



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**

SJIF Impact Factor: 7.187

<https://zenodo.org/records/10723602>Available online at: <http://www.iajps.com>

Review Article

**A REVIEW ON BRONCHITIS – TREATMENT IN
HOMEOPATHIC SYSTEM OF MEDICINE****Dr.M.Sri Ramachandra¹, P.Neha²**¹Professor, Department of Pharmacology

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²Student-Dr.K. V.Subbareddy Institute of Pharmacy**Abstract:**

The use of homeopathic remedies for the treatment of bronchitis is described. The basic principles of homeopathy are discussed, including the simillimum, the minimum dose, the single remedy, the whole person, the vital force, susceptibility, and constitutional treatment.

“The highest ideal of cure is the rapid, gentle and permanent restoration of health. According to clearly realizable principles.”

Homeopathy is an increasingly popular alternative system of medicine whose basic philosophy is viewed. In case of bronchitis, where symptoms include coughing, wheezing, chest tightness, and difficulty breathing, homeopathic remedies are carefully selected based on the individual's specific symptoms, not just the disease itself. This personalized approach is a hallmark of homeopathy.

Common homeopathic remedies for bronchitis include Drosera, which is indicated for violent, spasmodic coughing fits; Bryonia, useful when the cough is dry and painful, worsened by movement. These remedies among other are administered in highly diluted forms, such as tinctures or pellets, to trigger the body's self-healing response.

One of the key principles of homeopathy is the minimum dose, which means that remedies are diluted to a point where no molecules of the original substance remain. This makes the safe and devoid of side effects.

Furthermore, homeopathy considers the patient's overall health and constitution. Homeopaths take into account physical, mental, and emotional symptoms, aiming to be responsible for maintaining health.

While clinical studies on homeopathic treatment for bronchitis are limited, many individuals have reported relief from their symptoms after using homeopathic remedies. It's important to note that homeopathy is a complementary or alternative therapy, and individuals should consult with a qualified homeopath or healthcare professional to ensure a safe and effective treatment plan. As with any medical condition, it's essential to consider a holistic approach to bronchitis treatment, including lifestyle changes, proper hydration, and if necessary, conventional medical intervention.

Keywords: Bronchitis, Respiratory system, Homeopathic management.

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Please cite this article in press *P.Neha et al, A Review On Bronchitis – Treatment In Homeopathic System Of Medicine, Indo Am. J. P. Sci, 2024; 11 (02).*

INTRODUCTION: HOMEOPATHY

Homeopathy is the popular system of medicine based on the pivot law "Similia Similibus Curentur" that means similar suffering is treated by similar kind of therapeutic agents. Homeopathy was discovered by a German physician, Dr. Christian Fredrick Samuel Hahnemann in the 18th century.² The concept 'Law of Similars' was also observed by Hippocrates and Paracelsus before Samuel Hahnemann, but Dr. Hahnemann established it scientifically although he lived in a time when modern laboratory methods were almost unknown.³

The word HOMOEOPATHY is derived from the Greek word 'HOMEOS' means similar & 'PATHOS' means suffering. Homeopathy is the treatment method for treating the sick person by therapeutic agents that have the power to produce similar symptoms in healthy human beings and simulate the natural disease, which is capable of bringing cure in the diseased person.

In homeopathy we follow the "INDIVIDUALISTIC" & "HOLISTIC" approach that simply means pain in the right eye; pain on the left side of head or pain in the abdomen is not the disease, it is the outcome of a diseased body. We think a person as a whole is sick; that's why those symptoms are produced. So we treat not only the symptoms but also treat the patient as a whole. Hence in this universe, each person is different as genetic structure and expression are different, so how could it be possible that the same medicines are given to different patients for identical sufferings. So, we believe each patient is unique & they need to treat differently from each other, and that is the individualistic approach.²

Homeopathic medicines are prepared from different sources like plants, animals, minerals & other natural substances. With the help of dynamization and potentization, we increase the inner medicinal power of inert substances and reduce the toxicity and material properties of the inert substance. Then medicines are proved on healthy human beings to ascertain the curative power of every particular medicine, which later written down in book form. During treatment, we use those symptoms for finding a suitable medicine for the diseased person.²

