



SCOPE of Kent's Repertory in Upper Respiratory Tract Infections in Children

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ABSTRACT

In the current revolution of the modern age of higher antibiotics which brings immediate results to the suffering humanity in various diseases with the gift of many side effects, Homeopathy takes two steps ahead with simple medicine in minute doses without side effects.

The testimony contained in this thesis is not new, it is a real collection from thousands of pages of our Materia Medica. This work is like a drop from the ocean of knowledge collected from the constants, Dr.Hahnemann until today. I only attach the chain rings. This dissertation provides a brief confirmation, verification of hard facts obtained from the literature for a comparative study of the homeopathic perspective on upper respiratory infections in children.

Homeopathy, a revolutionary system of medicine, based on the law of similitude, where results can only be achieved with homeopathic application of the drug, a similimal application that is possible only after a thorough study of the drug.

Homeopathic Materia Medica consists of a rich and structured study of the human character that we see in everyday life, for its application, the medicine should be like our friends, first we meet as strangers, then a nodding acquaintance and after time a closer friendship. As we get to know a friend more and more, we understand him from his steps and even from the way he rings the doorbell. Similarly, as we read more and more about diseases and medicines, and apply them vividly in practice, we easily understand it, even if it is partially seen or appears disguised, and if we understand our medicines as we understand our friends, we can achieve the similim in a flash. .

Here is an effort to learn "Upper Respiratory Tract Infections in Children with Repertory and Homeopathy". Because modern medicine and our devotees have given a lot about respiratory tract infections. I will only be the connecting thread to the pearls given by the devotees.

In this 21st century, due to modernization and globalization, the world is facing the problem of anxiety, anxiety and various disorders. The destructive tendency is more dominant, indicating a syphilitic miasma.

Keywords :Upper Respiratory Tract Infection, Kent's Repertory, Paediatrics, Homoeopathy and Repertory

Introduction

Total health is still a concern of society today. Many in the medical school, government and others are trying to overcome this problem. Some have solutions, but a universal conclusion is yet to come.

I am trying to collect information and at the same time I want to deal in detail with these problems of upper respiratory tract infections. I will be the only thread connecting the pearls given by these devotees. Still, I'll try my best to come to an acceptable conclusion.

Homeopathy is an art and science based on the principles of Similia Similibus Curenture, which does not cure any disease or any specific condition, but cures the personality through the application of the law of similitude. Here I will also try to treat these patients through this perfect science i.e. Homeopathy. Homeopathic approach to upper respiratory infections is my sincere effort to learn, understand and find solutions.

Hahnemann about the understanding of a new general principle in therapeutics, he was confronted with the problem of creating a completely new materia medica and repertoire, with the help of which it would be possible to apply the principle in practice. If the disease was to be treated according to the principle of similarity of symptoms, it was necessary to know what symptoms the drug could produce in healthy persons, since these would be the only symptoms that could resemble those of the sick person.

Undaunted by the scope of the task, it was Dr. Hahnemann, who set about creating a repertoire through "Fragments De Varibus Medica Mentorom Positivis" and Dr. Boenninghausen opened the door to the repertory by publishing the first repertory in the world of homeopathy, i.e. the "Repertoire of Antipsoric Remedies".

Material and Methods

Sources of data:

The subjects for this study have been selected from those paediatric patients with skin rash who attended in the O.P.D. as per the inclusion criteria.

Method of collection of data:

- Clinical history.
- All the patients were subjected based on the Clinical presentation, Clinical examination and
- All cases were recorded and processed on the standardized case record.
- Treatment has been given Homoeopathically,
- A total of 30 cases were selected for this study from the OPD.
- The similimum has been selected by appropriate methods.
- The samples were divided randomly into high and low potency groups.
- The follow-up criteria have been drawn up in advance, to study the manner and rate of response of the symptoms in both the groups.
- In most of the cases a start was made with low potency and observed for 3-4 weeks or more. Then they were switched on to high or higher potencies to find out the speed of improvement and duration of the period of relief.

For this study I have selected my patients under the following inclusion criteria:

- ◆ All patients with skin rash were included for this study.
- ◆ The duration of this study for each case has been kept for 1-15 days unless the patient shows dramatic response before the scheduled time.
- ◆ In this study I have considered the potencies upto 30c as lower potency and the potencies 200C and above as higher potency.
- Data receiving: Each patient will be given adequate time and data will be elicited in comprehensive manner as to elicit proper Patient's picture in the disease.
- Processing of the case will be done as per the principles and guidelines of Homoeopathy.
- References from Repertory will be availed for the selection of a remedies. All the cases will be followed up for sufficient period required as per the guidelines from Organon of Medicine and Homoeopathic Philosophy.
- References from materia medica will be availed for selection of a single remedy out of indicated group of remedies.
- Summary will be drawn after study of all relevant patients.
- Result and discussions.
- Summery and conclusion will be drawn by applying the statistics in concern.

Review of Literature

Upper Respiratory Tract Infections:-

Upper respiratory tract infections continue to be a major cause of morbidity and mortality worldwide, with patients of extreme age, especially children, or those with pre-existing lung disease or immunosuppression being particularly at risk.

Viruses are the most common cause of upper respiratory tract disease, with bacteria responsible for most community-acquired and hospital-acquired pneumonia in adults.

The vast majority of these illnesses, of which acute coryza (the common cold) is by far the most common, are caused by viruses. Immunity is short-lived and virus-specific.

Children are more susceptible to U.R.T.I. due to a foreign body in the respiratory tract, infections, inhalation of environmental irritants such as tobacco smoke, dust, nasal discharge, measles, whooping cough, runny nose, hypertrophied tonsils, adenoids, allergies and weather changes.

Other viral infections include acute laryngitis and acute laryngotracheobronchitis.

Bacterial infection is a common cause of acute tonsillitis, otitis media and epiglottitis.

Most patients with upper respiratory tract infections recover quickly and a specific examination is indicated only in more severe diseases. The possibility of acute epiglottitis, which represents a medical emergency, must always be considered.

Viruses can be isolated from exfoliated cells collected in throat swabs and can be retrospectively identified by serological tests. Some viruses can be identified in exfoliated cells by the fluorescent antibody technique, allowing faster identification of the pathogen. Throat swabs may also be helpful if strep throat is suspected and a blood test reveals infectious mononucleosis.

Radiographic examination may be required if an underlying chronic infection involving the sinuses is suspected.

The most common and important infections of the upper respiratory tract are

- 1) Acute coryza (common cold)
- 2) Acute laryngitis
- 3) Acute laryngotracheobronchitis (croup)
- 4) Acute epiglottitis
- 5) Acute bronchitis
- 6) Acute tracheitis
- 7) Flu

Respiratory infections caused by viruses are

- 1) Epidemic influenza
- 2) Flu-like illness
- 3) Sore throat
- 4) Colds (coryza)
- 5) Feverish cold
- 6) Rear
- 7) Bronchitis
- 8) Bronchiolitis
- 9) Pneumonia

ACUTE CORYZA:-

Viral infections of the nose are very common in the children's age group, in some children they occur as often as once every 1 or 2 months.

