CLINICAL RESEARCH

CONTROLLED CLINICAL TRIAL OF HOMOEOPATHIC MEDICINES IN THE MANAGEMENT OF UPPER RESPIRATORY TRACT INFECTIONS

A Controlled clinical trial of Homoeopathic medicines in the management of Upper Respiratory Tract Infections was initiated in 1995 at Extension Clinical Research Unit of DSU, Hyderabad at Princess Durru Shehvar Children's & General Hospital. The objective of the study was to clinically evaluate the efficacy of Homoeopathic medicines in the management of URTI and to compare the effectiveness of homoeopathic medicines with conventional medicines.

The patients were randomly divided into 2 groups, while maintaining similarity in age, sex, nutritional status, social background, frequency of attacks, duration and severity of disease. One group with 455 cases was given Homoeopathic treatment based on totality of symptoms/repertorization/ individualization. Other group with 446 cases was given allopathic treatment with antipyretics, antibiotics and analgesics. There were 53 and 54 cases of Laryngitis, 61 and 60 cases of Pharyngitis, 152 and 150 cases of Rhinitis, 108 and 102 cases of Sinusitis and 81 and 80 cases of Tonsillitis under the study in Homoeopathic and Allopathic groups, respectively.

The effectiveness of homoeopathic drugs in bringing down the raised temperature is found to be as effective as conventional treatment group. Both Homoeopathic and Allopathic medicines were found to be equally effective in bringing body temperature back to normal levels in 2-3 days. Homoeopathic medicines found effective were Calcarea carbonicum 200, Kali bichromicum 200, Natrum muriaticum 200, Hepar sulphuricum 200, Belladonna 200, Conium 200, Arsenicum album 200, Teucrium 200, Arsenic iodatum 200 and Phytolacca 200. The indications of Homoeopathic medicines found effective are:

Rhinitis

Arsenicum album

Thin watery discharge with burning in the nose associated with fever more in the open air.

Hepar sulphuricum

Itching in nostrils with watery discharge, blocking of the nose especially in the night time, complaints aggravated in cold air with

fever.

Gelsemium

Sneezings more in damp conditions associated with headache and

fever. Hypertrophy of turbinates with watery discharge.

Tonsillitis

Belladonna

Redness of tonsils with pain, difficulty in swallowing. Choking in the

throat, it is indicated for more acute complaints.

Calcarea carbonicum

Enlargement of tonsils with difficulty in swallowing and stitching type

of pain, complaints aggravated in cold air.

Hepar sulphuricum

Stitching pain in the throat with chokingaggravated in cold air and

swallowing associated with fever.

Lac. Caninum

Congestion with shining of tonsils. Soreness and rawness of throat.

Pain in the throat extending to ear with low grade fever.

Phytolacca

: Shooting pain in the tonsils aggravated while swallowing, congestion of the tonsils, conditions of follicular tonsillitis. Aggravated by taking

hot drinks.

Pharyngitis

Hepar sulphuricum

Stitching pain in the throat aggravated in cold air and swallowing

associated with fever. Complaints are aggravated more in the

evening better by taking warm drinks.

Belladonna

Congestion of the pharynx with constant desire to swallow. In

condition of acute pharyngeal inflammation with fever.

Natrum muriaticum

Irritation in the throat with dry cough more in the morning. Complaints

aggravated in dry and warm conditions.

Sulphur

Burning and dryness in the throat with congestion complaints are

more in the morning better in dry warm weather.

Laryngitis

Causticum

Rawness and burning in the throat. Chronic hoarseness which is

worse more in the morning associated with great debility.

Ferrum phosphoricum

Hoarseness with soreness of throat and low grade fever more in the

evening better by taking cold drinks.

Sinusitis

Natrum muriaticum

Thin watery discharge with obstruction of the nose especially in the

morning associated with sneezing and fever.

Kali bichromicum

Fullness and stuffing of nose with viral sneezing especially in frontal

sinusitis and headache more in the morning with history of repeated

attacks.

Pulsatilla

Anosmia with halitosis stopping of the nose aggravated in the evening.

Acknowledgements:

The Council acknowledges the contribution of following persons who have conducted this study:

Dr. Shahid Ali, R.O. (H), DSU, Hyderabad

Dr. Sikender Ali, ENT Surgeon, PDSCH, Hyderabad

Dr. Chandeshekhar, ENT Surgeon, PDSCH, Hyderabad

The Council acknowledges the contribution of Director, CCRH and Dr. S.Radha Krishnan Rao, Director and Medical superintendent PDSCH, Hyderabad for their support while conducting the study.

This abstract has been prepared by Dr. VP Singh, Assistant Director (H) CCRH and Dr. Praveen Oberai, RO(H), CCRH