



TO STUDY EFFICACY ARSENIC ALBUM AND ANTIMONIUM TART IN THE HOMOEOPATHIC MANAGEMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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ABSTRACT:

According to the WHO, COPD is one of the most prevalent diseases in the world and is predicted to be the third leading cause of death by 2030. In 2004, an estimated 64 million people worldwide had COPD, and more than 3 million people died from COPD. It. COPD accounted for 5% of all deaths worldwide in 2005. In 2002, COPD was the fifth leading cause of death, and estimates show that COPD will become the third leading cause of death worldwide by 2030, as nearly 3 billion people worldwide use biomass and coal as their main source of energy for cooking, heating and other household purposes. needs. In India, COPD is the second most common lung disorder after pulmonary tuberculosis. This disease often occurs in middle-aged individuals and is rare under the age of 35. COPD affects men more often because of smoking. Homeopathy is known to have beneficial effects on COPD. Chronic obstructive pulmonary disease (COPD) remains a major public health problem. It is the fourth leading cause of chronic morbidity and mortality in the United States and is projected to be the fifth leading cause of disease burden worldwide by 2020, according to a study published by the World Bank/World Health Organization. In homeopathy, we correct a defective immune response or genetic predisposition to the nature and intensity of the disease, but also to systemic, emotional and many other factors that commonly affect the condition. Homeopathy is known to have beneficial effects on COPD.

KEYWORDS: Chronic Obstructive Pulmonary Disease (COPD), Arsenic Album, Antimonium Tart, Homoeopathy, Homoeopathic Medicine.

INTRODUCTION:

Formerly in this country tuberculosis was the chief disease which occupied the professional efforts of physicians devoted to the care of patients with pulmonary diseases. Now its main place is occupied by two other diseases, chronic bronchitis and emphysema, which together can be described as COPD (chronic obstructive pulmonary disease). Due to the increase in environmental pollutants, cigarette smoking and other harmful influences, the incidence of COPD has increased dramatically in the last few decades. Global Lung Disorders Organization estimates suggest that COPD will increase from the sixth to the third leading cause of death worldwide by 2020. This day is not far. It is time for us homeopaths to save and improve the lives of people affected by this deadly disease. Although patients with COPD may improve with treatment, particularly if an acute infection or exposure precipitates decompensation, COPD by definition implies some degree of fixed, irreversible disease. COPD treatment has been the subject of unwarranted pessimism. It is usually possible to improve dyspnea, reduce the frequency and severity of exacerbations, and improve health status and prognosis. Homeopathy provides a great scope in the treatment of such cases. Although the Homoeopathic Materia Medica offers only palliatives against the whole disease, yet we have at our disposal many more excellent remedies for the limitation and complete cure of exacerbations, and for arresting the further progress of incipient tissue changes; and in this way we are able to give relief which may be called extraordinary in comparison with that obtained by other methods of treatment.

REVIEW OF LITERATURE:

COPD, or continual obstructive pulmonary disease, is a innovative ailment that makes it hard to breathe. Chronic obstructive pulmonary disorder (COPD) has been described by way of the Global initiative for Chronic Obstructive Lung Disease (GOLD), an global collaborative attempt to enhance focus, prognosis, and treatment of COPD, as a disease nation characterised by using airflow hassle that isn't always completely reversible.

HISTORY

COPD has probably constantly existed but has been known as by special names in the past. Bonet described a situation of “voluminous lungs” in 1679. In 1769, Giovanni Morgagni defined 19 instances in which the lungs have been “turgid” specially from air. The first description and example of the enlarged airspaces in emphysema became furnished via Ruysh in 1721. Matthew Baillie illustrated an emphysematous lung in 1789 and described the damaging individual of the condition. Bad ham used the word “catarrh” to describe the cough and mucus hyper secretion of continual bronchitis in 1814. He recognized that chronic bronchitis was a disabling disorder. René Laennec, the doctor who invented the stethoscope, used the term “emphysema” in his e book *A Treatise on the Diseases of the Chest and of Mediate Auscultation* (1837) to describe lungs that did no longer crumble whilst he opened the chest all through an post-mortem. He referred to that they did now not collapse as traditional due to the fact they had been full of air and the airways were filled with mucus. The terms chronic bronchitis and emphysema were officially defined at the CIBA visitor symposium of physicians in 1959. The term COPD become first utilized by William Briscoe in 1965 and has step by step overtaken other phrases to come to be set up these days because the preferred call for this disorder.

