

- Respiratory Diseases
- Castanea Vesca
- Homoeopathic Medicines indicated for cough

HomeoBuzz

CONTINUING MEDICAL INFORMATION

Vol. 14, No. 07, October 2018, Total No. of Pages 16

Dear Readers,

Homoeopathy cures a greater percentage of cases than any other method of treatment. Homeopathy is the latest and refined method of treating patients economically and non-violently. – Mahatma Gandhi

As phonated by the legend of nation that homoeopathy treats the individuals in the gentlest manner. Now it becomes the second most used medical system internationally.

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B.Jain always accentuate on the determined quality of mother tincture because they are the groundwork in the manufacturing of dilution. The quality of medicine not only empowers the hand of physician but also the patient's faith in homeopathy will inflate.

Dear Doctors,

Everyone breathes. It's something we often take for granted and lungs are the vital organ highly exposed to toxic air pollutants nowadays. Respiratory diseases are an enormous challenge to life, health and productive human activity. Cough is the prominent & commonest reason for patients with respiratory diseases to seek medical care. The cough reflex is a vital part of the body's defense mechanisms but can also be a warning sign of several respiratory and non-respiratory diseases. The cough paroxysms can harm the quality of life of the patient for intervening with sleep, to provoke dysphonia, vomits, chronic headache or urinary incontinence.

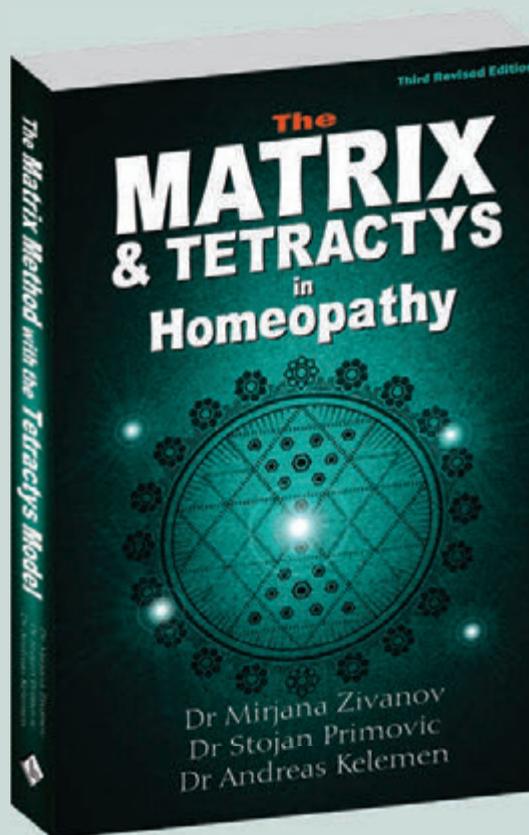
Cough has a wide range of causes and the diagnosis is to be done to before treatment starts. Convention medicine usually suppresses the symptoms leads to worsening of health. Homoeopathy is evidently a best mode for treatment of cough. Homoeopathy has upwards of 4000 medicines to choose from. To choose an individualised medicine, homoeopathy has many different solutions to each specific cough.

Prevention, control and cure of respiratory diseases along with promotion of respiratory health must be a top priority in global decision making in the health sector. The control, prevention and cure of respiratory diseases are among the most cost-effective health interventions available – a “best-buy” in the view of the WHO.

This issue is mainly focused on the respiratory diseases and its homeopathic answer.

The Matrix & Tetractys in Homeopathy

Dr Mirjana Zivanov, Dr Stojan Primovic
and Dr Andreas Kelemen



- The book explains the Matrix method in homeopathy, and the use of Tetractys model in everyday clinical practice.
- The Matrix method gives us the Chain of contents that a patient feels most intensely about in a sequence which helps in understanding the patient and his miasm.
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RESPIRATORY DISEASES

Cough is a protective reflex and defence mechanism in healthy individuals, which helps clear excessive secretions and foreign material from the lungs. It is caused by stimulation of sensory nerves in the mucosa of the pharynx, larynx, trachea and bronchi. Acute sensitization of the normal cough reflex occurs in a number of conditions, and it is typically induced by changes in air temperature or exposure to irritants, such as cigarette smoke or perfumes. Cough often presents as the first and most persistent symptom of many respiratory diseases and some non-respiratory disorders, but can also be idiopathic, and is a common respiratory complaint for which medical attention is sought.

Causes of cough

Acute transient cough is most commonly caused by viral lower respiratory tract infection, post-nasal drip resulting from rhinitis or sinusitis, aspiration of a foreign pharyngitis. When cough occurs in the context of more serious diseases, such as pneumonia, aspiration, congestive heart failure or pulmonary embolism, it is usually easy to diagnose from other clinical features.

