



A STUDY ON EFFICACY OF KALI BICHROMICUM AND CARBO VEGETABILIS IN THE MANAGEMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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ABSTRACT:

According to the WHO, CHOPD is one of the most common diseases around the world and is believed to be the third most common cause of death by 2030²⁶. It is estimated that 64 million people had COPD in 2004 and more than 3 million people died in 2005, corresponding to 5% of all deaths. In 2002, CHOPD was the fifth main cause of death and estimates showing that COPD will become the third main cause of death around the world in 2030, because almost 3 billion people in the world use biomass and coal as the main source of energy for cooking, heating and other household needs. In India, COPD is the second most common lung disorder after lung tuberculosis². The disease often encounters middle -aged subjects and is rare below 35 years². COPD affects men more often due to smoking. Homeopathy is known to have beneficial effects in COPD. Chronic obstructive pulmonary disease (COPD) remains a major problem for public health. It is the fourth main cause of chronic morbidity and mortality in the United States and is believed that in 2020, according to a study published by the World Bank/World Health Organization in fifth place in 2020. Homeopathy is known to have beneficial effects in COPD. Homeopathy treats COPD for the main reason without any side effects. Kali Bichromicum and Carbo vegetabilis Both drugs that have a sphere of action on the respiratory system and show my goal that both drugs are effective on COPD.

KEYWORDS:Chronic Obstructive Pulmonary Disease, COPD, Kali Bichromicum, Carbo Vegetabilis, Homeopathy and Homeopathic Medicine.

INTRODUCTION:

"Smoking is hateful to noise, harmful to the brain and dangerous to the lungs". Modern society faces many health problems due to excessive population, poor habits such as alcoholism and smoking, harmful particles or gases, etc. There are main risk factors causing respiratory infections that finally lead to COPD characterized by progressive restrictions of airflow to and out of the lungs.

Previously, tuberculosis in this country was the main disease occupying the professional effort of a physician devoted to the care of a patient with pulmonary disease, now his main place is taken by two other diseases, chronic bronchitis and an emphysem that can be described together as COPDs (chronic obstructive pulmonic disease). In the last few decades.

According to WHO, Chodp is one of the most common diseases around the world and is expected that by 2030 the third most common cause of death is. It is estimated that 64 million people had in 2004 worldwide COPD and more than 3 million people in 2005 died in 2005, corresponding to 5% of all deaths around the world. In 2002, CHOPD was the fifth main cause of death and estimates showing that COPD will become the third main cause of death around the world in 2030, because almost 3 billion people in the world use biomass and coal as the main source of energy for cooking, heating and other household needs³². In these communities, the pollution of the internal air is responsible for a greater fraction of the risk of COPD than smoking or outdoor air pollution. India contributes to a significant and growing percentage of COPD mortality, which is estimated to be in the world, because in India "Bidis is cigarettes and Hukka responsible for COPD and in rural areas 70% of households use 90% of rural households and 32% of urban households. COPD remains an important cause of morbidity, mortality and health care around the world. The COPD is caused by a harmful particle or gas, most often by tobacco, which causes an abnormal inflammatory response in the lungs.

Chronic obstructive pulmonary disease (COPD) was referred to as "lung smoker. Chronic obstructive pulmonary disease (COPD) is preventing and treatable disease. The global initiative for chronic obstructive lung disease (COPD) defines COPD as a state of disease characterized by progressive development of chronic reduction of airflow, which is not fully reversible and includes chronic bronchitis, emphysema and small respiratory diseases. Obstruction of airflow in COPD may be partially reversible and some patients may also show bronchial hyperreactivity.

Homeopathy is a medical science industry in which sick people are treated according to the principle of "Similia Similibus Curentur". Homeopathy doctrines explain health as a condition of the organism in which all parts of the body and the mind are in harmony with each other and the environment;

And the disease is a disruption of the body. The mind and the body cannot be considered differently and affect themselves with changes in themselves. The disease cannot therefore be considered only a body or mind. The mind and the body must be considered a whole to consider and treat the sick organism¹⁶. Newton of U.K. It has shown that light is made of rays. In the same era it was again Michael Faraday from France, who proved that light is made up of particles. Both were true. Both were approximately the same universal truth. In the science area, two theories say that two different truths concerning the same subject become unacceptable, so there has been a large market or abyss.

