



MANAGEMENT OF ACUTE COUGH WITH HOMOEOPATHY

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ABSTRACT:

Homoeopathy system of medicine is gaining faith in treating as well as curing chronic diseases, but as our literatures guides and our day to day clinical practice shows homoeopathy has immense capability to treat acute diseases as well.

Cough is the most common symptom for which patients or parents seek medical attention ⁽¹⁾.

The aim of homoeopathy is not only to treat cough but to address its underlying cause and individual susceptibility. As far as therapeutic medication is concerned, homoeopathic remedies are available to cure cough that can be selected on the basis of cause, sensations and modalities of the complaints

INTRODUCTION:

Cough is a prominent pediatric concern because children are very prone to respiratory infections like pneumonia, common cold, bronchitis etc ⁽²⁾.

Cough may adversely affect quality of life, sleep, and productivity at daily routine works. Due to cough, children become irritable and this adversely affects their studies, psychosocial life and daily routine.

Based on survey in Indian patients visiting primary health care centers, URTIs were the cause of cough in 12.2% of the patients. Cough is called acute when it lasts less than 3 weeks. Scope of conventional treatment is very limited in cases of upper respiratory tract infection, especially in acute cough.

It is well known that homoeopathic intervention is very useful and helpful in the management of cough in pediatric age group. But here we have to understand management of acute cough at initial stage, because it not only helps to treat the root cause but also the case will not proceed to chronic condition and will help in managing other complaints like coryza, throat pain, irritation, breathlessness etc. Holistic and individualistic approach of homoeopathy also helps the children to lead a healthy life.

EPIDEMIOLOGY & ETIOLOGY:

Cough has a prevalence of 9.6% globally and 5–10% in India. Though it is a reflex action, it affects an individual's quality of life (QoL) when uncontrolled. Acute cough has a prevalence of 9–64%, whereas chronic cough has a prevalence of greater than 10% (7.2–33%) in most countries.

Cough is an important defense mechanism of the respiratory system and helps to bring out the infected secretions from the trachea and bronchi. Cough should not be suppressed in younger children as retention of secretions in their lungs may result in atelectasis and pulmonary complications. On the other hand, persistent cough interferes with the sleep and feeding. It fatigues the child and may result in vomiting.

Cough, a defense and alert manifestation and the most common symptom of respiratory disease, is defined as an explosive and noisy bout of expiration aimed at expelling the unwanted secretions and/or foreign material from the tracheobronchial tree. It may be mild or severe, dry or with expectoration, and acute or chronic / persistent. It can be voluntary as well as involuntary or reflex. After maximal inspiration, air is suddenly released through the partially closed glottis, because of forceful contraction of the expiratory muscles. This produces a bout of cough ^(5, 8, 9).

The cough reflex is controlled by a center in the medulla. Irritation of the pharynx, larynx, trachea, bronchi and pleura is transmitted by afferent impulses through the vagus or glossopharyngeal nerves. Efferent pathways relay to the larynx and respiratory muscles ⁽⁵⁾.

Cough is an important defense mechanism that helps remove infected secretions from the trachea and bronchi. Cough should not be suppressed in young children as retention of secretions may cause atelectasis and pulmonary complications ⁽⁶⁾.

A cough is considered acute if it lasts less than three weeks and chronic if it last longer than four to eight weeks.

Acute cough causes include:

- i. Upper respiratory tract infection (Rhinovirus, Influenza virus, Para influenza, Respiratory syncytial virus, Adenovirus), postnasal discharge due to sinusitis (Streptococci, Haemophilus influenzae or Moraxella, usually in older children), Rhinitis, Hypertrophied tonsils and adenoids, Pharyngitis, Laryngitis and Tracheobronchitis.
- ii. Nasobronchial allergy and asthma
- iii. Bronchiolitis
- iv. Pneumonia and pulmonary suppuration (*S. pneumoniae*, *S. aureus*, *H. influenzae*, *Klebsiella*, *Chlamydia*, *Mycoplasma*, gram-negative bacilli, viral pneumonia)
- v. Measles
- vi. Whooping cough and related syndromes (*Bordetella pertussis*, paraptussis, respiratory syncytial virus, adenovirus)
- vii. Foreign body in the air passage
- viii. Empyema

ICD - 10 Code for Cough ⁽¹²⁾ :

The International Classification of Diseases is a globally used diagnostic tool for epidemiology, health management and clinical purposes. The ICD is maintained by the World Health Organization, which is the directing and coordinating authority for health within the United Nations System.

