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**Importance of Observation as Pointers to Similimum in Acute Lower
Respiratory Illnesses in Pediatric Age Group**

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Abstract-

Background- Observation is one of the most important phenomena in Homeopathy as well as in Paediatric age group as they cannot express themselves through speech. Need of selecting this topic for study is that respiratory tract infections are the main cause of children's morbidity and mortality both in developing and the developed countries and the aim to study the importance of observations as pointers in arriving at the similimum in Acute Lower Respiratory Illnesses in Paediatric age group. **Methods-** This is a prospective study done on 60 patients with suffered from acute LRTI. Symptoms were classified into common and characteristic symptoms and observations. These observations converted into observational rubrics. **Result-** out of 60 cases in 47 cases, only observations were useful to arrive at similimum. While in 54 cases more than 50% and all observations were useful to arrive at similimum. Pathology also considered with observations in many cases for selection on similimum **Conclusion-** In 97% cases observations useful for formulating repertorial totality. In 72% cases observations useful for arriving at similimum. In 70% cases observations are useful for Materia Medica differentiation.

Key word: Observations, acute lower respiratory tract infection, common observations, characteristic observations, observational rubrics, repertorization, similimum.

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Introduction-

WHO recognized respiratory diseases as the second important cause of death for children

less than five years in 2010. During the management of acute LRTI cases in IPD, I got

different experiences to handling a child. The main problem we faced while managing Paediatric cases was that they cannot share their distress through words but expressed through different gestures and Behavior. So I was developed interest to understand their body language and interpret it accurately to arrive at similimum. While collecting the cases for my research study I learnt various angles of single remedies and use of different observations. In some cases characteristic observations used as an Eliminating symptom, in some cases common observations used as a Pathological symptoms, in some cases we used observations only important to arrive at similimum while in some cases they were used just to confirm the remedy which is already selected on the basis of pathology.

Aim

To study the importance of observations as pointers in arriving at the similimum in acute lower respiratory illnesses

Objectives

1. To enumerate the parameters for observations in Acute Lower Respiratory Illnesses.
2. To identify the Common and Characteristic observations in Acute Lower Respiratory Illnesses.
3. To study the importance of observations in formulating the totality in Acute Lower Respiratory Illnesses.

4. To study the importance of observations in arriving at similimum in Acute Lower Respiratory Illnesses
5. To understand the importance of observations in Remedy differentiation in Acute Lower Respiratory Illnesses.

Methodology-

Type of Study: Observational Descriptive Study - Prospective, Case Series

Study Setting: Patients suffering from Acute Lower Respiratory Tract infection in Paediatric age group attending the OPD and IPD of clinical centers.

Selection of Samples: 60 samples suffering from acute lower respiratory tract infection in pediatric age group sample random sampling.

Inclusion Criteria:

1. Diagnosed cases of Acute Lower Respiratory Illness through clinical presentations and Examination.
2. Children suffering from acute lower respiratory tract infection up to age 5.
3. Children from both sex suffering from acute lower respiratory tract illnesses

Exclusion Criteria:

1. The children whom one can't confirm their observations

Selection of Tools:

1. Annexure format for recording the observations
2. Symptom classification form

Brief of Procedures:

1. Identified the cases diagnosed with acute lower respiratory illness
2. Selected 60 cases randomly.

3. Classified the clinical and individual expressions with the help of symptom classification form
4. Interpretation of observation is confirmed by agreement of two physician to one observation
5. Analyze the observational rubrics and symptoms
6. Understood the importance of observational rubrics and symptoms in arriving to clinical diagnosis, totality formation and remedy differentiation.

Outcome Assessment

- Common observations- are those observational symptoms given in pediatric clinical textbooks, which help to arriving at clinical diagnosis.
- Characteristic observations- are those individual symptoms which are not related to disease pathology but help us to arriving person diagnosis.

Data Collection: The data collected in 1 and ½ year duration.

Statistical Techniques: Qualitative Data is analyzed by Proportion.

Data Analysis:

- Age and different observations – common and characteristic
- Gender and different observations
- Types of Acute Lower Respiratory Illnesses and age, gender and types of observations
- Different Observations classified into Mental, Physical and Modalities
- Observations help in arriving to clinical diagnosis

- Observation in Formulating the totality
- Observation and Remedial differentiations

This is a prospective study done on 60 patients with suffered from acute LRTI.