CLINICAL SIGNS:-

- Quick start. A burning and tickling sensation in the nose
- Sneezing
- Sore throat
- Stuffy nose with watery discharge
- Discharge usually green or yellow after 24-48 hours
- Nasal allergy can cause similar clinical symptoms

COMPLICATIONS:-

- Sinusitis
- Lower respiratory tract infection (bronchitis/pneumonia)
- Hearing impairment
- inflammation of the middle ear due to blockage of the Eustachian tubes).

ACUTE LARYNGITIS-

CLINICAL SIGNS:-

- Often a complication of acute coryza
- Dry sore throat
- Hoarse voice or loss of voice
- Attempts to speak cause pain
- Initially painful and unproductive cough
- Stridor in children (croup) due to inflammatory edema leading to partial obstruction of the small larynx

COMPLICATIONS:-

- Usually rare
- Chronic laryngitis
- Downward spread of infection can cause tracheitis, bronchitis or pneumonia.

ACUTE LARYNGOTRACHEOBRONCHITIS (CROUP)-

It is a viral infection of the upper respiratory tract and often presents in children aged 1-5 with biphasic stridor, a brassy or "barking" cough and a low-grade fever. Symptoms usually take a few days to appear.

Causative viruses include parainfluenza type 1, RSV, influenza, adenovirus, and rhinovirus.

Chest x-ray reveals a Charist narrowing of the subglottic area known as the "tower sign"

As the obstruction increases, stridor becomes more prominent with suprasternal and sternal recession. The child becomes restless and anxious with rapid breathing due to increasing hypoxemia. Eventually, cyanosis appears. As the obstruction worsens, breath sounds may become inaudible and stridor may appear to subside. Unfortunately, this can be misinterpreted as clinical improvement

CLINICAL SIGNS:-

- Initial symptoms like a common cold
- Sudden attacks of coughing accompanied by stridor and dyspnoea.
- Contraction of auxiliary muscles and drawing in the intercostal spaces.
- Cyanosis and asphyxia in young children if appropriate treatment is not provided.

COMPLICATIONS:-

- Asphyxia
- Death
- Superinfection with bacteria ,especially Strep. pneumoniae and strep.aureus

Viscid secretions may occlude bronchi

ALLERGIC COLD :-

Clinical signs:-

- Sneezing
- Itching
- Nasal congestion
- Mucoid rhinorrhea
- Sometimes itching and redness of the conjunctiva is present
- Symptoms can be seasonal or year-round

Etiology:-

Inhalation allergens such as mites, pollen, spores are the most common cause; food allergy, e.g. to cow's milk, is rarely affected.

Accurate diagnosis may require demonstration of increased eosinophils in the blood and nasal mucus and skin and a serological test to demonstrate a specific IgE response to various allergens. These tests establish an atopic etiology and help differentiate it from other conditions causing similar symptoms, such as vasomotor rhinitis, viral rhinitis, and adenoid hypertrophy.

Prevention-

Reduce your exposure to pollen.

Rubrics taken from Kent's Repertory

RESPIRATION

ACCELERATED : Absin., acet-ac., **Acon.**, aesc., *agar.*, *ail.*, alumn., *am-c.*, aml-n., **Ant-t.**, anthr., apis., *apoc.*, *arg-n.*, *arn.*, ars-i., **Ars.**, *asaf.*, *aspar.*, *aur.*, bar-c., bar-m., **Bell.**, bor., *brom.*, **Bry.**, *calc-p.*, calc., *camph.*, cann-i., cann-s., *canth.*, carb-ac., carb-s., **Carb-v.**, cast., *cedr.*, *cham.*, **Chel.**, chin-a., *chin-s.*, *chin.*, chlor., cimic., *cina.*, clem., *coe-c.*, *coca.*, cocc., coff., *colch.*, coloc., con., *cop.*, crot-h., cub., **Cupr.**, cycl., *dig.*, dulc., **Gels.**, *glon.*, hell., *hep.*, hydr-ac., hydr., *hyos.*, *ign.*, *iod.*, **Ip.**, kali-ar., *kali-bi.*, kali-c., *kali-i.*, kali-n., *lact.*, laur., led., **Lyc.**, lyss., merc-c., *merc-sul.*, *merc.*, mez., *mur-ac.*, naja., nat-a., nat-c., *nat-m.*, *nux-m.*, *nux-v.*, *op.*, ox-ac., petr., **Phos.**, *phyt.*, *plan.*, plb., *puls.*, rhod., *rhus-t.*, *samb.*, *sang.*, sel., seneg., **Sep.**, *sil.*, spong., squil., stann., *stram.*, sul-ac., **Sulph.**, tab., tub., *verat-v.*, *verat.*, *vesp.*, vinc., *zinc.*

ARRESTED : Acet-ac., alum., anac., ang., apis., arn., ars., bar-c., bell., bor., **Bry.**, *cact.*, *calc.*, *camph.*, cann-s., caps., carb-an., carb-s., carb-v., cast., *caust.*, chin., *cic.*, *cina.*, cocc., con., crot-c., **Cupr.**, euphr., guai., hydr-ac., *ign.*, *iod.*, kali-c., kali-i., kalm., *lach.*, *lat-m.*, *led.*, *lyc.*, merc-c., merc., *mosch.*, naja., nat-m., nat-s., nit-ac., *nux-m.*, *nux-v.*, oena., **Op.**, *phos.*, plat., plb., *puls.*, *ruta.*, **Samb.**, sars., sep., *sil.*, stann., *stram.*, *sulph.*, tab., tanac., ter., thea., ther., *verat.*, verb.

ASTHMATIC : *Acon.*, *agar.*, all-c., aloe., alum., *am-c.*, **Ambr.**, anac., ant-c., *ant-t.*, *apis.*, **Arg-n.**, arn., **Ars-i.**, **Ars.**, arum-t., *asaf.*, *asar.*, *aur.*, *bar-c.*, bar-m., *bell.*, *blatta.*, *bov.*, *brom.*, *bry.*, *cact.*, *calad.*, *calc.*, *camph.*, *cann-s.*, caps., carb-an., carb-s., *carb-v.*, card-m., caust., cham., chel., *chin-a.*, *chin.*, *chlol.*, *cic.*, *cina.*, cist., coc-c., cocc., *coff.*, *colch.*, coloc., con., croc., *crot-h.*, crot-t., **Cupr.**, daph., *dig.*, *dros.*, *dulc.*, eup-per., *eupho.*, *ferr-ar.*, ferr-i., ferr-p., *ferr.*, *gels.*, *graph.*, grat., grin., *hep.*, *hippoz.*, hydr-ac., *hyos.*, *ign.*, *iod.*, **Ip.**, **Kali-ar.**, *kali-br.*, **Kali-c.**, *kali-chl.*, *kali-i.*, **Kali-n.**, *kali-p.*, *kali-s.*, lac-d., *lach.*, lact., *laur.*, *led.*, **Lob.**, *lyc.*, manc., med., meny., *meph.*, merc., mez., *mosch.*, *naja.*, nat-a., nat-c., *nat-m.*, nat-p., *nat-s.*, *nit-ac.*, *nux-m.*, *nux-v.*, ol-an., *op.*, par., petr., phel., *phos.*, *phyt.*, plat., plb., podo., *psor.*, **Puls.**, ran-s., raph., rhod., rumx., *ruta.*, sabin., **Samb.**, *sang.*, sars., sec., sel., *seneg.*, *sep.*, **Sil.**, sin-n., spig., **Spong.**, squil., *stann.*, *still.*, **Stram.**, stront., *sul-ac.*, **Sulph.**, *thuj.*, *verat-v.*, *verat.*, viol-o., viol-t., zinc.