Homeopathic medicine stimulates the entire defense mechanism of disease persons to counter the disease conditions in a natural way. It rectifies the diseased person's derangement by producing artificial disease conditions similar to the existing disease conditions in patient.³

As the popularity of homeopathy treatment grows worldwide, it has become inevitable to establish this science on the basis of scientific evidence. Clinical trials have been published in indexed journals showing the effectiveness of homeopathy, along with systematic reviews and meta-analysis. Research organizations worldwide are focusing on building the evidence base for Homeopathy.⁴



Fig No.1: Sameul Hahnemann(Father of homeopathy)

HOMOEOPATHY IN INDIA

India has a population of over one billion and is an emerging economic global power. The country shows a wide variation in per capita income and purchasing parity, impacting income, expenditure, and social stratification. The collective orientation of the society reflects itself in the National Health Policy of India and also underlines the governmental patronage to modern as well as the Indian systems of Medicines and Homeopathy.⁵

It is more than a century that homeopathy is being practiced in India. It has been well established as a significant part of India's health care system and plays an essential role in providing health care to a large number of people as an alternative medicine.⁴

Homeopathy is considered the second largest system of medicine used in India and the world. As per the analysis done by the Ministry of AYUSH, the use of homeopathy is steadily growing in India and, with an annual growth rate of 26.3% in the past year, the highest among the other AYUSH modalities. In India, for medical care, Homeopathy leads as the second position, and over 100 million people depend on homeopathy for their medical care.⁶

GLOBAL SCENARIO OF HOMOEOPATHY

Several surveys suggest many people integrate, use, and value homeopathy as a complementary treatment option.⁴ Worldwide, over 200 million people use

homeopathy on a regular basis. Homeopathy is currently practiced in over 80 countries. It has legal recognition as an individual system of medicine in 42 countries and is recognized as a part of complementary and alternative medicine in 28 countries.⁷ WHO considers homeopathy, as one of the most commonly used forms of Traditional & Complementary Medicine⁸ and fastest-growing and second-most widely used system of medicine in the world.⁶

SCOPE & ADVANTAGES

Scope:

Homeopathy has been used as a therapeutic measure over the year in different diseased conditions such as Musculoskeletal Disorders, Paediatrics Complaints, Chronic Dermatological problems, AutoImmune Disease Conditions, Psychosomatic Disorders, Life Style Disorders, Allergic Conditions, etc. Homeopathy is also used as palliative care in conditions like Cancer, Terminal illnesses, HIV/AIDS, etc., for providing palliative care and improvement in the patient's quality of life.

Clinical research studies show evidence of homeopathy being effective in several clinical conditions such as Attention Deficit Hyperactivity Disorder, Autism, Acute Otitis Media Behavioral Disorders, Benign Prostatic Hyperplasia, Cervical Spondylosis, Chronic Sinusitis, Chronic Obstructive Pulmonary Diseases, Preclinical Hypothyroidism, Japanese Encephalitis, Learning Disabilities, Menopausal Complaints, Ovarian Cysts, Scabies, Upper Respiratory Tract Infections, Urolithiasis, Warts, Withdrawal of Drug Substances etc.⁹

Some studies conducted through randomized control trials and meta-analyses in conditions such as Diarrhoea in Children, Respiratory Tract Infections in Children, Attention Deficit Hyperactivity Disorder, Hay Fever, musculoskeletal Diseases, Osteoarthritis, Premenstrual Syndrome, Rhinopharyngitis, Rheumatoid Arthritis, Respiratory Allergies, etc. have generated evidence towards homeopathy and established that homeopathy has a satisfactory role to annihilates these complicated disease conditions.¹⁰

Although certain limitations are there in homeopathic treatment methods, "with a compelling indication for Surgery and Substitution Therapy or with Advance Pathologies, where regulative therapy is no longer sufficient. In such cases, it can be used, at best, for palliative alleviation".⁵

Advantages:

❖ Homeopathic medicines are safe, effective, and is based upon the natural substances. With the use of simple substances in minimum doses, it can be safely

used for pregnant women and lactating mothers, infants, and children and in the geriatric population with minimum toxicological properties.

❖ Instead of having a direct action on the microorganisms, homeopathic medications act on the human system (self-protective) to fight the disease process. As such, no microbial resistance is known to develop against homeopathic drugs.