1. In all 60 cases symptoms were classified into common and characteristic symptoms then further it classified into common and characteristic observations.
2. These observations further converted into observational rubrics using synthesis repertory.
3. These symptoms were repertorize – a)according to approach, b)considering only characteristic, c)considering only observations and d)excluding observations to see whether only observations are helpful to arrive at similimum or not.
4. The group of remedies were further differentiated through different Materia Medica books considering basic ground for differentiation according to need of cases

Ethical Issues- Approved by IEC

Results-

In the study of observations in acute LRTI cases in the Paediatric age group day 1 to 5 years, following data was collected randomly and observed and analyzed according to the aims and objectives which were proposed at the beginning of the study.

Characteristic Observations-

- A. **Behavior- Mentals-** some Behavior noted down, which are categorized as a mental symptoms are-

S. No.	Behavior- Mental	No. Of Cases
1	Irritability associated with on touch, on approach and also in high intensity	43
2	Drowsiness	17
3	Crying on approach	16
4	Clinging to mother	5
5	Want mother always around	2
6	Moaning	9
7	Want father/ family	2
8	Want to go home	2
9	Weeping with complaints	1
10	Company aversion of others	1
11	Weak cry	2
12	Muttering delirium	1

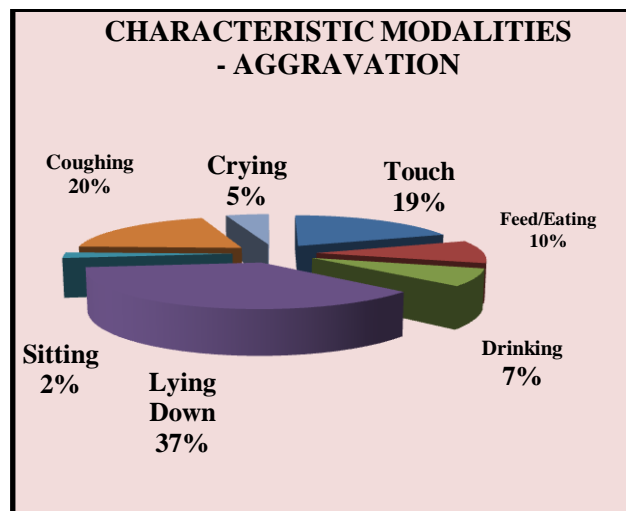
B. Behavior- Physical- some Behavior noted down, which are categorized as a physical symptoms are-

S. No	Behavior- Physical	No. Of Cases
1	Weakness	4
2	Painless to stimuli	1
3	Wants fanning	3
4	Throws covering	1
5	Hold chest on coughing	1
6	Shaking body cough during	1
7	Closing eyes during coughing	1
8	Sleep with half eyes open	3

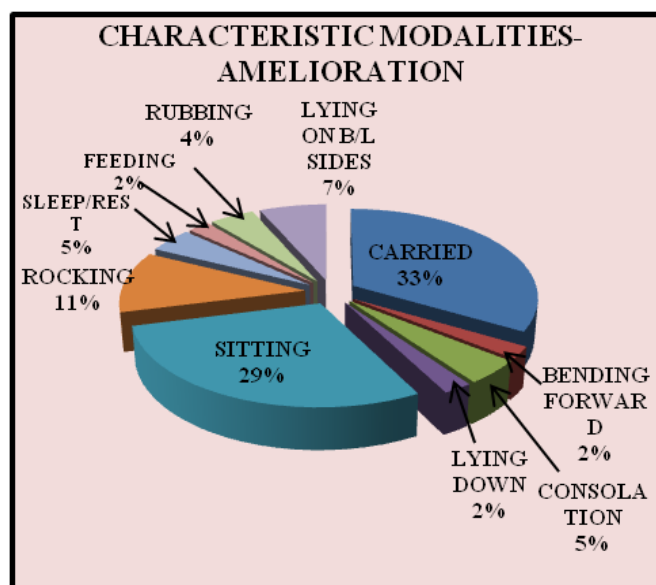
Aggravating modalities-

In 15 cases we get complaints aggravated- lying down, in 8 cases- touch aggravates, in 8 cases- aggravated on coughing. In 4 cases while eating or feeding and in 3 cases while

drinking, in 2 cases due to crying and in 1 case while sitting cough aggravated.



Ameliorating modalities- Amelioration is noted down while coughing and mental state during. In 15 cases better by carried, in 13 cases better in sitting position, in 5 cases better by rocking, in 3 cases better after lying on sides bilateral, in 2 cases by consolation child felt better, in 2 cases sleep ameliorated the complaints, in 1 case rubbing on back and in 1 case rubbing n head gave amelioration. Bending forward, lying down and feeding ameliorated in single cases respectively



Discussion:

As mentioned in the review of literature, case starts at the point when patient enters in the room; physician's observations will definitely make an important aspect of the case taking.