DEEP : *Acon.*, *agar.*, *ail.*, am-m., ant-c., ant-t., **Arg-n.**, arn., ars., **Aur.**, bar-c., bar-m., bell., bor., *bov.*, *brom.*, **Bry.**, *cact.*, *calc-p.*, *calc.*, *camph.*, cann-s., **Caps.**, carb-v., *cast.*, *caust.*, cham., chel., chin-a., chin., chlor., *cic.*, cimx., colch., croc., *cupr.*, *dig.*, *dros.*, euon., *eupho.*, fl-ac., gamb., glon., hell., **Hep.**, *hydr-ac.*, *hyos.*, **Ign.**, *Ind.*, **Ip.**, kali-ar., kali-c., kreos., **Lach.**, lachn., lact., laur., lob., *lyc.*, merc., mez., *mur-ac.*, nat-a., nat-c., nat-m., **Nat-s.**, nice., *nux-v.*, olnd., **Op.**, ox-ac., par., **Phos.**, *plat.*, podo., poth., prun-s., *ran-b.*, ran-s., *rhus-t.*, sars., sec., **Sel.**, **Sil.**, spig., spong., squil., stann., *stram.*,

stry., sul-ac., *sulph.*, tab., ther., thuj., *zinc.*

DIFFICULT : Abies-n., abrot., absin., acet-ac., *acon.*, aesc., *aeth.*, *agar.*, *agn.*, ail., all-s., aloe., alum., alumn., *am-c.*, am-m., *ambr.*, **Anac.**, *ant-a.*, *ant-c.*, **Ant-t.**, **Apis.**, apoc., *aral.*, arg-m., *arg-n.*, *arn.*, *ars-i.*, **Ars.**, arum-t., arund., *asaf.*, *asar.*, *asc-t.*, aspar., astac., aur-m-n., aur-m., aur-s., *aur.*, *bad.*, bar-c., *bar-m.*, *bell.*, *benz-ac.*, bism., *blatta.*, bor., *bov.*, *brom.*, **Bry.**, bufo., **Cact.**, cahin., calad., *calc-ar.*, *calc-f.*, *calc-p.*, *calc-s.*, *calc.*, *camph.*, cann-i., cann-s., canth., *caps.*, carb-ac., carb-an., *carb-o.*, *carb-s.*, **Carb-v.**, *carl.*, cast., **Caust.**, *cedr.*, *cench.*, *cham.*, **Chel.**, chen-a., *chin-a.*, *chin-s.*, **Chin.**, chlol., **Chlor.**, *cic.*, *cimic.*, *cimx.*, **Cina.**, cist., *coc-c.*, *coca.*, *cocc.*, coff., *colch.*, coll., *coloc.*, con., cop., cor-r., *croc.*, *crot-c.*, *crot-h.*, **Crot-t.**, *cub.*, **Cupr-ar.**, cupr-s., **Cupr.**, cur., *cycl.*, *dig.*, *dirc.*, *dros.*, *dulc.*, equis., ery-a., eup-per., eupho., euphr., *ferr-ar.*, *ferr-i.*, *ferr-p.*, **Ferr.**, *fl-ac.*, *gels.*, gins., *glon.*, *graph.*, *grin.*, *guai.*, ham., *hell.*, **Hep.**, hippoz., hura., hydr-ac., hydr., hydr-c., hyos., hyper., *ign.*, indg., *iod.*, **Ip.**, *iris.*, jab., jatr., jug-c., **Kali-ar.**, *kali-bi.*, **Kali-c.**, *kali-chl.*, **Kali-i.**, *kali-n.*, *kali-p.*, *kali-s.*, *kalm.*, kreos., lac-c., **Lach.**, *lact.*, *lat-m.*, *laur.*, led., *lil-t.*, *lith.*, **Lob.**, **Lyc.**, *lycps.*, *lyss.*, mag-c., mag-m., mag-s., manc., mang., *med.*, meli., meny., **Meph.**, **Merc-c.**, *merc-sul.*, *merc.*, merl., *mez.*, morph., *mosch.*, *mur-ac.*, murx., mygal., **Naja.**, nat-a., *nat-c.*, *nat-m.*, *nat-p.*, **Nat-s.**, nicc., *nit-ac.*, **Nux-m.**, *nux-v.*, oena., ol-j., **Op.**, osm., *ox-ac.*, par., petr., *ph-ac.*, phel., **Phos.**, *phys.*, *phyt.*, *plat.*, *plb.*, podo., *prun-s.*, *psor.*, ptel., **Puls.**, *ran-b.*, ran-s., raph., rat., rheum., rhod., *rhus-t.*, rumx., ruta., sabad., sabin., *samb.*, *sang.*, sarr., sars., *sec.*, **Sel.**, *seneg.*, *sep.*, **Sil.**, *spig.*, **Spong.**, **Squil.**, **Stann.**, staph., *stram.*, **Stry.**, sul-ac., **Sulph.**, tab., **Tarent.**, tax., *ter.*, thuj., *tub.*, valer., verat-v., **Verat.**, vesp., viol-o., vip., *zinc.*, zing.

ascending : Acet-ac., *agn.*, aloe., *am-c.*, ang., *apis.*, *arg-n.*, *ars-i.*, **Ars.**, arund., aspar., *aur-m.*, aur., bar-c., berb., *bor.*, *brom.*, bufo., *cact.*, **Calc-ar.**, *calc-s.*, **Calc.**, cann-i., canth., *caps.*, *carb-ac.*, carb-s., *carl.*, cast., cist., *clem.*, **Coca.**, *crot-t.*, cupr., *dirc.*, *elaps.*, *graph.*, grat., hyos., *iod.*, **Ip.**, *kali-n.*, *kali-p.*, led., *lil-t.*, *lob.*, *lyc.*, *lycps.*, **Merc.**, nat-a., **Nat-m.**, *nat-s.*, **Nit-ac.**, *nux-v.*, ol-an., petr., *pic-ac.*, *plb.*, puls., ran-b., rat., *rhus-t.*, *ruta.*, sars., *seneg.*, sep., spig., *spong.*, squil., *stann.*, sulph., tab., ther., thuj., til., zinc.

