



# An Experimental Case Study on the Role of Individualized Homoeopathic Treatment in Paediatric Common Cold (URTI)

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## Abstract

Upper Respiratory Tract Infection (URTI) represents one of the most frequent acute conditions encountered in paediatric outpatient practice. The common cold is a mild, self-limiting viral infection affecting the nasopharynx and associated upper respiratory structures. Despite its self-limiting nature, recurrent episodes in children significantly impact quality of life and school attendance. Homoeopathy emphasizes individualized prescription based on totality of symptoms and patient constitution.

This experimental case study evaluates the effectiveness of individualized homoeopathic medicine in a 13-year-old female child diagnosed with acute common cold. Assessment was performed using the Common Cold Questionnaire (CCQ). Significant improvement was observed in symptom scores from 11 (before treatment) to 2 (after treatment). The findings suggest potential efficacy of individualized homoeopathic management in paediatric URTI cases.

**Keywords:** Upper Respiratory Tract Infection, Common Cold, Homoeopathy, Paediatrics, Individualized Treatment, CCQ

## 1. Introduction

Upper Respiratory Tract Infections (URTIs) are among the most common acute illnesses in paediatric practice. According to Centers for Disease Control and Prevention, children experience multiple episodes of common cold annually due to immature immunity and close contact exposure. The common cold is defined as an acute viral infection involving the nose, sinuses, pharynx, and larynx.

Transmission occurs via direct contact, respiratory droplets, or contaminated surfaces. More than 200 viral strains are implicated, with rhinoviruses accounting for over 50% of cases. Conventional management is largely symptomatic.

Homoeopathy, founded by Samuel Hahnemann, is based on the principle of “Similia Similibus Curentur” (like cures like) and individualized prescribing. The totality of symptoms guides remedy selection rather than disease diagnosis alone.

## 2. Etiology

Children are more prone to URTIs due to developing immunity and school exposure. Major viral agents include:

- Rhinoviruses
- Adenoviruses
- Respiratory Syncytial Virus (RSV)
- Parainfluenza viruses
- Human metapneumovirus

## 3. Pathogenesis

Viruses spread through:

1. Direct contact (self-inoculation)
2. Airborne aerosols
3. Large droplet deposition

Symptoms result from inflammatory mediators, cytokine release, and polymorphonuclear cell infiltration within nasal epithelium.

## 4. Materials and Methods

- **Study Design:** Prospective, longitudinal experimental case study
- **Study Setting:** Paediatric OPD
- **Assessment Tool:** Common Cold Questionnaire (CCQ)
- **Intervention:** Individualized homoeopathic prescription based on totality of symptoms
- **Outcome Measure:** Symptom score reduction

## 5. Case Presentation

### Case Profile

- **Age/Sex:** 3-year-old female
- **Date of Visit:** 22/12/2024

### Presenting Complaints

- Coryza since 3 days (< open air, > indoors)
- Thin, watery, excoriating nasal discharge
- Right-sided burning chest pain
- Cough < midnight, > lying on back
- Scanty expectoration
- Fever 102.8°F < midnight
- Fever with cold sweat

### Personal History

| Parameter        | Findings                               |
|------------------|--|
| Mode of Birth    | Normal delivery                        |
| Birth Weight     | 2.9 kg                                 |
| Immunization     | Complete                               |
| Appetite         | Increased                              |
| Thirst           | Increased, frequent sips               |
| Thermal Reaction | Chilly                                 |
| Perspiration     | Excessive                              |
| Sleep            | 6–7 hours, refreshing                  |
| Dreams           | Fearful                                |
| Mental Generals  | Restlessness, fear of being left alone |