❖ The mode of administration of medicines is easy. There are no invasive methods, and medicines are highly palatable, thereby enhancing their acceptability.

❖ The individualized treatment approach is incompatible with the increasing need for customized treatment, which is being realized in the modern era.

❖ Treatment is comparatively more cost-effective than other therapeutic systems.⁵

GENERAL INSTRUCTIONS WHILE TAKING HOMEOPATHIC TREATMENT

- Medicine as indicated in this handout should be taken if the symptoms mentioned against each medicine match those of treatment.
- Medicine to be taken-3 globules of size 40 every 3 hours dry on the tongue or in plain drinking water.
- Medicine should be taken after cleaning the mouth and preferably in empty stomach.
- If improvement occurs within 24 hours then medicine should be stopped.
- If the patient does not improve within 24 hours or becomes worse at any time, then Consult the nearest homeopathic doctor.
- Medicines must be kept away from strong smelling substances like camphor, menthol, etc.
- Medicines should be kept in a cool, dry place away from direct exposure to sunlight.
- Medicines should be kept away from the reach of children.¹¹

BRONCHITIS

Bronchitis is characterised by bronchial inflammation that results in cough and sputum production. This inflammation can be acute in nature, usually resulting from a viral infection, or it may be a long-standing manifestation of chronic obstructive pulmonary disease. Acute infectious bronchitis differs from chronic bronchitis with respect to etiology, pathophysiology, and treatment.¹²

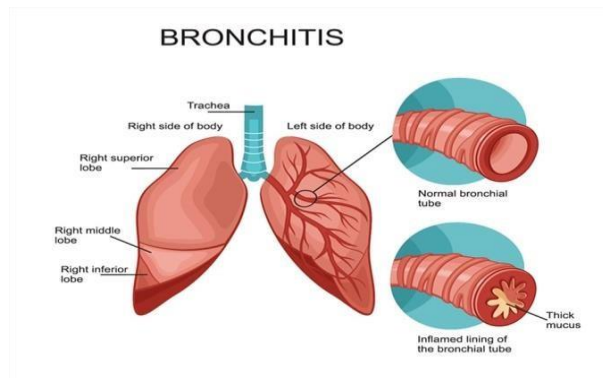


Fig No.2: Bronchitis

DEFINITION

"Bronchitis is a clinical disorder characterized by productive cough due to excessive mucus secretion in the bronchial tree not caused by Broncho-Pulmonary disease, on most of the days for at least 3 months of the year for at least 2 consecutive years."

EPIDEMIOLOGY

Bronchitis is a common, preventable and treatable disease, with a worldwide prevalence of 10.1% in people aged 40 years or older. In 2019, bronchitis was the third leading cause of deaths globally, contributing to 3.23 million deaths, with most deaths 80% occurring in low and middle income countries. It occurs in 18% of male and 14% of female smokers and in 7% and 6% of those who have never smoked. About 5% of adults have an episode of acute bronchitis each year. An estimated 90% of these seek medical advice for the same.¹³

RISK FACTOR

• Smoking

Prolong cigarette smoking appears to act on the lungs in a number of ways like it impairs ciliary movement, it inhibits the function of alveolar macrophage, it leads to hypertrophy and hyperplasia of mucus secreting glands, it causes considerable obstruction of small airways, it stimulates the vagus and causes bronchoconstriction, airway responsiveness and bronchitis.

A tendency for increased bronchoconstriction in response to a variety of exogenous stimuli, including methacholine and histamine, is one of the defining features of allergic bronchitis. However, many patients with acute bronchitis also share this feature of airway hyper-responsiveness.

• Age and gender

Middle age group people. Male is more susceptible than female. Respiratory infections Respiratory

infections are important causes of exacerbations of bronchitis, the association of both adult and childhood respiratory infections with development and progression of chronic bronchitis remains to be proven.

• Occupational exposures

Increased respiratory symptoms and airflow obstruction have been suggested to result from exposure to dust and fumes at work. Several specific occupational exposures, including coal mining, gold mining, and cotton textile dust, have been suggested as risk factors for chronic airflow obstruction. Although non-smokers in these occupations can develop some reduction in the FEV₁, the importance of dust exposure as a risk factor for bronchitis, independent of cigarette smoking, is not certain for most of these exposures.

