



TANTIA UNIVERSITY JOURNAL OF HOMOEOPATHY AND MEDICAL SCIENCE

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CASE STUDY

INFANTILE PNEUMONIA CAUSES, SIGNS/SYMPTOMS, DIAGNOSIS, COMPLICATIONS, MANAGEMENT AND HOMOEOPATHIC TREATMENT- “A CASE STUDY”

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Abstract

Received- 15/12/2023

Revised- 27/12/2023

Accepted- 30/12/2023

Key Word- Infantile Pneumonia, Antim Tart., Aralia R, Natrum Sulph, Klebsiella, E. coli, Pneumococci, Staphylococci, Immunocompromised children, Alae nasi.

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Pneumonia is an infection of one or both of the lungs caused by bacteria, virus, or fungi. It is a serious condition in which the air sac fills with pus and other liquid. Pneumonia may be classified anatomically as lobar and lobular pneumonia, Bronchopneumonia and interstitial Pneumonia. Pathologically, there is a consolidation of alveoli or infiltration of the interstitial tissue with inflammatory cells or both. Here we will discuss the causes sign and symptoms, complication, differential diagnosis, management along with Homoeopathic treatment with case. Homoeopathic medicines like Antim Tart, Aralia R & Natrum Sulph was found to have a Miracle effect on infantile pneumonia. Antim Tart is due to the emetic influence of the tartarised antimony that this medicine got its name “Tartar Emetic”. Antim Tart act on respiratory organ, Salivary gland, Mucus membrane, brain, nerve

and skin. Its action on the pneumogastric nerve causes depression of respiration, circulation and other symptoms resembling pneumonia, bronchitis, asthma etc. Aralia Racemosa with common name American spikenard is a remedy for Asthmatic condition with cough aggravated on lying down. Dry cough coming on after first sleep about middle of night. Natrum Sulphuricum – Sodium Sulphate was discovered by Glauber, hence called Glauber's salt, is used by the old school as a laxative or purgative but Homoeopathy has raised its status and established its great utility in various disease conditions like Pneumonia, Asthma etc. The drug has got its main seat of action on the respiratory system causing sycotic pneumonia and humid Asthma.

INTRODUCTION

Pneumonia is an infection that inflames the air sacs in one or both lungs. The air sacs may fill with fluid or pus (purulent material) causing cough with phlegm or pus, fever, chill and difficult breathing. A variety of organisms including bacteria, viruses and fungi can cause pneumonia.

CAUSES: Viral Pneumonia caused by respiratory syncytial virus, influenza, parainfluenza or adenovirus may be responsible for about 40% of the case. In over two third of the cases common bacteria cause Pneumonia –

- **First two month:** In first two month the common agent includes gram-ve bacteria such as Klebsiella, E.coli and gram+ve organism like Pneumococci and staphylococci.
- **Between 3 month – 3 years:** Common pathogen includes S. Pneumonia, H. Influenae and Staphylococci
- **After 3 years of age:** Common bacterial pathogens includes Pneumococci and staphylococci Gram-negative organisms cause Pneumonia in early infancy, severe malnutrition and immunocompromised children.

Atypical organisms including Chlamydia and Mycoplasma spp. may

cause community acquired Pneumonia in adults and children. Pneumocystic Jiroveci, Histoplasmosis and coccidioidomycosis may cause Pneumonia in immunocompromised children.

SIGNS AND SYMPTOMS OF INFANTILE PNEUMONIA:

- Onset of pneumonia may be insidious starting with upper respiratory tract infection or may be acute with high fever, dyspnea and grunting respiration.
- Respiration rate is always increased.
- On examination, there is flaring of alae nasi, retraction of the lower chest and intercostals spaces. Sign of consolidation are present in lobar pneumonia.

DIAGNOSIS:

- The sign and symptoms of pneumonia are often nonspecific and vary widely based on the child's age and the infectious organisms involved.
- Observing the child's respiratory effort during a physical examination is an important first step in diagnosing pneumonia. The world health organization (WHO) respiratory rate thresholds for identifying children with pneumonia are as follows:

- **Children younger than 2 months:** Greater than or equal to 60 breaths/min.
- **Children aged 2-12 months:** Greater than or equal to 50 breaths/min.
- **Children aged 1-5 years:** Greater than or equal to 40 breaths/min.

WHO definition requires only cough and tachypnea on physical examination.