cough, with : Acon., all-s., **Alum.**, am-c., am-m., anac., **Ant-t.**, aral., *arn.*, *ars-i.*, **Ars.**, aspar., bar-c., bar-m., *bell.*, brom., bry., calad., calc-p., calc-s., calc., *carb-v.*, *caust.*, chin-a., chin., *cina.*, *coc-c.*, con., cor-r., **Cupr.**, *dig.*, dol., **Dros.**, eup-per., euphr., *ferr-ar.*, *ferr-p.*, *ferr.*, *guai.*, *hep.*, hydr-ac., *ign.*, **Ip.**, *kali-ar.*, *kali-bi.*, *kali-c.*, *kali-s.*, *kreos.*, lac-c., *lach.*, lact., *laur.*, led., lob., *lyc.*, merc., *mez.*, mur-ac., nat-m., *nat-s.*, nicc., *nit-ac.*, *nux-m.*, **Nux-v.**, **Op.**, phel., **Phos.**, *rhus-t.*, *samb.*, *sep.*, *sil.*, *spig.*, *spong.*, squil., **Stann.**, sul-ac., sulph., viol-o., zinc., zing.

eating, while : Mag-m.

after : *Anac.*, ant-a., ant-c., apoc., ars., *asaf.*, *asc-t.*, *aur.*, calad., calc., carb-an., *carb-v.*, *cham.*, chel., chin., *dig.*, *kali-p.*, **Lach.**, *mag-m.*, merc., nat-m., *nux-m.*, *nux-v.*, **Phos.**, **Puls.**, ran-b., *rhus-t.*, *sang.*, sanic., sars., *sulph.*, syph., viol-t., *zinc.*

amel. : *Cedr.*, *graph.*, *iod.*, *spong.*

exertion, after : Am-c., am-m., *apis.*, *arg-n.*, *ars-i.*, **Ars.**, *asaf.*, *aur-m.*, benz-ac., bor., *bov.*, brom., **Calc.**, *camph.*, carb-s., *carb-v.*, *cench.*, *cimic.*, **Coca.**, con., *dig.*, *dirc.*, *ferr-m.*, *iod.*, **Ip.**, *kali-ar.*, *kali-c.*, *kali-i.*, **Lach.**, *laur.*, led., **Lob.**, **Lyc.**, **Lycps.**, *merc.*, **Nat-m.**, *nat-s.*, *nit-ac.*, *nux-m.*, *nux-v.*, *ox-ac.*, *ph-ac.*, *phos.*, *puls.*, rat., sars., sep., *sil.*, *spig.*, **Spong.**, squil., *stann.*, staph., sulph., ter., *tub.*, *verat.*

lying, while : Acet-ac., *acon.*, *ant-a.*, *ant-t.*, **Apis.**, apoc., *ars-i.*, **Ars.**, *asaf.*, *aur.*, *bapt.*, bar-m., bor., brom., bufo., *cact.*, calc-s., calc., *cann-s.*, *carb-s.*, **Carb-v.**, cast., caust., *cedr.*, *cench.*, *cham.*, chin-a., *chin.*, cist., con., *crot-t.*, *dig.*, eupho., *ferr-ar.*, *ferr-p.*, *ferr.*, *fl-ac.*, **Graph.**, ham., *hell.*, *hep.*, *kali-ar.*, *kali-bi.*, **Kali-c.**, *kali-n.*, *kali-s.*, *lac-c.*, *lach.*, lact., **Lob.**, *lyc.*, *meph.*, *merc.*, *naja.*, nat-m., *nux-v.*, olnd., phel., *phos.*, *plb.*, podo., *puls.*, rumx., *samb.*, *sang.*, sars., *seneg.*, *sep.*, *sil.*, *spig.*, *spong.*, sulph., syph., tarax., *tarent.*, ter., **Tub.**, zinc., zing.

motion : *Apis.*, *arg-n.*, *arn.*, *ars-i.*, *ars.*, aspar., *bapt.*, **Bry.**, calc., cann-s., caps., *carb-v.*, con., ferr-i., ferr., *graph.*, *iod.*, ip., *kali-ar.*, *kali-c.*, *kali-i.*, led., lob., *lyc.*, merc., *nat-s.*, *nux-v.*, *ox-ac.*, *phos.*, *plb.*, puls., rhod., *rhus-t.*, sabad., *sep.*, *spig.*, **Spong.**, **Stann.**, *tarent.*, *verat.*

GASPING : Acet-ac., *acon.*, *am-c.*, *ant-t.*, **Apis.**, apoc., *arg-n.*, ars-h., *ars.*, *brom.*, *camph.*, canth., carb-an., cast., *chlor.*, *cic.*, *coff.*, *colch.*, *coloc.*, cub., cupr., *dig.*, *dros.*, *gels.*, *hell.*, *hydr-ac.*, hydr-c., *hyper.*, ip., lat-m., *laur.*, **Lyc.**, *med.*, merc., *mosch.*, *naja.*, op., *phos.*, *phyt.*, puls., *samb.*, *spong.*, *stram.*, *stry.*, tab., *tarent.*, thuj.

HOT breath : Acon., aeth., *agar.*, anac., *ant-c.*, *apis.*, *ars.*, *asaf.*, *bell.*, calc-p., calc., cann-s., **Carb-s.**, *cham.*, chel., *coc-c.*, *coff.*, *ferr.*, *kali-br.*, mag-m., mang., med., merl., *mez.*, *naja.*, *nat-m.*, *phos.*, ptel., raph., *rhus-t.*, *rhus-v.*, *sabad.*, squil., *stront.*, sulph., *sumb.*, *zinc.*

IMPEDED, obstructed : *Abrot.*, *acon.*, anac., *ant-t.*, *arn.*, *ars-h.*, *ars.*, aur-m., bar-c., bell., berb., bism., brom., *bry.*, *cact.*, calc-p., calc., *camph.*, cann-s., canth., caps., carb-an., carb-v., caust., *cham.*, chin., chlor., *cimx.*, **Cina.**, *clem.*, *cocc.*, con., *croc.*, *crot-c.*, cub., *cupr.*, *dig.*, dol., eupho., grat., *hell.*, hydr-ac., *ign.*, *iod.*, *kali-bi.*, *lach.*, *laur.*, led., *lyc.*, *merc-c.*, *merc.*, nat-m., nicc., **Nit-ac.**, *nux-m.*, *nux-v.*, *ol-an.*, op., phos., *pic-ac.*, *plb.*, podo., *psor.*, puls., ran-s., rumx., ruta., sabad., *samb.*, sant., sel., *sil.*, *spong.*, squil., *stann.*, *stram.*, sul-ac., sulph., valer., *verat.*, verb., vesp.