Origin	Common causes	Clinical features
Pharynx	Post-nasal drip	History of chronic rhinitis
Larynx	Laryngitis, tumour, whooping cough, croup	Voice or swallowing altered, harsh or painful cough Paroxysms of cough, often associated with stridor
Trachea	Tracheitis	Raw retrosternal pain with cough
Bronchi	Bronchitis (acute) and COPD	Dry or productive, worse in mornings
	Asthma	Usually dry, worse at night
	Eosinophilic bronchitis	Features similar to asthma but AHR absent
	Bronchial carcinoma	Persistent (often with haemoptysis)
Lung Parenchyma	Tuberculosis	Productive (often with haemoptysis)
	Pneumonia	Dry initially, productive later
	Bronchiectasis	Productive, changes in posture induce sputum production
	Pulmonary oedema	Often at night (may be productive of pink, frothy sputum)
	Interstitial fibrosis	Dry and distressing
Drug side-effect	ACE inhibitors	Dry cough

(ACE = angiotensin-converting enzyme; AHR = airway hyper-reactivity; COPD = Chronic Obstructive Pulmonary Disease)
Based on Crompton GK. The respiratory system. In: Munro JF, Campbell IW. Macleod's clinical examination. 10th edn. Edinburgh: Churchill Livingstone; 2000 (p. 119); copyright Elsevier.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Chronic obstructive pulmonary disease (COPD) is a preventable and treatable disease characterised by persistent airflow limitation that is usually progressive, and associated with an enhanced chronic inflammatory response in the airways and the lung to noxious particles or gases. Exacerbations and comorbidities contribute to the overall severity in individual patients. Related diagnoses include chronic bronchitis (cough and sputum on most days for at least 3 months, in each of 2 consecutive years) and emphysema (abnormal permanent enlargement of the airspaces distal to the terminal bronchioles, accompanied by destruction of their walls and without obvious fibrosis).

Extra-pulmonary effects include weight loss and skeletal muscle dysfunction. Commonly associated comorbid conditions include cardiovascular disease, cerebrovascular disease, the metabolic syndrome, osteoporosis,

depression and lung cancer.

Epidemiology and Aetiology

The prevalence of COPD is directly related to the prevalence of tobacco smoking and, in low- and middle-income countries, the use of biomass fuels. Current estimates suggest that 80 million people worldwide suffer from moderate to severe disease. In 2005, COPD contributed to more than 3 million deaths (5% of deaths globally), but, by 2020, it is forecast to represent the third most important cause of death worldwide.

Risk Factors for Development of COPD

Environmental

- Tobacco smoke
- Indoor air pollution
- Occupational exposures, such as coal dust, silica and cadmium
- Low birth weight may reduce maximally attained lung function in young adult life
- Lung growth: childhood infections or maternal smoking may affect growth of lung during childhood, resulting in a lower maximally attained lung function in adult life
- Infections
- Low socioeconomic status
- Cannabis smoking

Host factors

- Genetic factors: α 1-antitrypsin deficiency; other COPD susceptibility genes are likely to be identified
- Airway hyper-reactivity

Diagnosis of COPD⁴

• **Spirometry**

A chronic obstructive pulmonary disease (COPD) diagnosis is confirmed by a simple test called spirometry, which measures how deeply a person can breathe and how fast air can move into and out of the lungs.

• **Symptoms**

Diagnosis of COPD should be considered in any patient who has symptoms of a chronic cough, sputum production, dyspnoea (difficult or labored breathing) and a history of exposure to risk factors for the disease.

Chronic cough and sputum production often precede the development of airflow limitation by many years, although not all individuals with cough and sputum production go on to develop COPD. Because COPD develops slowly, it is most frequently diagnosed in people aged 40 years or over.

CHRONIC BRONCHITIS

Chronic bronchitis is a common condition defined clinically as persistent cough with expectoration on most days for at least three months of the year for two or more consecutive years. The cough is caused by oversecretion of mucus.