- Assessment of oxygen saturation by pulse oximetry should be performed early in the evaluation when respiratory symptoms are present.
- Cyanosis may be present in severe cases.
- Presence of either fast breathing or lower chest wall in drawing where there is chest moves in or retracts during inhalation (in healthy situation, the chest expands during inhalation).

Other diagnostic test may include the following—

- **Auscultation by stethoscope:** For rales or rhonchi auscultation of chest may reveal. Crackles (coarse crackles or crepitation), rales, or bronchial breathing, and there may be presence of dullness on percussion or tactile vocal fremitus.

- **Complete blood cell count (CBC):** Blood tests are used to confirm an infection and try to identify the type of organism causing the infections to see whether immune system is fighting an infection.
- **Chest X-ray:** This helps to diagnose pneumonia and determine the extent and location of the infection.
- **Pulse oximeter:** Pulse oximetry measures to know how much oxygen is in the blood. In infants the level of oxygen in the blood is tested by placing a sensor on a finger or an earlobe.
- **Sputum test:** Sputum culture is the most common test needed to be performed when the patient has pneumonia. In infants suctioning is indicated to collect sputum.

Complication Of Infantile Pneumonia:

Complications are---

- Parapneumonic effusion
- Empyema
- Necrotizing Pneumonia
- Lungs abscess
- Bacteraemia
- Metastasis infection
- Multiorgan failure.

Differential Diagnosis Of Infantile Pneumonia: It includes

- Upper and lower respiratory tract infections
- Infections and noninfectious pulmonary conditions and
- Cardiac and vascular anomalies.

MANAGEMENT

Initial priorities in infants with pneumonia include the identification and treatment of respiratory distress, hypoxemia and hypercarbia.

- Grunting, flaring, severe tachypnea, and retractions should immediately treat for respiratory support.
- Children who are in severe respiratory distress should undergo tracheal intubation if they are unable to maintain oxygenation or have decreasing levels of consciousness.
- Increased respiratory support requirements such as increased inhaled oxygen concentration, positive pressure ventilation or continuous positive airways pressure (CPAP) are commonly required before recovery begins.

HOMOEOPATHIC MANAGEMENT:

The selection of remedy is based upon the theory of individualization, constitutional and symptoms similarity using holistic approach. The aim of Homoeopathy is not only to treat infantile pneumonia but to address its underlying causes and individual susceptibility. As far

as therapeutic medication is concerned several remedies are available to treat infantile pneumonia like—Bryonia alba, Ipecacuanha, Antimonium Tartaricum, Arsenicum album, Natrum Sulphuricum, Phosphorus, Veratrum viride, Aralia R, Justisia ad, Chelidonium Majus, Sulphur, Tuberculinum, Lobelia Inflata. In this article we will discuss a case of infantile pneumonia treated with **Antim Tart, Araria R and Natrum Sulphuricum.**

CASE STUDY

Presenting Complaints:

One 8 month boy baby diagnosed with pneumonia came to me at our Homoeopathic OPD of Tomo Riba Institute of health and Medical sciences on 17th June 2021. The presenting complaints were—

- Slight cough since 2 month but from 1 week it aggravates. The baby look very sick and cough aggravated at night, sleepiness with the complaints and cold sweats on forehead.
- The baby was very irritable with fever.
- The baby refuses to feed.
- The baby was treated with conventional system of medicine, but fever start fluctuating and cough became dry and was difficult

to cough out so the baby was irritable.

- Difficulty in breathing since 1 week < by coughing.
- Hoarseness – since 2 days.

History Of Present Complaint:

Duration – From 2 month back but from one week it becomes severe.

Causation – Cannot elicit.

Treatment given –

- The baby was treated with conventional system of medicine at TRIHMS and was diagnosed as Pneumonia and
- The baby was under antibiotics when parents approached me in the OPD.

Intra Uterine History: There was no such intra uterine history as the baby was adopted one.

Personnel History Of The Baby:

- **Birth History:** Full term baby with normal delivery.
- **Birth weight:** 2.8 Kg
- **Birth cry:** Cry immediately after birth.
- **Immunization** – Done as per age.

GENERALITIES:

Physical Generals:

- **Appearance** – Baby was having sickly appearance with cold sweat on forehead.

- **Appetite** - Low appetite, baby refuses to feed. Artificial feeding is being given forcefully.
- **Stool** – Constipated
- **Urine** – Yellowish in colour and very offensive.
- **Tongue** – White coated
- **Perspiration** – Cold sweats on forehead.
- **Mind**- Very irritable, the child does not allow itself to be touched, dehydrated.