IMPERCEPTIBLE : Acon., amyg., *ars.*, benz-ac., carb-ac., chlor., *cic.*, *cocc.*, *gels.*, hydr-ac., merc., morph., *naja.*, *nux-v.*, op., petr., *stram.*

INTERMITTENT, unequal : Ang., **Ant-t.**, bell., calad., carb-ac., carb-an., carb-h., *cham.*, chlor., *cina.*, *coc-c.*, *colch.*, *ign.*, **Nit-ac.**, op., *plb.*, *stry.*, ter., *verat.*

night : Bell.

midnight on waking : Cann-i.

lying down agg. : Ant-t.

sleep, during : *Ant-t.*, op.

IRREGULAR : Absin., acet-ac., **Ail.**, *ambr.*, **Ang.**, *ant-t.*, *ars-i.*, *ars.*, aur., **Bell.**, calad., *camph.*, canth., *cham.*, chin-s., chlor., *cic.*, *cina.*, *clem.*, *coca.*, *cocc.*, *colch.*, *crot-h.*, **Cupr.**, **Dig.**, *dros.*, *gels.*, hippoz., hydr-ac., hyos., *ign.*, *iod.*, *laur.*, led., merc., **Morph.**, *mosch.*, nicc., *nux-v.*, olnd., **Op.**, phos., *plb.*, *puls.*, sep., sol-t-ae., *stram.*, *stry.*, sul-ac., tab., tax., ter., verat-v., zinc.

LOUD : Acon., *agar.*, alum., am-c., ant-t., *arn.*, ars., *bov.*, *brom.*, **Calc.**, carb-s., *carb-v.*, **Cham.**, chin-s., **Chin.**, *chlor.*, *cina.*, *colch.*, con., *cor-r.*, cupr., ferr-m., ferr., gamb., guare., *hep.*, hydr-ac., *hyos.*, *ign.*, **Kali-bi.**, *kali-c.*, *kalm.*, **Lach.**, merc., morph., nat-m., *nat-s.*, *nux-v.*, op., **Phos.**, *puls.*, *rhus-t.*, **Samb.**, *seneg.*, **Spong.**, squil., *stram.*, sul-ac., **Sulph.**, **Verat.**

MOANING : Acon., aeth., *ant-t.*, *ars.*, bell., *cina.*, *coff.*, *colch.*, cupr., *hydr-ac.*, *kali-c.*, *lach.*, *laur.*, *lyss.*, *mur-ac.*, op., phos., *phyt.*, *plb.*, *puls.*, *rhus-t.*, sec., sel., *spong.*, squil., tab.

PAINFUL : *Apis.*, *asc-t.*, brom., *bry.*, chin., *cimx.*, *coff.*, *crot-t.*, jug-c., led., *nit-ac.*, ol-j., *plb.*, **Ran-b.**, *sang.*, viol-o., zing.

morning : Phos.

night : Sang.

inspiration, on : Aesc.

PANTING : Acon., anac., *ant-t.*, *apoc.*, arg-n., *arn.*, ars., *bry.*, bufo., calad., camph., *carb-an.*, caul., cham., chin., chlor., *cina.*, *cocc.*, con., cop., ferr., hyos., *ip.*, jatr., kali-bi., laur., *lyc.*, *nit-ac.*, *nux-m.*, op., **Phos.**, *phyt.*, plan., plb., prun-s., sec., *sil.*, *spong.*, stram., *tarent.*, **Verat-v.**

ascending stairs : **Calc.**, plan.

motion, on : Tarent.

waking, on : Kali-bi.

PAROXYSMAL : Ars., arund., brom., *cor-r.*, *cupr.*, *gels.*, hydr-ac., *ign.*, *ip.*, kali-c., kali-cy., led., *mag-p.*, mez., mill., mosch., mur-ac., nat-m., oena., op., *ox-ac.*, phos., plb., puls., pyrus., *samb.*, stann., sulph., tab., **Valer.**, verat-v., *verat.*

RATTLING : Acet-ac., *acon.*, agar., *all-c.*, alum., *am-c.*, *am-m.*, *ammc.*, anan., ant-ox., **Ant-t.**, *apis.*, **Apoc.**, arg-n., *ars-i.*, **Ars.**, *art-v.*, asaf., *asc-t.*, *bar-c.*, *bar-m.*, bell., brom., bry., bufo., **Cact.**, *calc-p.*, *calc-s.*, *calc.*, camph., *cann-s.*, *carb-an.*, *carb-h.*, carb-s., *carb-v.*, **Caust.**, *cham.*, *chel.*, *chin-a.*, chin-s., **Chin.**, chlor., cic., *cina.*, *coc-c.*, cop., crot-t., cub., **Cupr.**, *dig.*, **Dulc.**, *euphr.*, ferr-ar., ferr-i., ferr-p., *ferr.*, *graph.*, **Hep.**, **Hippo.**, hydr-ac., *hyos.*, *iod.*, **Ip.**, kali-ar., *kali-bi.*, *kali-c.*, *kali-chl.*, kali-i., kali-p., **Kali-s.**, *lach.*, lact., laur., lob., **Lyc.**, lyss., *manc.*, merc., morph., mosch., *mur-ac.*, nat-c., *nat-m.*, *nat-s.*, *nit-ac.*, *nux-m.*, *nux-v.*, op., ox-ac., petr., *ph-ac.*, **Phos.**, *phyt.*, plb., **Puls.**, *pyrog.*, *ran-b.*, rumx., *sang.*, sanic., sant., sars., sel., senec., **Seneg.**, *sep.*, *sil.*, *spong.*, *stann.*, *stram.*, stry., sul-ac., *sulph.*, syph., tab., thuj., *tub.*, *verat.*, *zinc.*, zing.

SIGHING : Acon., agar., am-c., ant-c., *apis.*, *apoc.*, *arg-m.*, *arg-n.*, ars., *aspar.*, bell., *bor.*, **Bry.**, **Calad.**, **Calc-p.**, *calc.*, *camph.*, carb-an., **Carb-v.**, *caust.*, *cham.*, *chin-s.*, cimic., cupr., **Dig.**, eup-pur., *ferr-m.*, *gels.*, glon., hell., hura., **Ign.**, **Ip.**, *lach.*, lact-ac., lact., lil-t., *lyc.*, *lyss.*, *merc-c.*, morph., nat-a., nat-p., nit-ac., *nux-m.*, *nux-v.*, **Op.**, *phos.*, phys., *phyt.*, plb., podo., prun-s., *puls.*, ran-s., sang., **Sec.**, **Sel.**, sil., *spong.*, **Stram.**, sulph., tab., tarent., tax., ther., verat., vip.

SLOW : Acon., ant-t., *apis.*, arn., ars., *asaf.*, **Bell.**, brom., bry., *camph.*, *cann-i.*, caps., cast., chin-s., chin., chlol., cic., clem., *cocc.*, *colch.*, *coloc.*, con., cop., *crot-c.*, crot-h., crot-t., cupr., *dig.*, *dios.*, dros., ferr., *gels.*, glon., hell., *hep.*, hydr-ac., *hyos.*, hyper., *ign.*, *ip.*, *lach.*, laur., lyc., *merc-c.*, morph., nit-ac., *nux-m.*, *nux-v.*, oena., *olnd.*, **Op.**, ox-ac., phos., *phyt.*, plat., plb., sec., *spong.*, squil., stram., sul-ac., tab., verat-v.