ICD-10-CM Code for Cough is **R05**

ICD-10 code R05 for Cough is a medical classification as listed by WHO under the range - Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified.

ICD CODE	TYPE OF COUGH
R05.1	Acute cough
R05.2	Sub acute cough
R05.3	Chronic cough
R05.4	Cough syncope
R05.8	Other specified cough
R05.9	Cough, unspecified

Sounds originating from the respiratory system may be heard with or without a stethoscope. Generally, extrathoracic airway obstruction produces inspiratory sounds, intrathoracic major airway produces inspiratory as well as expiratory sounds and distal airway obstruction produces predominantly expiratory sounds.

Sound	Causes	Character
Snoring	Oropharyngeal obstruction	Inspiratory, low pitched, irregular
Grunting	Partial closure of glottis	Expiratory
Rattling	Secretions in trachea/bronchi	Inspiratory, coarse
Stridor	Obstruction of larynx or trachea	Inspiratory sound; may also have expiratory component
Wheeze	Lower airway obstruction	Continuous high-pitched musical sound; expiratory

HOMOEOPATHIC MANAGEMENT:

1. **ARSENIC ALBUM:** Unable to lie down; fears suffocation. Air passages constricted. Asthma worse midnight. Burning in chest. Suffocative catarrh. Cough worse after midnight; worse lying on back. Expectoration scanty, frothy. Darting pain through upper third of right lung. Wheezing respiration. Haemoptysis with pain between shoulders; burning heat all over. Cough dry, as from sulphur fumes; after drinking. Worse, wet weather, after midnight; from cold, cold drinks, or food.
2. **RHUS TOXICODENDRON:** Dry, teasing cough from midnight until morning, during a chill, or when putting hands out of bed. Hoarseness from overtraining voice. Worse, during sleep, cold, wet rainy weather and after rain; at night.
3. **ANTIMONIUM TARTARICUM:** Cough worse coming into warm room, with burning sensation in chest, itching of chest, oppression. Loss of voice from becoming overheated. Voice harsh and badly pitched.
4. **PULSATILLA:** Capricious hoarseness; comes and goes. Dry cough in evening and at night; must sit up in bed to get relief; and loose cough in the morning, with copious mucous expectoration. Urine emitted with cough. Expectoration bland, thick, bitter, greenish. Short breath, anxiety, and palpitation when lying on left side. Smothering sensation on lying down.
5. **SPONGIA TOSTA:** Great dryness of all air-passages. Hoarseness; larynx dry, burns, constricted. Cough, dry, barking, croupy. Croup; worse, during inspiration and before midnight. Respiration short, panting, difficult. Cough abates after eating or drinking, especially warm drinks. Irrepressible cough from a spot deep in chest, as if raw and sore. Chest weak; can

scarcely talk. Laryngeal phthisis. Bronchial catarrh, with wheezing, asthmatic cough, worse cold air, with profuse expectoration and suffocation; worse, lying with head low and in hot room. Oppression and heat of chest, with sudden weakness.

6. DROSER ROTUNDIFOLIA: Spasmodic, dry irritative cough, like whooping-cough, the paroxysms following each other very rapidly; can scarcely breathe; chokes. Cough very deep and hoarse; worse, after midnight; yellow expectoration, with bleeding from nose and mouth; retching. Deep, hoarse voice; hoarseness; laryngitis. Rough, scraping sensation deep in the fauces and soft palate. Harassing and titillating cough in children-not at all through the day, but commences as soon as the head touches the pillow at night. Voice hoarse, deep, toneless, cracked, requires exertion to speak. Asthma when talking, with contraction of the throat at every word uttered.
7. HEPAR SULPHUR: Loses voice and coughs when exposed to dry, cold wind. Hoarseness, with loss of voice. Cough troublesome when walking. Dry, hoarse cough. Cough excited whenever any part of the body gets cold or uncovered, or from eating anything cold. Croup with loose, rattling cough; worse in morning. Choking cough. Rattling, croaking cough; suffocative attacks; has to rise up and bend head backwards. Anxious, wheezing, moist breathing, asthma worse in dry cold air; better in damp. Palpitation of heart.

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