INVESTIGATION: On 17.06.2021

Blood –

- ESR – 22mm of Hg
- Hb – 10.2 gm%
- WBC – 8,400/cumm

Chest X-Ray: Opacity is noted on upper lobe with consolidation of upper lobe and perihilar region.

Respiratory system findings:

- Bilateral coarse crept/crackling.
- Bronchial breathing (ICR +SCR)
- Flaring of alae nasi, accessory muscles used for breathing.
- Respiratory rate – 78/min.
- SpO₂ – 83%.
- Axillary temperature – 102⁰F

PROVISIONAL DIAGNOSIS:

Pneumonia With Consolidation Of Upper Lobe And Perihilar Region.

TOTALITY OF SYMPTOMS

1. Sickly look, sleepiness with the complaint and dehydrated.
2. Appetite – Diminished (Refuses to feed)
3. Cough – Rattling
4. Breathlessness- Night and during sleep.
5. Tongue – White coated
6. Perspiration on forehead.
7. The child was very irritable and was continuously crying.

REPERTORIZATION

	calc	suiph	bell	kal/bk	lyc	opa	carb-v	china	kal/c	hep	phos	man-w	dry	fed
1. COUGH - RATTLING (91) 1	2	2	2	2	2	2	2	2	1	2	1	2	1	2
2. COUGH - NIGHT (208) 1	3	3	3	1	3	1	1	3	3	2	1	1	1	3
3. RESPIRATION - DIFFICULT - sleep - during - agg. (40) 1	1	2	1	2	2	2	2	1	2	1	1	1	1	3
4. MOUTH - DISCOLORATION - Tongue - white (289) 1	3	3	3	3	2	2	2	2	1	1	2	2	2	2
5. HEAD - PERSPIRATION of scalp - Forehead (109) 1	2	1	1	2	1	3	2	1	2	2	3	1	1	-

PRESCRIPTION:

Rx

Antim Tart 200 /5ml

1 drop x TDS x 7 days with water.

Antim tart 200 was prescribed on the basis of totality of symptoms and repertorization and lastly consulting to Materia Medica.

FOLLOW UP:

Date	Symptom	Medicine	Remark
17.06.2021	<ul style="list-style-type: none"> Sickly looks, sleepiness with the complaint and dehydrated. Appetite – Refuses to feed. Cough- rattling Breathlessness at night and was not able to sleep. Tongue – White coated Perspiration –on forehead. The child was very irritable and was continuously crying. 	Antim Tart 200/5ml 1 drop x TDS with water for 5 days.	
24.06.2021	<ul style="list-style-type: none"> Irritability decreases. SPO₂ increases. RS finding SQ,SCR/ICR+ Fever reduced to 99⁰F. Breathlessness decreases. Cough especially at night with rattling. 	Aralia R Q/1oz 8 drops X TDS with water for 10 days.	
03.07.2021	<ul style="list-style-type: none"> Cough decreases but occasionally the baby used to cough. Drowsiness decreases. Breathlessness – decreases but still the baby feels difficulty in breathing. RS - Crepts reduced. 	Natrum Sulph 30/5 ml 2 drop x TDS X7 days.	
10.07.2021	<ul style="list-style-type: none"> Occasional bouts of cough. Drowsiness reduced. RS – Crepts reduced No ICR / SCR. RR – 60/min. 	Again, Aralia R Q /15ml 8 drops x TDS x 12 days was prescribe	Advice- Chest X-Ray P/A view after 12 days.

	<ul style="list-style-type: none"> No fever 		
24.07.23	<ul style="list-style-type: none"> No cough No Rattling RS –No crepts No breathlessness No Tachypnoea and no fever. CXR - Normal 	Aralia R Q/15 ml 8 drops x TDS with water X 7 days was prescribed.	The baby was absolutely better and was playing and smiling.