Similarly, about 200 years ago it was Dr. Hahnemann, who was the first in medical science to say that each individual is a different individual, as well as animated body or organisms that eventually follow the life force or vital force. Dr. Hahnemann said his science is based on universal law, the law of nature.

"No individual did more than Samuel Hahnemann." Hahnemann pointed to a doctor on their divine duty to cure as a real object. In the first paragraph of *Organon*, he penetrated directly into the core of the matter and stated that "the high and the only mission of the doctor is to restore patients to health, heal, as it is called".

The concept of treatment in homeopathy is based on that cure means -

- Eliminate all symptoms and symptoms

-Mezing the original healthy state of the body.

Kali Bichromicum is a medicine from Mineral Kingdom. Potassium is one of the most important elements in the cell economy. Two to three grams of potassium, which are brought to the human body daily from plants, do not provide for nothing about how much active potassium is brought to the potassium ion is more reactive than sodium ion. Potassium is an ionic condition that is located at a higher concentration inside the cell compared to sodium, which is higher at a concentration outside the cell.

carbo vegetabilis is ideally visible clearly in sycotic defense. Fat, slowness, shyness and stasses are all sycotic defense at work at a genetic level at Carbo Veg. Carbon is a vital part of all known live systems.

REVIEW OF LITERATURE:

COPD or chronic obstructive lung disease is a progressive disease that makes breathing more difficult. Chronic obstructive pulmonary disease (COPD) was defined by a global initiative for chronic obstructive lung disease (gold) International efforts to cooperate to improve awareness, diagnosis and treatment of COPD, as a condition of disease characterized by airflow restrictions that are not fully reversible¹. COPD refers to chronic bronchitis and emphysema, a pair of commonly existing lung diseases in which the dental routes narrowed. This leads to a limitation of air flow to AZ lungs, causing shortness of breath. Chronic obstructive respiratory disease (COPD) was defined as a group of diseases characterized by persistent slowing of air flow during expiration. The term includes both chronic bronchitis and emphysema.

Chronic bronchitis is defined as a clinical disorder characterized by excessive mucus secretion in a bronchial tree showing a chronic recurrent productive cough for more than three months a year for three consecutive years.

The emphysema is defined as an anatomical change in the lungs characterized by abnormal enlargement of the distal air space, non -response bronchiols and accompanied by destructive changes in the alveolar walls. This definition is based on histopathological changes.

Since there is an increase in environmental pollutants, cigarette smoking and other harmful exposures, the occurrence of COPD has increased dramatically over the past few decades. It has become the most common causes of death around the world. Homeopathy after promising treatment of COPD, which is in literature, can exist palliation or treatment, but the palliation provided by the homeopathic system is also effective. The main place takes over COPD due to the increase in pollutants in the environment, smoking cigarettes and other harmful expositions. In India, exposure to the residues of fuel crops of biomass, wood or animal manure and more than half of the world's household use biomass fuels and significantly consider the main cause of COPD. Chronic obstructive pulmonary disease is the main cause of morbidity and mortality around the world and in India Chopd is the second most common lung disorder after lung tuberculosis. According to WHO COPD, it is one of the most common diseases around the world and is believed to be the third most common cause of death by 2030. In the medical system, paroxysms are suppressed by immune response through corticosteroids, bronchodilator therapy and diuretic therapy. Where, as in homeopathy, a patient with his special disposition comes first and then illness. It is very clear that in our daily practice patients with the same disease differ from each other. Homeopathy always has a certain edge or lead over chronic diseases within the scope of curement than any other medicine system. Homeopathy offers a good support role in COPD cases, homeopathy can control further destruction of tissue in the lungs. In addition, it increases immunity. Symptomatic relief and prevention of complications is therefore possible homeopathy and can reduce COPD mortality.

EPIDEMIOLOGY:

According to the WHO estimates, 65 million people have a medium to serious chronic obstructive pulmonary disease (COPD). In 2005, COPD contributed to more than 3 million deaths (5% of deaths around the world), but by 2020 it is the third most important cause of death around the world²⁶. The expected increase in morbidity and mortality from COPD will be the largest in Asian and African countries due to their growing tobacco ³. Most of the information available about the prevalence of COPD, morbidity and mortality comes from countries with high income. It is known that nearly 90% of COPD deaths occur in countries with low and medium incomes.