• Ambient air pollution

There is increased respiratory symptoms in those living in urban compared to rural areas, which may relate to increased population in the urban settings. prolonged exposure to smoke produced by biomass combustion—a common mode of cooking in some countries—also appear to be a significant risk factor for chronic bronchitis among women in these countries.

• Passive or second hand, smoking exposure

Exposure of children to maternal smoking results in significantly reduced lung growth. In utero, tobacco smoke exposure also contributes to significant reduction in postnatal pulmonary function.

• Genetic consideration

Severe α 1AT (anti-trypsin) deficiency is a proven genetic risk factor for chronic bronchitis; there is increase evidence that other determinants also exist. There appears to be a poorly- defined familial tendency and genetic predisposition to develop disabling chronic bronchitis. However, it is more likely that non-smoker family member who remain in the air pollution of home are significantly exposed to smoke and have increased level of CO. Pathology Cigarette smoke exposure may affect the large airways, small airways and alveoli. Changes in large airways causes cough and sputum, while changes in small airways and alveoli are responsible for physiological changes. Cigarette smoking often result in mucus gland enlargement and goblet cell hyperplasia, leading to cough and mucus production that define chronic bronchitis, but these abnormalities are not related to airflow limitation. Goblet cells not only increase in number but in extent through the bronchial tree. Bronchi also undergo squamous metaplasia, predisposing to carcinogenesis and disrupting muco-ciliary clearance. Patient may have smooth-muscle hypertrophy and bronchial hyperreactivity leading to airflow limitation.

Neutrophil influx has been associated with purulent sputum of upper respiratory tract infection. Grossly the bronchial wall thickened, hyperaemic, and oedematous. Lumina of bronchi and bronchioles may contain mucus plugs and purulent exudate.

Microscopically, just as there is clinical definition, there is histologic definition of chronic bronchitis by increased Reid index. Reid index is the ratio between thickness of submucosal mucus glands i.e. hypertrophy and hyperplasia) in the cartilage containing large airways to that of the total bronchial wall. The increase in thickness can be quantitatively assessed micrometre lens. The bronchial epithelium may show squamous metaplasia and dysplasia.

There is little chronic inflammatory cell infiltrate, The non-cartilage containing small airways shows goblet cell hyperplasia and intraluminal and peri-bronchial fibrosis.¹⁴

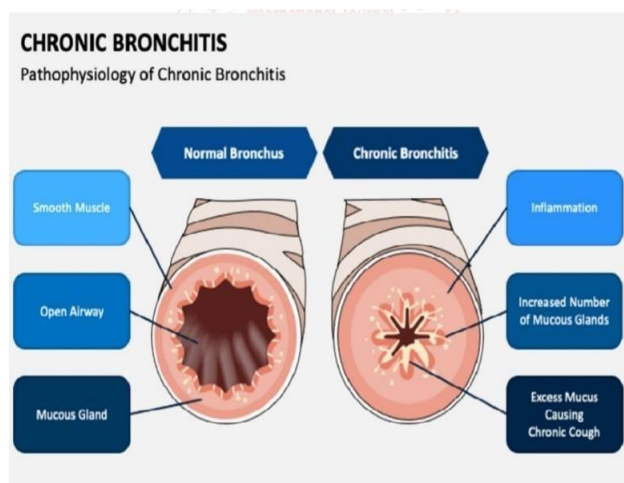


Fig No.3: Pathophysiology of Bronchitis

TYPES OF BRONCHITIS

DIFFERENCE BETWEEN ACUTE AND CHRONIC BRONCHITIS

Table1: Difference between Acute & Chronic chronitis

PARAMETERS	ACUTE BRONCHITIS	CHRONIC BRONCHITIS
Pathogen involved	Mainly virus	Both virus&bacteria
Onset of the disease	Sudden	Gradual
Duration of the disease	Short not more than 3 weeks	Long lasting, for at least 2 consecutive years
Age group affected	More commonly seen in children	More commonly seen in elderly population
Clinical presentation	Cough and occasionally sputum production	Cough with significant amount of sputum expectoration for at least 3 months a year for two consecutive years. ¹⁶

There are two types of bronchitis which includes following.