EPIDEMIOLOGY

COPD is due to lengthy-time period exposure to poisonous debris and gases. In evolved international locations, cigarette smoking money owed for over 90% of cases. In developing international locations cigarette smoking, in addition to the inhalation of smoke from biomass fuels used in heating and cooking in poorly ventilated areas, are causal factors. COPD is commonplace, affecting approximately 16 million Americans. It is the fourth most common motive of demise in the United States, and mortality from COPD is growing. The occurrence of COPD reflects societal smoking conduct, growing progressively in men inside the United States till the early 1990s and then leveling off. In ladies, COPD turned into formerly unusual, but the prevalence has multiplied and is still growing owing to improved smoking costs in girls.

PATHOPHYSIOLOGY

Persistent reduction in pressured expiratory flow prices is the most ordinary finding in COPD. Increase within the residual extent and the residual extent/total lung capability ratio, nonuniform distribution of ventilation, and air flow-perfusion mismatching also arise. Airflow Obstruction Airflow predicament, also referred to as airflow obstruction, is generally determined by spirometry, which includes forced expiratory maneuvers after the challenge has inhaled to overall lung ability. Patients with airflow obstruction related to COPD have a chronically decreased ratio of FEV1/FVC. (Forced expiratory volume (maneuver) and the full volume of air exhaled at some stage in the complete spirometric maneuver (FVC)). Airflow throughout forced exhalation is the result of the stability among the elastic cringe of the lungs selling go with the flow and the resistance of the airways restricting go with the flow. In regular lungs, in addition to in lungs laid low with COPD, maximal expiratory float diminishes as the lungs empty because the lung parenchyma presents gradually much less elastic recoil and because the go-sectional place of the airlines falls, elevating the resistance to airflow. Pulmonary Hypertension Mild to slight pulmonary hypertension may develop late within the direction of COPD and is due to hypoxic vasoconstriction of small pulmonary arteries, subsequently ensuing in structural changes that include intimal hyperplasia and later clean muscle hypertrophy/hyperplasia. There is an inflammatory response in vessels much like that seen in the airways and evidence for endothelial cellular disorder. The lack of the pulmonary capillary mattress in emphysema might also make a contribution to improved strain in the pulmonary movement. Progressive pulmonary hypertension may additionally cause proper ventricular hypertrophy and in the end to right-aspect cardiac failure (cor pulmonale).

AETIOLOGY

Cigarette smoking Cigarette smoking is the unmarried-most essential and the maximum ordinary chance component for the improvement of COPD. Cigarette smoke includes severa vaporized chemical compounds (92%) and particulates (eight%) suspended in gaseous medium. Most of the poisonous organic components of smoke are contained within the particulate fraction. The historically higher charge of smoking among males is the possibly reason behind the higher occurrence of COPD among males; but, the superiority of COPD amongst girls is growing because the gender institution in smoking quotes has faded within the beyond 50 years.

Respiratory Infections

These were studied as capability hazard factors for the development and development of COPD in adults; youth respiratory infections have also been assessed as capacity predisposing elements for the eventual improvement of COPD. The impact of the outcomes of early life respiration illnesses on the subsequent improvement of COPD has been tough to assess due to a lack of ok longitudinal information. Thus, even though breathing infections are critical reasons of exacerbations of COPD, the association of both grownup and youth respiration infections to the improvement and development of COPD remains to be established. Passive, or Second-Hand, Smoking Exposure Exposure of kids to maternal smoking consequences in notably decreased lung growth. In utero tobacco smoke exposure additionally contributes to considerable reductions in postnatal pulmonary feature. Although passive smoking and publicity to environmental tobacco smoke were related to discounts in pulmonary characteristic, their role in the causation of COPD stays unsure.

Occupational Exposures

Increased respiration symptoms and airflow obstruction have been recommended as due to preferred publicity to dirt at paintings. Several precise occupational exposures, along with coal mining, gold mining, and cotton textile dirt, were counseled as danger elements for persistent airflow obstruction. Among employees exposed to cadmium (a selected chemical fume), FEV1, FEV1/FVC, and DLCO were extensively decreased, constant with airflow obstruction and emphysema. Although numerous particular occupational dusts and fumes are likely hazard elements for COPD, the significance of those consequences appears to be significantly less critical than the impact of cigarette smoking.⁷ COPD is often observed in individuals who're engaged in career exposing them to either organic or inorganic dusts or to noxious gases.