SNORING : Acon., aeth., amyg., arn., ars., bapt., bell., benz-ac., brom., calc., *camph.*, *carl.*, *cham.*, *chin.*, cic., con., cund., cupr., cycl., dros., dulc., fl-ac., glon., *hep.*, hydr-ac., *hyos.*, *ign.*, kali-bi., kali-chl., **Lac-c.**, *lach.*, laur., lyc., mag-m., mez., mur-ac., nat-m., nit-ac., *nux-m.*, *nux-v.*, **Op.**, petr., rat., rheum., *rhus-t.*, sabad., samb., sep., sil., stann., *stram.*, stry., *sulph.*, teucr.

ROUGH : Am-c., *ant-t.*, **Bry.**, *hep.*, kali-bi., nit-ac., plb.

crowing (See Croup) : **Bry.**, *chin.*, *chlor.*, cor-r., *cupr.*, *gels.*, **Samb.**, **Spong.**, stann., verat.

sawing : *Ant-t.*, **Brom.**, con., **Iod.**, kaol., lac-c., lact-ac., *sang.*, **Spong.**

between coughs : *Spong.*

SIGHING : Acon., agar., am-c., ant-c., *apis.*, *apoc.*, *arg-m.*, *arg-n.*, ars., *aspar.*, bell., *bor.*, **Bry.**, **Calad.**, **Calc-p.**, *calc.*, *camph.*, carb-an., **Carb-v.**, *caust.*, *cham.*, *chin-s.*, cimic., cupr., **Dig.**, eup-pur., *ferr-m.*, *gels.*, glon., hell., hura., **Ign.**, **Ip.**, *lach.*, lact-ac., lact., lil-t., *lyc.*, *lyss.*, *merc-c.*, morph., nat-a., nat-p., nit-ac., *nux-m.*, *nux-v.*, **Op.**, *phos.*, phys., *phyt.*, plb., podo., prun-s., *puls.*, ran-s., sang., **Sec.**, **Sel.**, sil., *spong.*, **Stram.**, sulph., tab., tarent., tax., ther., verat., vip.

SLOW : Acon., ant-t., *apis.*, arn., ars., *asaf.*, **Bell.**, brom., bry., *camph.*, *cann-i.*, caps., cast., chin-s., chin., chlol., cic., clem., *cocc.*, *colch.*, *coloc.*, con., cop., *crot-c.*, crot-h., crot-t., cupr., *dig.*, *dios.*, dros., ferr., *gels.*, glon., hell., *hep.*, hydr-ac., *hyos.*, hyper., *ign.*, *ip.*, *lach.*, laur., lyc., *merc-c.*, morph., nit-ac., *nux-m.*, *nux-v.*, oena., *olnd.*, **Op.**, ox-ac., phos., *phyt.*, plat., plb., sec., *spong.*, squil., stram., sul-ac., tab., verat-v.

SNORING : Acon., aeth., amyg., arn., ars., bapt., bell., benz-ac., brom., calc., *camph.*, *carl.*, *cham.*, *chin.*, cic., con., cund., cupr., cycl., dros., dulc., fl-ac., glon., *hep.*, hydr-ac., *hyos.*, *ign.*, kali-bi., kali-chl., **Lac-c.**, *lach.*, laur., lyc., mag-m., mez., mur-ac., nat-m., nit-ac., *nux-m.*, *nux-v.*, **Op.**, petr., rat., rheum., *rhus-t.*, sabad., samb., sep., sil., stann., *stram.*, stry., *sulph.*, teucr.

SOBBING : Acon., aeth., am-m., ang., ant-c., asaf., *aur.*, *bry.*, *calc.*, *cupr-ac.*, *gels.*, *guare.*, *ign.*, laur., led., *mag-p.*, merc., nit-ac., ran-s., *sep.*, sil., stram., ther.

paroxysmal : *Mag-p.*

in sleep : **Aur.**, *calc.*

STERTOROUS : Absin., acon., **Am-c.**, amyg., anac., *ant-t.*, *apis.*, arn., ars., bell., bufo., *camph.*, *cann-i.*, *carb-ac.*, carb-an., cham., chen-a., *chin.*, chlol., cic., *cocc.*, cupr., ferr-m., *gels.*, glon., hydr-ac., *hyos.*, kali-bi., *lach.*, laur., lyc., merl., *nit-ac.*, *nux-m.*, *nux-v.*, oena., olnd., **Op.**, petr., phos., plb., *puls.*, sabad., sarr., *spong.*, stann., *stram.*, sul-ac., tab., ter.

STRIDULOUS : Am-caust., **Bell.**, *chlor.*, **Gels.**, **Ign.**, *lach.*, laur., *meph.*, **Mosch.**, nit-ac., *nux-v.*, op., plb., *samb.*, *sang.*, sarr., verat.

evening, on falling asleep : **Phos.**

VEHEMENT, expiration : Bell., caps., chin., ign., stram.

WHEEZING : Ail., aloe., alum., *ambr.*, *apoc.*, aral., arg-n., *ars-i.*, **Ars.**, brom., calad., calc-s., calc., *cann-s.*, caps., carb-s., **Carb-v.**, cham., *chin-a.*, chin., chlol., *cina.*, crot-t., cupr., dol., dros., ferr-i., ferr., fl-ac., graph., hep., hydr-ac., *iod.*, **Ip.**, kali-ar., kali-bi., **Kali-c.**, kali-s., *lach.*, lyc., *lycps.*, manc., merc., murx., naja., *nat-m.*, *nat-s.*, *nit-ac.*, *nux-m.*, *nux-v.*, ox-ac., phos., sabad., *samb.*, sang., sanic., sep., *spong.*, squil., stann., sulph., *syph.*

WHISTLING : Acet-ac., acon., aeth., aloe., alum., *ambr.*, *ant-t.*, arg-n., ars., arund., bell., benz-ac., brom., bufo., calc., *cann-s.*, carb-s., *carb-v.*, *cham.*, chin-a., **Chin.**, coloc., cupr., graph., *hep.*, *iod.*, kali-ar., kali-c., kali-s., kreos., laur., lyc., manc., nat-m., nit-ac., *nux-v.*, osm., ph-ac., phos., sabad., *samb.*, sang., *sil.*, *spong.*, stann., sul-ac., sul-i., *sulph.*, thuj.