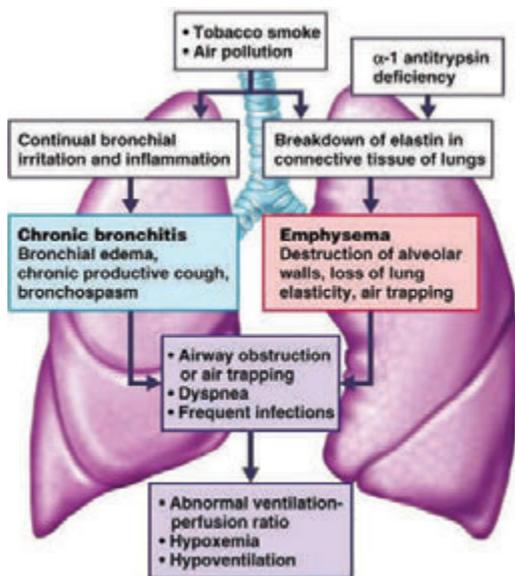
The condition is more common in middle-aged males than females. Quite frequently, chronic bronchitis is associated with emphysema.

Etiology:

The two most important etiologic factors responsible for majority of cases of chronic bronchitis are: cigarette smoking and atmospheric pollution. Other contributory factors are occupation, infection, familial and genetic factors.

1. Smoking
2. Atmospheric pollution
3. Occupation: Workers engaged in certain occupations such as in cotton mills (byssinosis), plastic factories etc. are exposed to various organic or inorganic dusts which contribute to disabling chronic bronchitis in such individuals.
4. Infection: Bacterial, viral and mycoplasmal infections do not initiate chronic bronchitis but usually occur secondary to bronchitis.

RESPIRATORY DISEASES



5. Familial and genetic factors: There appears to be a poorly-defined familial tendency and genetic predisposition to develop disabling chronic bronchitis.

Clinical Features:

There is considerable overlap of clinical features of chronic bronchitis and pulmonary emphysema as quite often the two coexist.

1. Persistent cough with copious expectoration of long duration; initially beginning in a heavy smoker with 'morning catarrh' or 'throat clearing' which worsens in winter.
2. Recurrent respiratory infections are common.
3. Dyspnoea is generally not prominent at rest but is more on exertion.
4. Patients are called 'blue bloaters' due to cyanosis and oedema.
5. Features of right heart failure (cor pulmonale) are common.
6. Chest X-ray shows enlarged heart with prominent vessels.

EMPHYSEMA

The WHO has defined pulmonary emphysema as combination of permanent dilatation of air spaces distal to the terminal bronchioles and the destruction of the walls of dilated air spaces. Thus, emphysema is defined morphologically, while chronic bronchitis is defined clinically. Since the two conditions coexist frequently and show considerable overlap in their clinical features, it is usual to label patients as 'predominant emphysema' and 'predominant bronchitis'.

Clinical Features

1. There is long history of slowly increasing severe exertional dyspnoea.
2. Patient is quite distressed with obvious use of accessory muscles of respiration.
3. Chest is barrel-shaped and hyperresonant.
4. Cough occurs late after dyspnoea starts and is associated with scanty mucoid sputum.
5. Recurrent respiratory infections are not frequent.
6. Patients are called 'pink puffers' as they remain well oxygenated and have tachypnoea.
7. Weight loss is common.
8. Features of right heart failure (cor pulmonale) and hypercapnic respiratory failure are the usual terminal events.
9. Chest X-ray shows small heart with hyperinflated lungs.

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- Natural Order : Cupuliferae.
Common Name : Chestnut, American Chestnut.
Habitat : North America.
Preparation : Mother tincture prepared from the fresh leaves.

- A useful remedy in whooping-cough, especially in the early stage, with dry, ringing, violent, spasmodic cough.²

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FROM **B.JAIN**



A report of Dr. Davis, in the Philadelphia Medical Times, of a careful study of the effects of Castana in whooping cough, made in the Philadelphia Hospital. Fifteen children were selected, all with severe paroxysms and the characteristic whoop. They had been taking other drugs, but were left without medicines two days, during which time the paroxysms increased in frequency and severity. After being put on Fl. Ext. Castana in doses of thirty to sixty drops every three hours, the paroxysms decreased rapidly, so that on the fifty day, none occurred except in three cases! The nurse in charge, who had witnessed many epidemics of the disease, declared she had never seen a medicine act like it.

- The leaves and bark are anti-inflammatory, astringent, expectorant, and tonic.³
- Desire for warm drinks. Very thirsty.¹
- Thick urine.¹
- Lumbago, weak back, can hardly straighten up.²
- Prescribed dose: Tincture.¹

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- Hoarseness
- Frequent cough with expectoration
- Chronic or recurring cough
- Difficult expectoration of tenacious mucus

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Justicia adhatoda	∅	2.0%
Ipecacuanha	1X	1.0%
Spongia tosta	1X	1.0%
Sticta pulmonaria	3X	1.0%
Antimonium tartaricum	6X	0.5%
Coccus cacti	3X	0.5%
Drosera rotundifolia	∅	2.0%
Senega	∅	3.0%
Balsam tolu	∅	3.0%
Excipients q.s.		