1. Age wise prevalence of LRTI-

The groups are made according to different ages, the first is neonatal age group (birth to 28 days) – 5 cases, 2nd group is infants (1 month to 12 months)- 24 cases, 3rd group is toddler's (13 months to 2 year and 11 months)-19 cases, the last is preschool (3 years to 5 years) – 12 cases. In all 4 age groups Pneumonia is marked, so we can conclude that Pneumonia is common condition in any age group but more in infant and toddler. The 2 cases of hyperresponsive airways are from 3rd and 4th group. Pneumonitis cases we get 1 from 1st group, 1 from 2nd age group and 1 from 4th group. We have 6 cases of acute bronchitis, out of which 1 is from 2nd group, 3 from 3rd group and 2 from 4th group. 3 cases of acute exacerbation of bronchial asthma, 1 case from 2nd group and 2 cases from 3 to 5 years of age. 1 case of larngotracheobronchitis under 2nd group, and 2 cases of ARDS from 1st age group. 3 cases of acute bronchiolitis from infant group 2 cases and from toddlers group 1 case.

According to review of literature Pneumonia is number one cause of under-5 childhood mortality across the globe particularly in developing countries. Acute bronchiolitis is more common in males below 1 year of age. Children suffered from larngotracheo-bronchitis are ranges from 6 months to 6 years of age with the peak incidence at around 2

years of age. Bronchial Asthma onset prior to 6 yr of age, and the maximum number of cases in acute respiratory distress were from neonatal age group.

2. Different age groups and observations

In neonatal age group- 5 cases, and total no. of observations 22, out of which 8 mental observations and 14 observations are physical observations.

Infant age group- 24 cases, in which we got 155 observations out of which 73 mental observations and 82 are physical.

Toddler's age group- 19 cases of this age group and total no. of observations 125 out of which 57 are mental observations and 68 are physical observations.

Preschool age group- 12 cases and the total no. of observations is 80, out of which 34 are mental and 46 are physical observations.

3. Parameters for observations-

For study of different observations and their significance, we categorized them under different parameters. These parameters selected on the basis of review of literature.

These observations further categorized into common and characteristic observations.

4. Common observations-

According to review of literature, the symptoms already given under clinical manifestation of specific diagnosis are considered as a common observation. So the common observations we get are dull look, in Behavior dullness, irritability and restlessness. These Behaviors are due to efforts for breathing and due to air hunger and hoarseness of voice in croup, etc.

5. Characteristic observations-

Appearance/ look- in 14 cases - drowsy; in 7 cases- red face due to coughing and in 1 neonate- toxic look.

Mental Behaviors- In 41 cases- irritability is present but in 24 cases it becomes characteristic because of high intensity, associated with on touch or on approach, and in 17 cases it is common as it is associated with LRTI only. In 10 cases -dullness is characteristic due to high intensity and associated with other complaints like vomiting, and in 30 cases it is common as it is due to LRTI. Drowsiness- is common in 17 cases, while in 16 cases children cry on approach. In 9 cases moaning is there and in 5 cases clinging to mother is marked. Some other Behaviors are wanted mother around him/her in 2 cases, wanted father in 1 case and family members in another case. Weak cry observed in 2 cases. Weeping, company aversion and muttering delirium was observed in 3 cases, 1 case respectively.

Physical Behavior- included weakness 4 cases, wanted fanning 3 cases and sleep with half eyes open 3 cases, while painless to stimuli, throws covering, hold chest on coughing, shaking body and closing eyes during coughing respectively we found in single cases.

Tongue- Out of 11, in 7 cases there was white coated tongue, in 3 cases dry tongue and in 1 case red tongue.

Position- In 3 cases, we observed that child lying quietly while 1 child is changing position frequently, 1 is better by lying on lateral sides

but mostly lying on right side and the other one is lying in knee chest position.

On touch- During fever in LRTI, in most of cases head hot and extremities cold, in one case soles and palms cold with warmth of remaining parts, while in 1 case only hands cold with warmth of remaining parts of body.

6. Observations used for formulating the totality, in arriving at similimum, and in remedy differentiation in acute lower respiratory illnesses

In all 60 cases of LRTI, the observations (both common as well as characteristic) useful for formulating totality.

Conclusion- As age advances number of observations as well as LRTI incidences also reduced.

1. 70% observations are characteristic which helps to arrive at similimum .
2. In 97% cases observations useful for formulating reportorial totality. In 72% cases observations useful for arriving at similimum. In 70% cases observations are useful for Materia Medica differentiation.
3. Considering pathology is an important step before prescribing and observations can be considered as a pointer for specific remedy.
4. Antim Tart prescribed in 20 cases While Coccus Cacti and Cina prescribed in 6, 6 cases

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