Before treatment



Name : DUYU Takar
 6 months / M
 Date - 17/06/2021
Chest X-ray Report
 Well-defined opacities are seen in
 R upper lobe & R paravertebral
 regions.
 Rest of lung fields are clear.
 Heart is normal.
 Cl. arch & domes of diaphragm
 are normal.
 Impression : Consolidation of
 R upper lobe &
 R paravertebral regions.
 Dr. J. Karlo

BROTHERS MEDICOS AND DIAGNOSTICS
 Opp. Arunachal State Hospital Main Gate, Lummer Dai Road, Naharlagun - 791110, ph- 03602351750

Name : DUJU TAKAR
 Age / Sex : MALE/6 MONTH
 Refd. By : Dr. USHA DEVI

Date of Collection : 17/06/2021
 Date of Reporting : 17/06/2021
 Lab No. : 221

Test Advised: COMPLETE BLOOD COUNT

	RESULT	BIOLOGICAL REFERENCE RANGE
WBC	8,400/cumm	4000-11000/cumm
RBC	3.87million/cumm	1.5-5 million/cumm
Hb	10.2gm/dl	Male:11-16 gm/dl Female:10-15 gm/dl
HCT/PCV	38.0%	40-50%
MCV	79fl	83-101 fl
MCH	24.4pg	27.5-32 pg
MCHC	30.2g/dl	13.5-16 g/dl
PLT	2.68lak/cumm	1.5-4 lakh/cumm
ESR	25 mm/AEH	M:0-14 mm/AEH F:0-20 mm/AEH

Differential Leukocyte Count

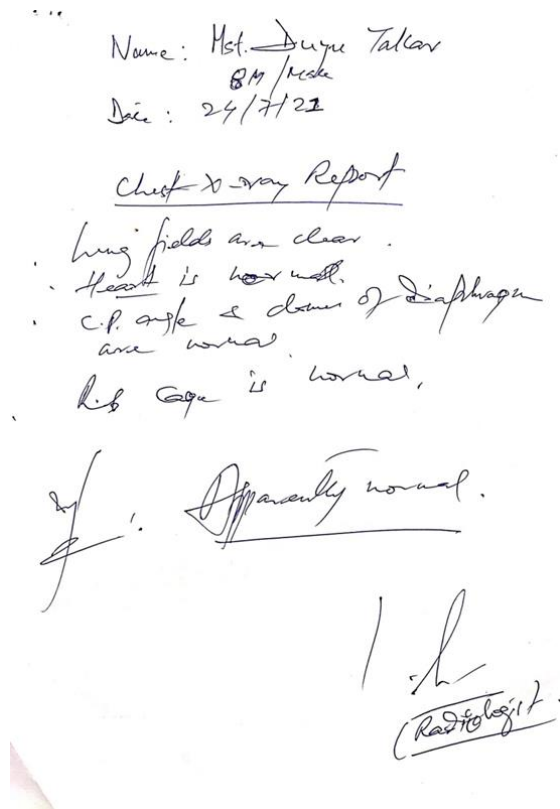
Neutrophils	67%	40-75%
Lymphocyte	26%	20-45%
Monocytes	03%	2-10%
Eosinophils	04%	1-6%
Basophils	00%	<2%
RDW-CV(RBC distribution width)	16.3%	Coefficient of Variation 10-16.5
PDW(Platelets distribution width)	23.2fl	
MPV(Mean platelet volume)	10.5fl	5-10fl

Signature of Lab-Tech: *Jupika*
 Signature of Hon. Biochemist: *Dr. G. Basar/MD*
 APMCR/0113

NOTE: Please co-relate the findings clinically. This is not liable for Medico-Legal purpose. This report is for Clinicians only.

After treatment





CONCLUSION

From the above case we can conclude that Homoeopathic medicines plays an effective role in curing Pneumonia within 4 weeks which were so dramatic and fast. With all possible medicine we can prevent the complications and keep the patient in a less distress, but the time of resolution remains the same. Dr. Douglas Borland, in his book on Pneumonia, very nicely described about the treatment of Pneumonia. He says, there are two methods in the treatment, one is lysis (to play safe), in which we can prescribe the remedies on common features of the disease in the lower potencies, with less frequent repetitions

and we can make patient slightly better, and avoid complication.

But in the second method, the Crisis, we can prescribe the simillimum in the higher potencies and with very frequent doses. The repetition is necessary to bring the distressed vital force in its normal action. He says in this method, within 6 hrs fever should be reduced, and within 24 hrs. it should be completely normal.

The above case is treated with both (lysis & Crisis) using high and low potency medicine in normal and frequent repetition of doses and we can see the fantastic result with it. So now we can say "Homoeopathy acts much faster and much better than it is said to be".

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How to Cite this Article- Devi U., Biswas R., Infantile Pneumonia Causes, Signs/Symptoms, Diagnosis, Complications, Management And Homoeopathic Treatment- A Case Study. *TUJ. Homo & Medi. Sci.* 2023;6(4):74-83.

Conflict of Interest: None

Source of Support: Nil



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