Observations:

TABLE - I - AGE & SEX DISTRIBUTION IN GENERAL				
Sl No.	Age Group	Male	Female	Total
1	00 to 05	01	01	02
2	06 to 10	10	07	17
3	11 to 15	05	06	11
	Total	16	14	30

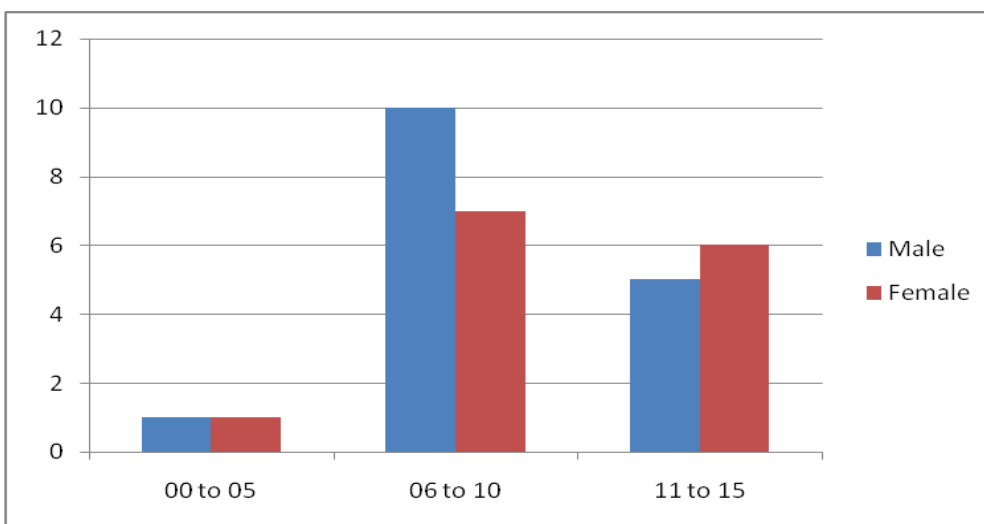


TABLE - II - MIASMATIC BACKGROUND OF CASES			
Sl. No.	Miasm	No. of Cases	%
1	Psora	18	60
2	Sycotic	05	16.66
3	Psoro-Sycotic	04	13.33
4	Psoro- Syphilitic	03	10
	Total	30	100

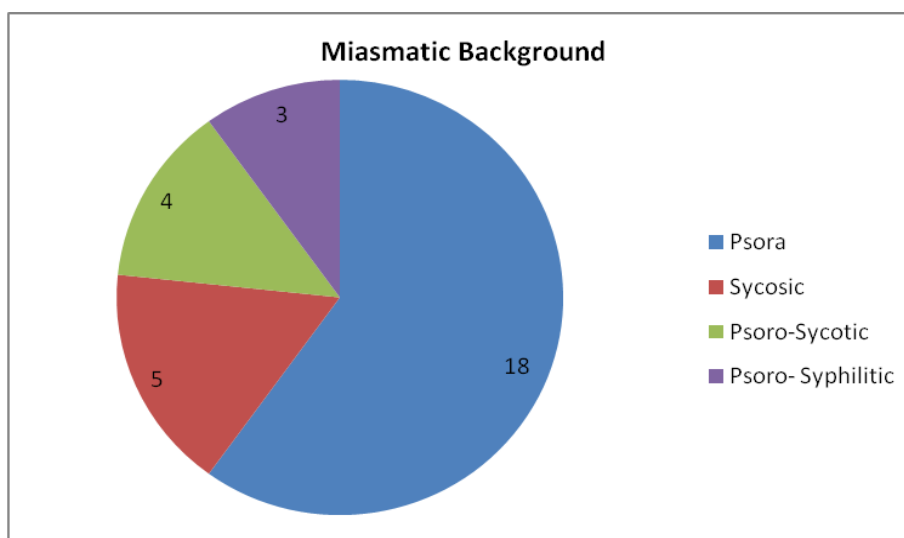


TABLE - III - DISTRIBUTION OF POTENCIES			
Sl. No.	Potencies	No. of Cases	%
1	30	04	13.33
2	200	25	83.33
3	1 M	01	03.33

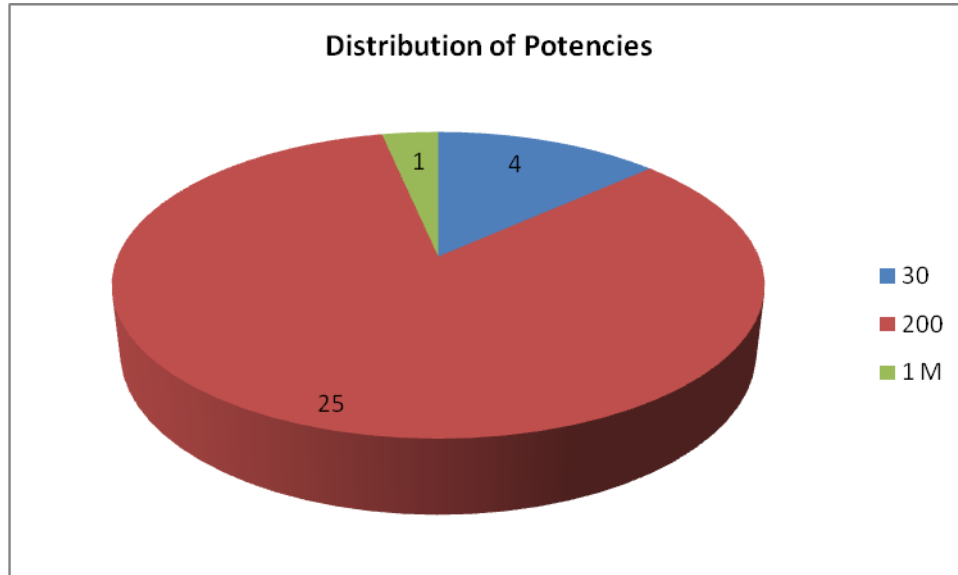
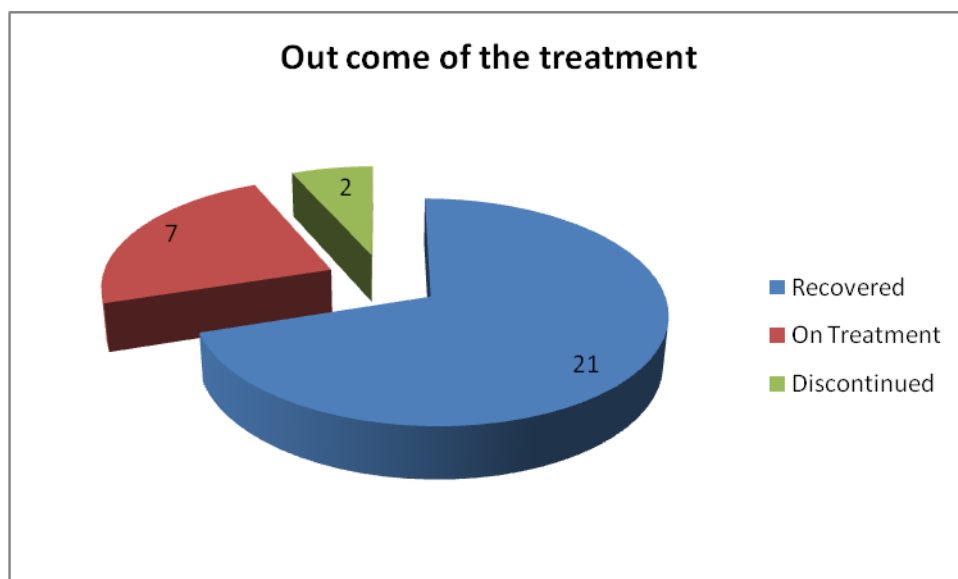


TABLE - IV - OUTCOME OF TREATMENT			
Sl. No.	Out Come of Treatment	No. of Cases	%
1	Recovered	21	70
2	On Treatment	07	25.66
3	Discontinued	2	06.66



Discussion

The case material used for study in this work was drawn from extensive practice based on integrated methodology. They represent a wide spectrum of homeopathic medical practice. This spectrum includes acute diseases caused by acute miasmata and acute exacerbations encountered in the treatment of chronic diseases, chronic diseases caused by chronic miasmata.