- Acute bronchitis
- Chronic bronchitis

ACUTE BRONCHITIS

Acute bronchitis is a form of the illness that starts suddenly and resolves itself after just a few weeks. symptoms of acute bronchitis include hacking cough and production of mucus(phlegm).It is usually brought on by viral(90%) or bacterial illness in the upper respiratory tract. while the symptoms can be bothersome in acute bronchitis, otherwise healthy people is rarely severe.

CHRONIC BRONCHITIS

Chronic bronchitis is a recurrent disorder where there is chronic inflammation, swelling and narrowing of the airways. It is defined as a cough with production of mucus (sputum) for at least a 3 month period, for two years in a row. Chronic bronchitis is usually the result of lung damage from chronic medical disorders or smoking.

CAUSES

- Infection: - result of acute bronchitis, tonsillitis, URTI. Bacterial infection viz., mycoplasma pneumonia, Bordetella pertussis, streptococcus pneumonia and haemophilus influenza. Typical viruses include rhinovirus, influenza.
- Cigarette smoking
- Air pollution
- Passive smoking
- Marijuana(cannabis)
- General illness viz., obesity, alcoholism, HIV positive patient.¹⁵

SIGNS

- Occasional rales and rhonchi
- Wheezing sound on expiration
- Crackles at lung base
- Restlessness
- Clubbing in extreme stages
- Cyanosis in extreme stages¹⁷

SYMPTOMS

- History: - The three most common symptoms in chronic bronchitis are cough, sputum production, and exertional dyspnoea. Although the development of airflow obstruction is gradual process, many patients date onset of their disease to an acute illness or exacerbation.
- Cough: - Constant paroxysmal, worse in winter or on exposure to cold winds or sudden change of temperature.
- Shortness of breath: - Typically, shortness of breath is worse on exertion of a prolonged duration and worsen over a time. In the advance stages, or end stage pulmonary disease, it occurs during rest and may be always present.
- Obstructive: - choked up feeling, paroxysms of dyspnoea particularly following spells of coughing relieved with expectoration.
- Chest tightness
- Chest pain
- Persistent cough, which may produce mucus that's clear, white, yellow, or green
- Dyspnoea and wheezing
- Unexplained weightloss
- Foul-tasting fluid in mouth
- Expectoration: - Variable, may be little, thin and mucoid or thick or frothy, mucoid and sticky. May become muco-purulent during attacks of acute bronchitis in winter.
- Haemoptysis: - In advance cases where gross pathological changes occurred the fresh bouts of blood come along with coughing.
- With chronic bronchitis, cough lasts for at least 3 months and comes back at least 2 years.
- Generalised symptoms viz., fever, malaise, palpitation, weakness, giddiness, nausea etc..

INVESTIGATIONS:**CLINICAL EXAMINATION**

- 1. RS findings:** - bronchospasm along with occasional wheezing sound on auscultation of affected lung

- Thoraco-abdominal breathing type.
- In severe cases Bronchial breathing is found
- Dyspnoea: - It will be measured by modified MRC dyspnoea scale.
- Saturation of oxygen: - It is measure by pulse oximeter, and in severe cases it found below 90% which is generally found 97 to 98% who has healthy lungs
- Tachycardia with Tachypnoea found.

2. Spirometry test**Laboratory investigation**

- CBC: - Leucocytosis with Neutrophilia and Lymphocytosis
- CRP: - It will high if case is of acute exacerbation chronic bronchitis
- ESR: - High
- AEC: - To rule out allergic bronchitis and other parasitic infection which may affect lung
- S. IgE: - Moderately high.

3. Diagnostic investigation

- PFT: - Reduction in FEV1 and FEV1/FVC is hallmark diagnostic criteria for acute bronchitis.
- Sputum examination: - Neutrophilic granulocytes

4. Radiological investigation

- X-ray chest: - Hyper inflated lungs, flattened diaphragm and increase retrosternal clear space.