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3 times a day, Children < 12years old - 1 teaspoon,
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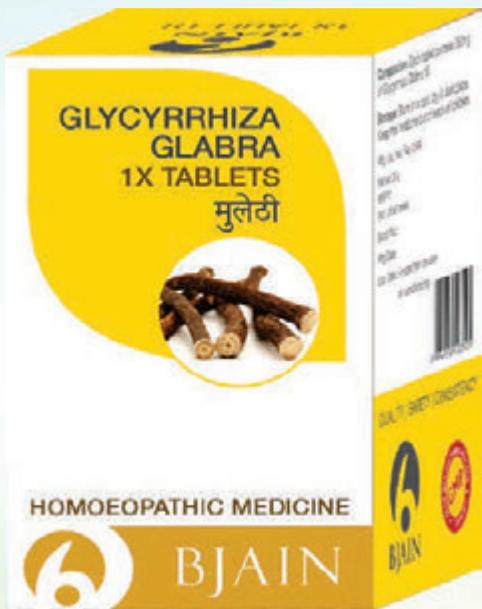
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HOMOEOPATHY & RESEARCH

A study of children with upper respiratory tract infections, including coughs, showed that those who received homeopathic treatment recovered much more quickly than those who were treated conventionally in the control group.¹³

HOMOEOPATHIC REMEDIES INDICATED IN COUGH

Homeopathy is the holistic system of medicine which deals with the patients on the basis of symptom-similarity, matching the symptoms of the patients with that of the proved medicine. Medicine is prescribed not only on physical symptoms but take into account mental symptoms and genetic blend of the patient too i.e. individualization of every case. Approach towards every chronic case in homeopathy is to find out the constitutional medicine for that case.

Some important remedies are discussed below which are indicated in cough but in chronic cases, the physician must need to know the case history.

1. Antimonium Tartaricum

- Clinically, its therapeutic application has been confined largely to the treatment of respiratory diseases, rattling of mucus with little expectoration has been a guiding symptom.¹
- Short coughs following each other in quick succession, excited by tickling and creeping in throat and larynx; dry in evening; with expectoration of tenacious mucus, generally somewhat salt, often only flat or sour in morning. With vomiting of food and sweat on forehead.⁵
- Cough and dyspnoea better lying on right side.¹
- In spring and autumn, when damp weather commences, coughs of children get worse.⁴

2. Balsamum Tolutanum

- In dry, hacking cough, as well as where there is great excess in expectoration the result of relaxed condition of the mucous membrane.³

3. Bryonia Alba

- It is of service in chronic coughs where the expectoration is slight, the cough is aggravated from the least exertion of the lung.⁶
- Cough, dry, at night; must sit up; worse after eating or drinking, with vomiting, with stitches in chest, and expectoration of rust-colored sputa.¹
- Very painful effects; on coughing holds sides, chest or head; in joints, etc.⁷

4. Cassia Sophera

- Cough with constipation and rheumatic problems.¹²
- Prescribed dose: First to third decimal potencies.¹²

5. Coccus Cacti

- This remedy is indicated in whooping cough, laryngitis and catarrhal bronchitis, with an excessive amount of ropy, tenacious mucus from the parts.⁶
- Regular paroxysms of violent tickling, racking cough, ending in vomiting or raising much clear, ropy mucus (Kali-bi.); with a purple, red face and internal heat; periodically; with kidney symptoms; slowly increasing, then gradually declining; amel. cold air or drinks.⁷

6. Drosera Rotundifolia

- This remedy is indicated in a spasmodic, explosive cough, with dryness of the air passages, and in



HOMOEOPATHIC APPROACH

cases of pertussis when the paroxysms of cough follow each other in such rapid succession that the patient can hardly breathe.⁶

- Deep sounding, hoarse barking cough (Verb.), < after midnight, during or after measles; spasmodic, with gagging, retching and vomiting.⁴

7. Eucalyptus Globulus

- Eucalyptus is a stimulating expectorant.¹
- It is useful in catarrhal affections of the bronchial mucous membrane, bronchorrhoea, and other chronic conditions that are accompanied by free muco-purulent expectoration.⁶
- Irritative cough. Whooping-cough in rachitic children.¹
- Prescribed dose: Tincture in one to 20 drop doses, and lower potencies. Also Oil of Eucalyptus in five-drop doses.¹²

8. Grindelia Robusta

- This remedy is indicated in chronic bronchial asthma and chronic spasmodic bronchial cough, when they are attended with profuse, tenacious expectoration, which gives relief.⁶
- Prescribed dose: Tincture in 1 to 15 drop doses, also lower potencies.¹²