They differ in nature, type, mode of propagation, suppression, relief, emotion and extent of their gravity.

In the investigation of all these cases, the scope of the investigation was expanded so much that almost all the data collected could be used for the objectivity of the whole. Data processing, constitution of totals and case management were achieved by an integrated methodology with respect to the scope of the repertoire in the respiratory system. The purpose of this exercise was to verify whether such an approach to case investigation and treatment provides consistent and reliable results, whether it deserves to be adopted as a standardized method in the practice of homeopathy.

Totality in homeopathic practice is obtained by creating a logical relationship between unusual, special, characteristic symptoms. There is no way to know what is unusual unless the common is recognized. Establishing a clinical diagnosis thus becomes a necessity for the homeopath. Clinical diagnosis takes into account, in addition to the patient's history, the findings of the physical examination and data obtained from laboratory tests or such other special examinations. Inclusion of all these in the homeopathic case record therefore becomes vital. The human mind has always proved to be a difficult task for physicians, yet it is so important to know, especially for a homeopathic physician. The mind assumed a dominant position in the logic of combining symptoms to create a homeopathic totality. In modern psychoanalysis, several techniques for examining the mind are proposed. One such method used is to get the patient to interact with written material and examine their responses in order to interpret the mental makeup responsible for them. This technique is used to take over a case with more information. A well-taken medical history provides the doctor with a lot of previous information about the patient he is about to interview. It helps him plan the meeting

In a way that he is able to gather the information he is looking for by retrieving the appropriate techniques.

Taking homeopathic cases is an art and is thus essential in the treatment of the sick. The patient is allowed to let out all his troubles without our interpretation and at the end of the session he is relieved to let out the suppressed emotions. Privacy should be maintained and the patient should be free to speak.

By correlating the concepts of clinical pathology and chronic miasmata, it is possible to classify diseases bearing conventional designations under the appropriate miasmatic heading, to search for the occurrence of the disease in the patient's receptivity, as well as to determine its intercurrent remedy. Recording family and past history thus becomes essential. A physical examination of a patient also tells doctors a lot about the patient's type, the nature of the disease he is suffering from, and its common and unusual features. Evidence of warts, birthmarks, nausea, spotted ribbed or deformed nails, deep and ugly scars from skin diseases, sweat on palms and soles on one side of the body. One side of the body is hot to the touch than the other, the finding of large uterine fibroids or inguinal herniation helps to determine whether it is a surgical or homeopathic case.

Summary and Conclusion

Homeopathic case-taking allows no shortcuts. A physician who confines himself to the examination of the present symptoms and tries to remedy them, deceives the patient and robs himself of the opportunity to know the whole case. The general totality, his expression, mental and physical generals of the patient must be taken accurately. The physical appearance of the patient is also important and should be recorded in the case. A tall, slender individual with a pointy chin and fine eyelashes, or a slim and lanky, hunched-shouldered dirty individual, or a beautiful, fat, flabby child are self-expressions of the cure. The patient dreams and his mental state provides a lot of information about the state of mind.

When recording the child's case, it is important to note the gestational stage of the mother in order to know the environment of the child at an early stage of its development. In women, menstrual cycles, abortions and unwanted pregnancies. Normal and abnormal births, lochia and lactation, as well as complaints attributed to the admission attendant, are also important factors to be recorded in the case.

During case collection, the patient cannot be limited to a pre-set symptom recording set. He cannot follow the area in a row, so he has allowed himself to take freely, but he should leave enough space for each symptom so that we can finish them accurately at the end of his narrative, to get detailed information about them, to cover the case as a whole. then the case is complete and the doctor can hunt for the similimum. He should stop the session because a long interesting story could lose sight of the subject of the investigation. In my work, the scope of the repertoire for upper respiratory tract infections in children is therefore studied.

Despite the wide variation in cases, all were recorded as fully as possible. All the data relating to the various areas that could be ascertained were recorded. Main problems, associated problems, physical description of the patient, his appetite, thirst, desire, aversion, addiction, idiosyncrasy, sexual function, living space, sleep and dream, sensitivity to temperature, weather, form of posture, bath, In each case approach to life, past and family history, and physical and pathological findings as well as findings obtained by specialized techniques were also recorded.

Since the acute cases were of recent origin and the patient vividly remembers all the details regarding his illness, thoughtful case collection was necessary. In each case, the symptoms belonging to the given sector were recorded, as well as these characteristic expressions at a general level.

The collected data were subjected to analysis and synthesis according to the integrated methodology discussed above. An attempt was made to diagnose the disease in each case based on the available data. Conventional methods for this purpose, the patient's symptoms, a brief history of their development and progression. Physical examination findings and available laboratory examination data were focused to a point to arrive at the stated diagnosis.

In some cases, patients have already been examined elsewhere and diagnosed by specialists. Clinical diagnosis served as useful in separating common symptoms from unusual ones. Common symptoms with intensity marked against them were treated as unusual symptoms and transferred to form a whole.

For all chronic cases, attempts were made to define the patient's problem. This made it easy to arrange the symptoms chronologically from birth to the present.

The data obtained in the patient's living space were tabulated as they develop in different phases of his life. Various events and reactions to them were interpreted to assess the underlying mental state responsible for the manifestations. The condition and expressions were arranged on a time scale according to their rating so that the psychodynamics of the case could be understood. The unusual, peculiar, characteristic symptoms on the mental, physical, and pathological levels were then tabulated under the miasmatic heads as they evolved from the stage of predisposition to the stage of disposition. The mental and physical type known from the miasmatic characteristics they presented was added to the above to know the constitution and diathesis of the patient. Prodromal expression was identified wherever it was acquired. Furthermore, the functional and structural phases of the disease were recognized.

The unusual symptoms were then arranged logically in this order, from causatives, modalities, sensations including complaints in general and pathological generals, followed by mental generals to the characteristic signs of the disease, taking note of the subtle changes occurring in expression during their transition from one miasma to the second.

Once the aforementioned miasmatic cleavage was achieved, it allowed for the creation of an evolutionary totality, from this point onwards the similimum could be elaborated by two methods, Repertory and Non-repertory. Where the similimum is evident from the evolutionary totality itself, repertorization was not needed.

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