DIFFERENTIAL DIAGNOSIS:

- Asthma
- Bronchiectasis
- Cystic fibrosis
- Bronchopulmonary mycosis
- Central airflow obstruction

COMPLICATIONS:

- Consolidation
- Pneumothorax
- Hydro-pneumothorax
- Pleural effusion
- Fibrosis of lung¹⁸

MANAGEMENT:

- 1. TO REMOVE THE CAUSE IF POSSIBLE –** Air pollution, smoking. Elimination of aerosol sprays such as deodorants, insecticides, and hair

sprays.

Other preventive measures include early vaccination against common influenza virus strains. Pneumococcal polysaccharide vaccine should be given only once because of danger of immunologic reactions following repeated vaccination.

2. TO PREVENT ACUTE EXACERBATIONS –

By avoiding overheated rooms, damp and foggy places, stuffy clothing, overfeeding, smoking and too much alcohol. Long term treatment with tetracycline group of drugs often produces striking improvement in patients who have a purulent sputum.

3. TO TRY AND ARREST THE PROGRESS OF THE CHRONIC DISEASE BY:

A. Increasing patient's power of resistance – By giving to debilitated persons abundant butter, milk or cream, cheese and other fatty articles of diet. Weight reducing measures if obesity.

B. Physical methods – Regular exercises in fresh air and within limits of tolerance. Encouraging deep breathing and efficient clearance, coughing should follow a full inspiration. If economic condition permits, winter should be spent at warm resorts.

4. TO GIVE THE PATIENT AS MUCH COMFORT AS POSSIBLE –

(a) Antitussives – such as linctus codeine if dry cough.

(b) Mucolytics and inhalation of medicated steam.

(c) Expectorants –

(i) Ammonium salts, bromohexine or ambroxol in mixture form.

(ii) Hot alkaline drink

HOMOEOPATHIC MANAGEMENT OF BRONCHITIS

Homoeopathy is having much efficacy in treating bronchitis because of its individualistic approach to treat the sick with dynamic and potentised medicines. In homoeopathy, along with the disease condition, the man in disease is treated considering mind and body known holistic treatment so we can successfully controlling the recurrence.

There are wide range of homeopathic medicines present for bronchitis. Some of them are listed below:

- **Bryonia:** Dry, hacking cough from irritation in upper trachea. Cough, dry at night; must sit up; worse after eating or drinking, with vomiting, with stitches in chest, and expectoration of rust coloured sputa. Coming into warm room excites cough. Heaviness beneath the sternum extending towards the right shoulder. Cough worse by going

into warm room and better by pressure, rest, cold things.

- **Kali carb:** Dry, hard cough around 3 a.m., with stitching pains and dryness of the pharynx. Wakes up around 2 o'clock and cannot sleep again due to severe breathlessness. Cutting pain in the chest; worse lying on the right side. Bronchitis entire chest is very sensitive. Expectoration scanty and tenacious, but increasing in the morning and after eating; aggravated in the right lower chest and by lying on painful side. Expectoration must be swallowed; cheesy taste; copious, offensive.
- **Phosphorus:** Cough from tickling in throat; worse, cold air, reading, laughing, talking, on going warm room into cold air. Sweetish taste while coughing. Hard, dry, tight, racking cough. Congestion of lungs. Tightness across chest; great weight in chest. Sharp stitches in chest; respiration quickened, oppressed.
- **Arsenic album:** Unable to lie down; fears of suffocation. Air passages constricted. Complaints worse at night. Burning feeling in chest. Suffocative catarrh. Cough worse after midnight, worse lying on back. Expectoration scanty, frothy. Darting pain through upper third of the right lung. Wheezing respiration. Cough dry, as if from sulphur fumes; after drinking. Pleurisy.
- **Psorinum:** Dyspnoea; worse. Sitting up; better, lying down and keeping arms spread wide apart. Dry, hard cough, with great weakness of chest. Sensation of ulceration under sternum. Pain in the chest; better, lying down. Cough returns every winter, from suppressed eruption.
- **Dulcamara:** Cough from damp, cold atmosphere or from getting wet; patient have to cough long time to expel phlegm, especially infant and old people, as the cough seems to come from abdomen and convulses the muscle of chest and abdomen, patient tries to relieve the pain in chest and hypochondria by holding them tightly; Winter cough, dry, teasing. Loose, rattling cough; worse wet weather.
- **Antimonium Tartaricum:** On coughing, it seems as if much would be expectorated but nothing comes up. There is coarse rattling of mucus. It is especially useful for children and old people. Suffocative shortness of breath, before cough or alternating with cough. Coarse, loose, rattling cough. Chest seems full yet less and less is raised. Cough followed by vomiting or sleep worse anger- cough followed by vomiting or sleep and worse from anger.
- **Silicea:** Silicea is indicated in chronic bronchitis where discharge become yellowish in character.