Environmental Pollution

Some investigators have reported expanded respiratory signs in those living in city as compared to rural regions, which might also relate to multiplied pollution in the urban settings. However, the relationship of air pollution to continual airflow obstruction stays unproven. Prolonged publicity to smoke produced via biomass combustion—a commonplace mode of cooking in a few nations—additionally appears to be a huge hazard aspect for COPD among ladies in those countries. In India, indoor pollution due to burning cow-dung desserts and use of timber for cooking are essential contributory factors for the development of COPD. However, in maximum populations, ambient air pollution is a miles less crucial risk factor for COPD than cigarette smoking.

Familial and genetic factors

Familial aggregation of persistent bronchitis has been nicely proven and can be in part associated with indoor air pollutants and passive smoking. Few research of monozygotic twins have counseled a few genetic predisposition to the development of persistent bronchitis unbiased of indoor pollutants and passive smoking. The protease inhibitor (Pi) alpha-1 antitrypsin (α 1-AT) is an acute segment reactant and a strong inhibitor of serine proteases. Its serum degree rises in association with many inflammatory response in all individuals besides homozygotes. AT deficiency is the strongest genetic issue causally associated with the improvement of COPD. The deficiency is associated with emphysema most effective and there may be no relation with persistent bronchitis. In topics with α 1-AT deficiency, emphysema predominantly impacts lower lobes and is panlobular or panacinar, whereas emphysema in cigarette smokers is centrilobular or centriacinar and initially involves the higher lobes. The incident of α 1-AT deficiency in sufferers imparting with COPD is 1-2% however will increase to greater than 50% in sufferers with excessive sickness who are less than forty yrs of age. The particular mechanism by using which α 1-AT deficiency produces emphysema is unclear. The most typical allele in all population is PiM and the most not unusual phenotype PiMM.

Some crucial features of 'most important bronchitis' are:

1. Persistent cough with copious expectoration of lengthy length; to begin with beginning in a heavy smoker with 'morning catarrh' or throat clearing which worsens in winter.
 2. Recurrent breathing infections are not unusual.
 3. Dyspnoea is normally not outstanding at relaxation however is more on exertion.
 4. Patients are known as 'blue bloaters' due to cyanosis and oedema.
 5. Features of proper coronary heart failure (corpulmonale) are common.
 6. Chest x-ray shows enlarged coronary heart with outstanding vessels.
- Following capabilities normally symbolize 'most important emphysema':
1. There is lengthy history of slowly increasing intense exertional dyspnoea.
 2. Patient is quiet distressed with obvious use of accent muscle tissues of breathing.
 3. Chest is barrel-shaped and hyper-resonant.
 4. Cough happens past due after dyspnoea starts offevolved and is related to scanty mucoid sputum.
 5. Recurrent respiration infections aren't common.
 6. Patients are called 'crimson puffers' as they stay nicely oxygenated and have tachypnoea.
 7. Weight loss is common.
 8. Features of right heart failure and hypercapneic respiration failure are the same old terminal occasions.
 9. Chest x-ray shows small heart with hyper inflated lungs.

DIAGNOSIS OF COPD

Medical History

A detailed clinical history of a new affected person acknowledged or notion to have COPD must examine:

- Patient's publicity to danger factors, including smoking and occupational or environmental exposures
- Past scientific records, which includes allergies, allergic reaction, sinusitis, or nasal polyps; breathing infections in adolescence; other respiratory diseases
- Family records of COPD or other chronic respiration disorder
- Pattern of symptom improvement: COPD normally develops in grownup existence and maximum sufferers are conscious of improved breathlessness, extra frequent "winter colds," and some social limit for a number of years earlier than searching for scientific help.

COMPLICATIONS OF COPD

- Secondary erythrocytosis (rare in India)
- Recurrent episodes of acute exacerbation by viruses and bacteria.
- Pneumothorax.
- Respiratory failure.
- Pulmonary artery hypertension.
- Chronic cor pulmonale.
- Right heart failure.
- Weight loss in sufferers with intense emphysema.

MANAGEMENT OF COPD

A powerful COPD control plan consists of 4 additives:

- (1) Assess and Monitor Disease;
- (2) Reduce Risk Factors;
- (three) Manage Stable COPD; and
- (four) Manage Exacerbations.