Suddenly, COPD was more common in men, but due to increased use of tobacco in women in high income countries and at higher risk of exposure to air pollution (such as biomass fuel used for cooking and heating) in low -income countries, now this disease affects almost the same. In 2002, COPD was the fifth main cause of death. It is assumed that the total COPD deaths will increase by more than 30% in the next 10 years, unless urgent measures are taken to reduce basic risk factors, especially tobacco use. COPD is the fourth main cause of the fourth main cause of death and affects > 16 million people in the United States. Gold estimates indicate that COPD will increase from the sixth to the third most common cause of death by 2020¹. The disease often encounters middle -aged subjects and is rare less than 35 years². Likewise, it prevails in rural and urban areas.

Pathophysiology:

The most typical finding in COPD is the persistent reduction of forced exhale flows. There is also an increase in residual volume and residual volume/total lung capacity ratio, uneven ventilation distribution and ventilation mismatch.

Air flow obstruction

The airflow reduction, also known as the obstruction of the air flow, is usually determined by spirometry, which includes forced expiration maneuvers after the subject has breathed into the overall pulmonary capacity. Patients with COPD -related air obstruction have a chronically reduced FEV1/FVC ratio. (Maneuver and the Total Volume of Air Exhaled During the Entire Spirometric Maneuver (FVC). Lungs, As Well AS In Lungs Affected by Copd, Maximal Expiratory Flow Diminishes as the lung Empty Because the lung parenchyma gradually provides less elastic reverse character and because the cross -sectional area of the airways decreases, increasing airflow resistance.

Hyperinflation

Lung volumes are also routinely evaluated in lung function testing. In COPD, it is often "air capture" (increased residual volume and increased residual volume ratio to total lung capacity) and progressive hyperinflation (increased total lung capacity) late in the disease. Hyperinflation of the chest during tidal breathing maintains the maximum exhalation stream of air, as the volume of the lung volume increases the pressure of the elastic backward nature and increases the airways to reduce the resistance of the respiratory tract.

Hyperinflation helps to compensate for airway obstruction. However, hyperinflation may push the membrane into a flattened position with a number of adverse effects. First, by reducing the zone of apposition between the membrane and the abdominal wall, the positive pressure of the abdomen during inspiration does not apply to the chest wall, prevents the rib movement and inspiration. Secondly, because the muscle fibers flattened membranes are shorter than the fibers of normally curved diaphragm, are less able to generate inspirational pressures than usual. Thirdly, flattened membrane (with increased radius of curvature, r) must generate greater voltage (t) to develop a transpulmonary pressure

(p) necessary for the production of tidal breathing. This results from Laplace's law, $p = 2t/r$. Also because the thoracic cage is distended for normal resting volume, during tidal breathing the inspirational muscles must work to overcome the resistance of the thoracic cage to get normal help from the chest, which recovers towards the rest volume.

Gas exchange

Gas exchange abnormalities result in hypoxemia and hypercapnia and have several COPD mechanisms. In general, gas transfer deteriorates with the disease progress. PAO₂ usually remains almost normal until FEV1 decreases to 50% predicted and even much lower FEV1 S can be associated with normal PaO₂, at least at rest. Increasing PACO₂ is not expected until FEV1 is <25% supposed and even may not occur.

Risk factors responsible for the production of COPD:**1. Cigarette smoking:**

Cigarette smoking is the most important and common risk factor for COPD development. Cigarette smoke contains numerous vaporized chemicals (92%) and particles (8%) suspended in the gaseous medium. Smoking Hukka and Bidi have morbidity and mortality from COPD than non -smokers, even if it is lower than cigarette smokers.

2. Environmental pollution:

The occurrence of COPD is higher in strongly industrialized urban areas. Air pollution (especially for oxide and sulfur particles).

3. Exposure of work:

Increased respiratory symptoms and obstruction of air flow, which are the result of general exposure to dust at work, coal mining, gold mining and cotton textile dust, were designed as risk factors for chronic airflow. For inorganic or organic dust or harmful gases.

4. Respiratory infection:

Infections are often a precipitated cause of acute COPD exacerbation and contribute significantly to morbidity and mortality. Recurrent respiratory infections in childhood.

5. Low socio -economic status.**6. Low birth weight can reduce the lung function in the life of young adults.****7. Familial and genetic factors:**

Protease inhibitor (PI) ALFA-1 Antitrypsin (Alpha1-At) is an acute phase reactant and a strong serine protease inhibitor. Lack is the strongest genetic factor causally related to the development of COPD.