### Physical Examination

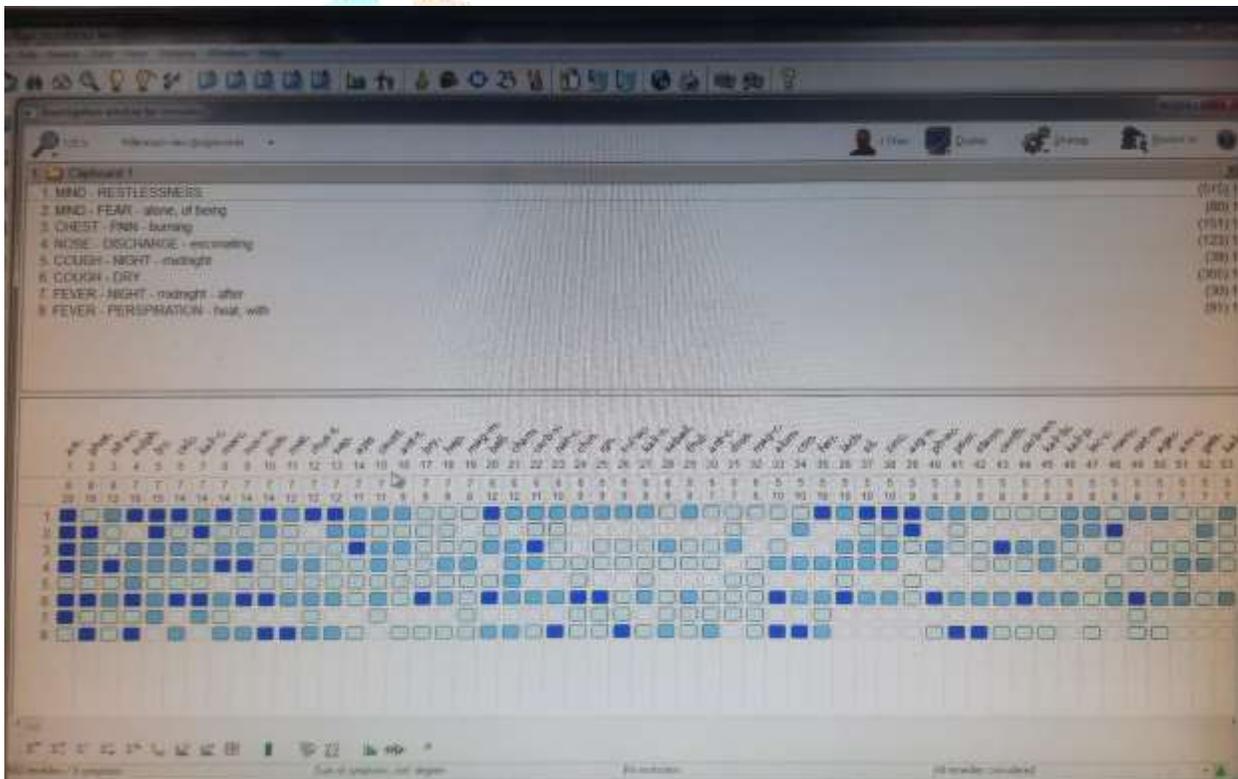
| Parameter   | Findings |
|-------------|----------|
| Height      | 96 cm    |
| Weight      | 16.5 kg  |
| BMI         | 15.6     |
| Pulse       | 78 bpm   |
| RR          | 18/min   |
| Temperature | 102.8°F  |
| Tongue      | Clean    |
| Lymph Nodes | Normal   |

## 6. Analysis of Case

### Characteristic Symptoms

- Restlessness
- Fear of being alone
- Burning chest pain
- Thin excoriating discharge from nose
- Cough aggravation midnight
- High fever with cold sweat
- Fever aggravation midnight after
- Fever with perspiration
- Chilly constitution

### Repertorial Analysis



Totally indicated **Arsenicum Album** as the similimum.

## 7. Prescription

22/12/2024

- Arsenicum Album 200 – 1 dose stat
- Phytum 30 – TDS × 2 days

## 8. Follow-Up

| Date       | Symptoms                     | Prescription       |
|------------|------------------------------|--------------------|
| 22-12-2024 | Fever 102.8°F, Coryza, Cough | Ars. Alb. 200 stat |
| 24-12-2024 | Relief in complaints         | Phytum 200 stat    |
| 26-12-2024 | Mild cough, slight fever     | Rubrum 200 stat    |

## 9. Results

### Common Cold Questionnaire (CCQ)

| Symptom            | Before    | After    |
|--------------------|-----------|----------|
| Fever              | 3         | 0        |
| Runny Nose         | 3         | 1        |
| Cough              | 2         | 0        |
| Chest Pain         | 3         | 1        |
| Others             | 0         | 0        |
| <b>Total Score</b> | <b>11</b> | <b>2</b> |

**Total reduction:** 81.8%

## 10. Discussion

The individualized prescription was based on mental generals, physical generals, and characteristic particulars. The presence of restlessness, burning pains, chilly disposition, and fear of being alone strongly indicated Arsenicum Album.

Homoeopathic philosophy emphasizes individualization over disease name prescription. As per the principles outlined in the *Organon of Medicine*, remedy selection must correspond to totality rather than pathology alone.

Significant reduction in CCQ score suggests clinical improvement. The rapid response within 4 days highlights the potential role of individualized homoeopathy in acute paediatric URTI.

However, limitations include:

- Single case analysis
- Lack of control group
- Self-limiting nature of disease

Further randomized controlled trials with larger sample sizes are recommended.

## 11. Conclusion

This experimental case study demonstrates notable clinical improvement in paediatric common cold following individualized homoeopathic prescription. The reduction in CCQ score from 11 to 2 supports the potential efficacy and safety of homoeopathic intervention in acute URTI.

Larger, well-designed studies are required to substantiate these findings and establish stronger evidence.

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