While disorder prevention is the ultimate intention, once COPD has been recognized, effective control ought to be aimed toward the subsequent goals:

- Relieve symptoms
- Prevent disorder development
- Improve exercise tolerance
- Improve health repute
- Prevent and deal with headaches
- Prevent and treat exacerbations
- Reduce mortality

HOMOEOPATHY THERAPEUTICS

Antimoniumtartaricum :

In bronchitis with a violent, spasmodic cough, loud rales inside the chest, a copious, white expectoration, dyspnoea. Emphysema within the aged. Cough and dyspnoea relieved via lying on proper facet.³¹ Great accumulation of mucous in air passages which cannot be coughed out and produces the rattling sound, ("Death rattle"). There is wonderful oppression of respiratory especially in the direction of morning, which compels the affected person to sit so as to breathe.

Arsenicum album:

Is one of the maximum vital treatments for persistent bronchial catarrh. However, it will not often be indicated in easy, uncomplicated, chronic, bronchial catarrh, but so much more regularly if emphysema has taken region. Suffocative catarrh. Cough worse after midnight; worse mendacity on back. Expectoration scanty, frothy, darting pain via higher 0.33 of proper lung. Wheezing respiratory.

Kent's Repertory

EMPHYSEMA

Am-c., Ant.A., Ant.T., ars, bell., brom., camph., carb-s., carbo.V., chlor., cupr., cur., dig., dros., Hep., Ip., lac-d., Lach., Lob., merc., nat.M., nit-acid., op., phel., phos., saras., seneg, sep., sulph., ter.

INFLAMMATION - bronchial tubes (bronchitis):

Acet.Ac., acon., Aesc., all-c., allum, alumn, am-c, am-m., ant-c, Ant.T., apis, am., Ars., ars-i., ase-t., aur-m., bar-ca, Bur-m., bell., benz-ar., Bry., cact., calc., camph., cann.S., carb.V., card-m., caust, cham., chel., chlol., chlor., cina., cist., coc.C cop., dig., Dros., Dulc., cuphr., ferr.I., Ferr.P., gels., guaj., Hep., hippoz., hyos., iod., Ip., Kali-ar., Kuli-bi., Kali-c, Kali-chl., Kali-p., kreos., lach., lob., Lyc., merc, naja, nat.M., Nat.S., nit.Ac., nux-v., ph.Ac., Phos., plb., psor., Puls., Rhus-t., numx., Sang., Senec., Seneg., Sep., Sil., Spon., squil., Stann., Sulph., ter., uran., verat., verb.

CONCLUSION

These are the findings of this examine on continual obstructive pulmonary disorder.

1. Prevalence of persistent obstructive pulmonary disorder is relatively extra in Males (53.33%) than Females (forty six.67%)
2. Majority of the patients belonged to the age companies 50-fifty nine(36.67%), 30-39(30%), forty-49(20%) & 60-sixty nine(13.33%).
3. Chronic obstructive pulmonary ailment is multifactorial in foundation with smoking because the outstanding interesting/keeping cause (46.Sixty seven%).
4. Constitutional treatment seemed to be efficacious in reducing the depth of the sickness.
5. Sycotic dominance become referred to in majority of the cases (96.67%).
6. Majority of the patients (96.67%) blanketed in this observe organization confirmed good sized improvement after homoeopathic remedy.

7. The statistical scales used for the evaluation of the effect of the treatment additionally confirmed full-size improvement after remedy.

LIMITATIONS

1. Considering the character of COPD, the development of the instances could not be followed for sufficient period since it is a time bound look at.
2. Sample length used in this examine is small. Therefore generalization of the end result and inferences of this observe desires to be achieved carefully.
3. Due to small sample length, same institution changed into used as manage and examine group. Better analysis can be made by way of taking two homogenous groups.
4. Considering the time and sample length, blinding could not be accompanied in this observe. The examine might have been still higher if blinding had been blanketed.
5. No lots significant research strategies had been used within the study, mainly spirometry which confirms the prognosis of COPD.
6. The evaluation scales might not be idiot evidence; human errors are possible. Certain variables like high-quality of medication, method of allotting the drugs, placebo impact couldn't be managed nicely.
7. Since the examine changed into based on subjective assessment of patients before and after treatment, objective parameters like chest x-ray and spirometry have been not accomplished.

The improvement is primarily based most effective on clinical symptoms and exam; as a result the outcomes couldn't be substantiated after treatment.

Recommendations

1. Bigger sample with extended time of research could offer better result
2. It may be constantly clinical to hold control (placebo) group concurrently to verify the effectiveness of treatment.
3. A have a look at of this type, over an extended length can be carried out to look for reversibility in tissue changes with homoeopathic remedy.
4. Spirometry can be used to verify the analysis as it is the diagnostic standards for COPD.

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