

WORK EXPOSURE AND OCCUPATIONAL DISEASE- For many years we know that the chronic exposure to fumes, chemical substance and dust in the work place are the main factors foe development of COPD.

The most important are grain, coal, cadmium, other mineral and welding fumes.

Dust is the most important cause if obstruction of airways in occupational works. When the exposures are sufficiently intense or prolonged, occupational dust and chemicals can cause COPD independently of cigarette smoking. It increases the risk of disease in presence of concurrent smoking ⁽⁸⁾.

AIR POLLUTION- Air pollution is another important risk factor for COPD. Chronic exposure to elevated air pollution seems to have connection with chronic bronchitis and lung function impairment.

The main factors for the deterioration of urban air quality are growing industrialization and increasing vehicular traffic. Outdoor pollutants include fossil fuel smoke, sulphur dioxide, nitrogen

dioxides and ozone. Air pollution has worsened due to traffic congestion, poor housing, poor sanitation, and drainage and garbage accumulation.

DIET-The Westernize diet of developed countries is characterized by excess of fat and free sugars and deficiency of complex carbohydrate foods-the main source of dietary fibres. This new diet pattern is perceived as a status symbol and readily accepted by other affluent communities. Within the urban setting, the food industry exerts substantial influence by promoting consumption of soft drinks, meat products, confectionary, snack foods, and other convenience foods rich in free sugars and fats.

ALCOHOL- Alcohol consumption has increased in recent decades, with most or all of this increase occurring in developing countries. Both average volume of alcohol consumption and patterns of drinking vary dramatically between sub regions. Heavy alcohol consumption was associated with respiratory symptoms and reduced lung function (9).

HOMOEOPATHY AND LIFESTYLE DISORDER-

Homoeopathy plays a Significant role in curing the lifestyle disorder and play an important role in delaying the occurrence if the lifestyle disease and also helps in management of the same. Homoeopathy treats patient through the holistic approach and consider every individual character of one person along with the symptoms of the diseases. Homoeopathy is depending upon the law of similia similibus curentur. Homoeopathic medicine prescribed on the basis of symptoms similarity of the drug and the patient.

When the person is affected by any kind of disease his Immunity is usually broken down because of the inappropriate relation with surroundings environment, following unhealthy lifestyle, irregular eating habits etc. if the susceptibility of the patient is lowered because of any of the cause mentioned above he is prone to suffer from various disease. Homoeopathy is the system of the medicine where body's own defence system if a correct similimum is prescribed.

Homoeopathy is very useful in treatment of psychosomatic disorder, autoimmune disorder, geriatric and paediatric disorder, ailments during pregnancy, obstinate skin disease, lifestyle disorder and allergies, etc. it has also had positive role in improving the quality of life in incurable disease like cancer, HIV/AIDS, terminally ill patients and incapacitating disease like rheumatoid arthritis.

Organon in relation to lifestyle disorder -

Dr Hahnemann has mentioned about lifestyle disorder in following sections

Sec 4 - He is likewise a preserver of health if he knowshow to remove them from person in health.

Sec 5- Useful to the physician in.........of the most probable exciting cause of the acute disease...... its fundamental cause....... Mode of living and habbits, his social and domestic relation...... has to be taken into consideration.

<u>Sec 78 FN</u>- During the flourishing years of youth and with the commitment..... vital principle has become disturbed by debilitating passions....... when discovered by inappropriate medicinal treatment.

<u>Sec 94</u> – while inquiring into the state of chronic disease...... his occupation, his usual mode of living and diet, his domestic relation..... recovery may be promoted.

<u>Sec 208</u>- The age of patient, his mode of living...... or in how far they may favour the treatment..... or requires to be directed encouraged or modified.

<u>Sec 261</u>- the most appropriate regimen during......active exercise in the open air in almost all kind of weather......unmedicinal food and drink, etc (10).

According to the Stuart M. Close in the chapter LIFE, HEALTH & DISEASE Health is that balanced condition of the living organism in which the integral, harmonious performance of the vital functions tends to the preservation of the organism and the normal development of the individual. Disease is an abnormal vital process, a changed condition of life, which is inimical to the true development of the individual and tends to organic dissolution.