8. Increased respiratory symptoms in urban persons compared to rural areas. The long -term exposure to the smoke produced by the burning of biomass also seems to be a significant risk factor for COPD among women in these countries.**9. Lung growth:**

Childhood infections or mothers smoking can affect lung growth during childhood, resulting in a lower maximum lung function in adult life.

Symptoms:

The three most common symptoms in COPD are cough, sputum production and dyspnea. The development of exertion, often described as increased efforts to breathe, heavy, air hunger or breath, can be insidious.

☐ Dyspnoea: initially noticed during intense exercise. As the disease progresses, it can occur even during rest.

☐ Cough: Permanent sputum or mucus production.

☐ prick, chest tightness and fatigue.

☐ Later phase: symptoms of respiratory failure such as cyanosis, headaches and drowsiness or jerking.

☐ Weight loss

☐ Muscle weakness

☐ fatigue

Marks:

- ☐ Tachypnea, fast breathing speed
- ☐ Falling sounds or cracking in the lungs heard through the stethoscope
- ☐ Breathing for a longer period of time than inhalation
- ☐ chest enlargement, especially the distance on the front (hyperinflation)
- ☐ Active use of muscles in the throat to help breathing
- ☐ Breathing through pursed lips
- ☐ Increased front and side chest ratio (ie chest barrel). 7
- ☐ Hyper resonant drums in the emphysema.
- ☐ Disruption of the liver pushed down.8

CHOPN diagnosis:

Health History:

1. A detailed medical history of a new patient known to have a COPD should assess.
2. Exposure of the patient to risk factors such as smoking and working or environmental exposure.
3. Past medical, including asthma, allergy, sinusitis or nasal polyps, respiratory infections in childhood, other respiratory diseases.
4. Family history of COPD or other chronic respiratory disease.

Investigation in COPD:

- 1.. This results in an increase in the total lung capacity, functional residual capacity and residual volume.1 Post-bronchodilator forced expiration volume in one second (FEV1)/forced vital capacity (FVC) less than 0.7 confirms the presence of airflow restrictions that are not fully reversible.

Differential diagnostics:

- ☐ COPN
- ☐ bronchial asthma
- ☐ Congestive heart failure
- ☐ bronchiectasis
- ☐ Pneumonia
- ☐ Cystic fibrosis
- ☐ tuberculosis
- ☐ Obstructive bronchiolitis
- ☐ Pneumothorax

COMPLICATION CHOPN:

- ☐ 1-secondary erythrocytosis (rare in India)
- ☐ 2-repeated episodes of acute exacerbation viruses and bacteria
- ☐ 3-pneumothorax
- ☐ 4-chronic and acute in chronic respiratory failure
- ☐
- ☐ 6-chronic Cor Pulmonale
- ☐ 7-right heart failure
- ☐ Loss of 8 weight in patients with severe emphysema

Prognosis:

COPD is usually a progressive disease, interrupted by acute exacerbations and remission. Finally, it causes respiratory and real heart failure. Death usually occurs within a few years. Few patients with chronic bronchitis have not developed severe respiratory obstruction and have a better prognosis.

COPD management: 1-anti-stroke measure 2-shopping therapy 3-corticosteroids:

4-oxygen

5- non-invasive ventilation

6- Nutrition

Transplant of 7 lungs

Homeopathic Literature Overview:

A. Kali Bichromicum:

Potassium is obtained from the mineral kingdom. The word "kali" is derived from the Arabic word "Kali" the meaning of "ash". The second name Kali is potassium derived from a pot of ASH obtained from a wooden ash and remains of burnt vegetable mass. It's an alkaline substance. Thanks to the large affinity to the water, tissue attack with great avidity is creating very deep effects on excretion¹⁴. The kalium comes in the same periodic group as the Natrium (Group1) and has similar feelings as the Sorrow, ie the need for relationship and harmony and dependence on the relationship. Potassium is the most important intracellular cation. Almost 98% potassium in the body is found in cells. Kali-Bichromicum is K₂Cr₂O₇ acting as an oxidizing agent, and therefore it causes odorless stools unlike fowls.