9. Glycyrrhiza Glabra

- Cough, bronchitis.¹²
- Prescribed dose: 1x and higher.¹²

10. Hepar Sulphur

- Cough : when any part of the body is uncovered (Rhus); croupy, choking, strangling; from exposure to dry west wind, the land wind.⁴
- It is a dry, hoarse, barking cough.⁸
- Croup with loose, rattling cough; worse in morning.¹
- Is very useful for cough worse at night, but looser than that indicating Belladonna. This medicine is also useful in forwarding the secretory process.⁹

11. Hyoscyamus Niger

- Cough : dry, nocturnal, spasmodic; < when lying down, relieved by sitting up (Dros.); < at night, after eating, drinking, talking, singing.⁴
- Dry at night, but with expectoration of somewhat saltish mucus or bright red blood mixed with lumps by day.⁵

12. Ipecacuanha

- Cough incessant and violent, with every breath. Chest seems full of phlegm, but does not yield to coughing.¹
- It is a dry, hacking, teasing, suffocative cough, accompanied by nausea and vomiting.⁸

13. Justicia Adhatoda

- Severe dyspnoea with cough.¹
- Cough with tightness of chest, as if it would burst with bronchial rattle, obstruction of breath and sneezing. Stiffening out, trembling and convulsions with cough or fever.²



14. Laurocerasus

- Spasmodic tickling cough, especially in cardiac patients, is often magically influenced by this drug.¹
- Frequently recurring, whistling, spasmodic, single cough, excited by tickling in larynx and trachea, as if they were dry.⁵
- Cough, with copious, jelly-like, or bloody expectoration.¹
- Threatening paralysis of lungs, with cessation of expectoration.⁵
- Prescribed dose: Tincture, to third potency.¹²

**15. Mephitis**

- False croup; cannot exhale. Spasmodic and whooping-cough. Few paroxysms in day-time, but many at night; with vomiting after eating.¹
- Violent spasmodic cough; worse at night.¹
- Dose- First to third potency.¹

**16. Phosphorus**

- Cough from tickling in throat; worse, cold air, reading, laughing, talking, from going from warm room into cold air.¹
- Whole body trembles, with cough.¹
- Nervous coughs provoked by strong odors, entrance of a stranger; worse in the presence of strangers; worse lying upon left side; in cold room.¹

**17. Rumex Crispus**

- Dry, teasing cough, preventing sleep. Aggravated by pressure, talking, and especially by inspiring cool air and at night. Thin, watery, frothy expectoration by the mouthful : later, stringy and tough.¹
- Rumex is of great help to us in allaying the cough of phthisis.¹⁰

**18. Senega**

- Cough often ends in a sneeze. Rattling in chest. Difficult raising of tough, profuse mucus, in the aged.¹
- Loose rattle in chest, but the profuse, clear expectoration is tough and slips back.⁷

**19. Spongia Tosta**

- Cough : dry, barking, croupy; rasping, ringing, wheezing, whistling; everything is perfectly dry, no mucous rale.⁴
- The dry, chronic sympathetic cough or organic heart disease is relieved by Spongia. [Naja.]¹
- Cough with painful soreness and burning in chest.

**20. Stannum Metallicum**

- Cough : deep, hollow, shattering, strangling; concussive, in paroxysms of three coughs (of two, Merc.); dry, while in bed, in evening; empty sensation in chest.⁴
- Expectoration : profuse, like the white of an egg; sweetish, salty (Kali i., Sep.); sour, putrid, musty; yellow, green pus (heavy, green, salty, Kali i.); during the day.⁴
- Hoarseness : deep, husky, hollow voice; relieved for the time by coughing or expectorating mucus.⁴



21. Sticta Pulmonaria

- Dry, hacking cough during night; worse, inspiration. Loose cough in morning.¹
- Cough after measles; worse towards evening and when tired. Pulsation from right side of sternum down to abdomen.¹
- Cures cough left by measles, whooping-cough and flue. Potency : 6x.¹¹

22. Sanguinaria Canadensis

- Cough of gastric origin; relieved by eructation.¹
- Cough : dry, waking him at night and not ceasing until he sits up in bed and passes flatus; circumscribed red cheeks; night sweats; diarrhoea.⁴
- Sputum tough, rust-colored, offensive, almost impossible to raise.¹

23. Wyethia Helenoides

- Dry, hacking cough, caused by tickling of the epiglottis.¹
- Dryness of the throat with constant desire to swallow.⁶
- Marked effects on the throat, and has proven an excellent remedy in pharyngitis



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