Vital phenomena in health and disease are caused by the reaction of the vital substantial power or principle of the organism to various external stimuli. So long as a healthy man lives normally in a favourable environment he moves, feels, thinks, acts and reacts in an orderly manner. If he violates the laws of life, or becomes the victim of an unfavourable environment, disorder takes the place of order, disease destroys ease, he suffers and his body deteriorates (11)

ROLE OF HOMOEOPATHY IN LIFESTYLE DISORDER-

The multifactorial causation of lifestyle disorder includes changes in lifestyle, lack of food, lack of physical exercise, smoking, stress, ageing, excess use of electronic appliances etc...

In general, for management of the lifestyle disease, along with homoeopathic treatment the following lifestyle changes should be adopted-

- A time table for daily activities with sufficient time for exercise and entertainment should be prepared.
- 2. Daily walking for 15 minute or 2-3 kilometre per day.
- 3. Avoid fried food, junk foods, oily foods, food and drink rich sugar, avoid excess salt intake of food.
- 4. Avoid taking addictive, smoking, alcohol drinking and taking drugs intramuscular or injectable.
- 5. Take healthy food which include fibres and mineral and vitamin.
- 6. Adequate sleep.

7. Periodic medical check-up.

Important Homeopathic medicine for COPD-

Bryonia Alba: A wonderful remedy in homeopathic treatment for COPD in patients who have dry hacking cough with rust-coloured sputum. Any slightest motion seems to increase the complaints. Cough occurs immediately after entering a warm room. Cough dry as if coming from stomach with stitches in side of chest. Thirst for large quantities of water at long intervals.

<u>Arsenic Album</u>: Useful remedy in case of COPD in patients who have cough worse at midnight; worse lying on back. Expectoration scanty, frothy. Darting pain through the upper third of lung with unquenchable thirst.

<u>Calcarea Ostrearum</u>: Leuco-phlegmatic Constitution, takes cold easily. People looks fat or very thin. Sweaty head on sleeping which soaks the pillow Desire eggs. Affinity for Right middle lobe of lung complaints. Dyspnoea worse by ascending stairs, exertion. Ice-cold feet, wants to wear socks yet want to uncover them when warm.

<u>Phosphorus</u>: Patient is young, tall, weak, narrow chest, anxious look with pale face. Bleeding tendency, sensitive to odours. Great anxiety about future & his own health, Fear of darkness & being alone. Catches cold easily with desire for open air. Pain in chest worse by lying on left side, inspiration & cough.

<u>Rumex Crispus</u>: Useful in homeopathic treatment for COPD in patients who have dry teasing cough initially, followed by stringy cough. Complaints increase on talking, by pressure and taking in cold air.

<u>Sulphur-</u> Alternatively hot and cold burning feet, must be put out of bed to cool them. Lean debilated and stoop shouldered. Red dry lips, constipated with difficulty and hard stool, morning diarrhoea, drives out of bed. Drinks much and eats less. Accompanied skin disease.

Spongia Tosta- A remedy especially marked in the symptoms of respiratory organs, cough and croup, etc. anxiety and difficult breathing. Cough dry, barking, croupy; larynx sensitive to touch. Respiration short, panting, difficult, sensation of plug in the larynx. Cough abates after eating and drinking, especially warm drinks. Bronchial catarrh with wheezing, asthmatic cough, worse cold air, with profuse expectoration and suffocation, worse lying, with head low and in hot room⁽¹²⁾.

Reportorial approach to COPD -

RUBRICS OF COPD FROM SYNTHESIS REPERTORY

- 1. MIND FEAR coughing; of children; in bronchial catarrh; with
- 2. MIND ANXIETY mucus; from accumulation of bronchi; in
- 3. COUGH ALTERNATING with bronchitis
- 4. CHEST INFLAMMATION Bronchial tubes
- 5. CHEST INFLAMMATION Bronchial tubes acute
- 6. CHEST INFLAMMATION Bronchial tubes chronic

- 7. CHEST INFLAMMATION Bronchial tubes old people
- 8. GENERALS HISTORY; personal bronchitis; of recurrent
- 9. CHEST EMPHYSEMA
- 10. RESPIRATION DIFFICULT emphysema, in

RUBRICS OF COPD FROM KENT'S REPERTORY

- 1. RESPIRATION- DIFFICULT beer, after
- 2. RESPIRATION- DIFFICULT emphysema, in
- 3. RESPIRATION-OBSTRUCTED
- 4. CHEST EMPHYSEMA
- CHEST- INFLAMMATION Bronchial tube, aged people
- 6. CHEST INFLAMMATION -lungs, of drunkards
- 7. CHEST TIGHTNESS (13).

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