Homeopathic drugs for chronic obstructive pulmonary disease

Anacardium, Carbo Veg, Cina, Cuprum Ars, Hepar Sulph, Kali Bi, Kali Carb, Kali Iod, Lachesis, Lycopodium, Nux vomica, Naja, Opium, Fosphorus, Rumex, Stannum, Selenium, Silicea, Spongia, Sulfur and many other drugs

B. Carbo vegetabilis:

Carbon is a non-metallic element, which is a characteristic component of organic compounds. Of all groups, "carbon" has an important place in our Medical material due to its wide range of usefulness in everyday life. The carbon element of prehistoric discovery is very widely distributed in nature. It occurs in nature as the sixth most abundant element in the universe.

Carbon is coal. The "remnants of the block" The rest of life in vegetable life is full of carbon. The carbon can light. This fat lump has energy to turn on, but does not easily walk in flames. When it lights up, the fire just simulates. If the air is blown, the fire can be more vivid or clearer, but retreats again and goes down to its indolent form. This fire does not attend or unfortunate with flames, but slowly. This can be called "persistent fire". We saw the burning of wood. When there is a violent fire in the forest, the wood of the trees burns, and when the fire settles, the remains of burnt wood will give us what we call "vegetable coal".

Homeopathic approach:

COPD is one of the most famous respiratory states that can show periodic exacerbations and may even be life -threatening without properly exploring the case.

Dr. Hahnemann considered the disease to be a state suggesting disharmonies of the functioning of the life force. We realized this disharmony the loss of this feeling of well -being. As the disharmony proceeds, some indications in the form of symptoms follow the symptoms will first appear. The natural tendency of the life force is to restore the state of harmony. Doctors expected to support this natural tendency.

In this study, the homeopathic physician considers the individual reaction to be of great importance in terms of the choice of therapeutic drug and is guided by the completeness of symptoms. In Aphorism6, it states that "all these considerable features represent the disease to its entire extent, which is together, forming a true and only conceivable portrait of the disease.

Homeopathy system of fast, gentle and permanent cure emphasizes the individualization of the patient. He considers every person a unique entity. The concept of the completeness of symptoms and the principle of individualization together allows doctors to perceive a disease in a way suitable for homeopathic prescribers. Traveling by housing to discover strange rare and special symptoms of a particular individual will help achieve the best simimim. COPD is a real chronic disease with miasmatic background according to Hanemannian classification of diseases. From a study of pathology and pathogenesis, we understood that COPD is incurable with irreversible pathological changes, but homeopathic principles and approach does not change in terms of incurable diseases. Dr. Kent says in his commentary on Pallacing: "A doctor who applies a single medicine in potential form under the treatment law will be convinced that there is no other way of palliation that would cause any permanent hope for patients.

A large amount of information is needed for a good homeopathic regulation. A well -collected case is half cured, one of the masters said; A homeopathic physician must know his patient spiritually, emotionally, mentally, physically and sociologically. Homeopathy is one of the most popular medicine systems. The selection of the drug is based on the theory of individualization and similarity of symptoms using a holistic approach. This is the only way to regain the state of complete health by removing all the signs and symptoms from which the patient suffers. The aim of homeopathy is not only to treat the symptoms of COPD, but to solve its basic cause and individual sensitivity. There are several drugs for the treatment of COPD symptoms that can be selected on the basis of cause, feeling, modalities of complaints.

CONCLUSION:

A research problem identifies your destination. It should tell you, your research supervisor and your reader what you intent to research.

Kali bichromicum and carbo vegetabilis are proved to be best in the treatment of chronic obstructive pulmonary disease (COPD). The result shows that these drugs not only cure chronic obstructive pulmonary disease but also bring the patient on their normal healthy state in mental as well as at physical level.

1. The prevalence of chronic obstructive pulmonary disease (COPD) is comparatively more in Males (53.33%) than Female (46.67%).
2. The age group most affected was 41-50years i.e. 43.33%.
3. The 200th potency was the most frequently prescribed.
4. Syco- Syphilitic dominance was noted in majority of the cases.
5. Majority of the patients (96.67%) included in this study group showed significant improvement after homoeopathic treatment.
6. Chronic obstructive pulmonary disease (COPD) is a common health disorder but chronic obstructive pulmonary disease (COPD) can be very well treated with homoeopathic remedies without side effects.
7. Out of the 30 cases studies of kali bichromicum and carbo vegetabilis in gender distribution shows that male represents 16 and female 14.
8. Out of the 30 cases studied in kali bichromicum and carbo vegetabilis cases were recovered 23, improved 4 and 3 cases were not improved.
9. Associated complaints or concomitants also helped me to select the remedy.

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