Sputum persistently mucopurulent and profuse. Slow recovery after pneumonia. Expectoration bloody or purulent. Suppurative stage of expectoration. Stitches in the chest extending to back. Violent cough as lying down, with thick, lumpy expectoration.

- **Ammoniacum gummi** (gum ammoniac): A remedy for the aged and feeble, especially in chronic bronchitis.
- **Asclepias tuberosa** (pleurisy-root): Bronchitis and pleurisy come within its range. Respiration painful, especially at base of left lung.
- **Balsamum peruvianum** (peruvian balsam from myroxylonpereirae): Bronchitis, and phthisis, with muco-purulent, thick, creamy expectoration.
- **Blatta orientalis** (indian cockroach): A remedy for asthma. Especially when associated with bronchitis. Cough with dyspnoea in bronchitis and phthisis
- **Bromium** (bromine): Fibrinous bronchitis, great dyspnoea. Bronchial tubes feel filled with smoke.
- **Ceanothus americanus** (new jersey tea): Chronic bronchitis with profuse secretion.
- **Coccus cacti** (cochineal): Chronic bronchitis complicated with gravel; large quantities of albuminous, tenacious mucus, are expectorated.
- **Digitalis purpurea** (foxglove): Chronic bronchitis; passive congestion of the lungs, giving bloody sputum due to failing myocardium. Expectoration sweetish.
- **Eriodictyon californicum** (yerba santa): A remedy for asthmatic and bronchial affections. Chronic bronchitis, bronchial tuberculosis, with profuse, easily raised bronchial secretion, giving relief.
- **Eucalyptus globulus** (blue gum-tree): Bronchitis in the aged. Fetid form of bronchitis, bronchial dilatation and emphysema.
- **Ferrum phosphoricum** (phosphate of iron): Bronchitis of young children.
- **Gelsemium sempervirens** (yellow jasmine): Aphonia; acute bronchitis, respiration quickened, spasmodic affections of lungs and diaphragm.
- **Grindelia robusta** (rosin-wood): An efficacious remedy for wheezing and oppression in bronchitic patients. Asthmatic conditions, chronic bronchitis. Bronchorrhoea with tough mucus, difficult to detach.
- **Hippozaeninum** (gladerine-mallein - farcine): Bronchitis in the aged, where suffocation from excessive secretion is imminent.
- **Hydrastis canadensis** (golden seal): Bronchitis

in old, exhausted persons, with thick, yellow, tenacious expectoration.

- **Inula helenium** (scabwort): Chronic bronchitis; cough, with much thick expectoration, with languor and weak digestion.
- **Kalium nitricum** (nitrate of potassium-salt-peter): Bronchitis, with short, dry cough.
- **Naphthalinum** (a chemical compound from coaltar; tar camphor): Bronchitis when the spasmodic element is associated with tenacious expectoration and oppression.
- **Natrium arsenicosum** (arsenate of sodium): Bronchitis of children over seven years.
- **Pixliquida** (pine-tar): Chronic bronchitis. Bronchial irritation after influenza.
- **Senega** (snakewort): Asthenic bronchitis of old people with chronic interstitial nephritis or chronic emphysema. Pressure on chest as though lungs were forced back to spine.
- **Silphium lacinatedum** (rosin-weed): Chronic bronchitis. Cough with expectoration profuse, stringy, frothy, light-colored.
- **Solidago virgaurea** (golden-rod): Bronchitis, cough with much purulent expectoration, blood-streaked; oppressed breathing.
- **Squilla maritima** (sea-onion): Valuable in chronic bronchitis of old people with mucous rales, dyspnoea, and scanty urine.
- **Sulphuricum acidum** (sulphuric acid): Bronchitis in children with short, teasing cough.
- **Veratrum album** (white hellebore): Chronic bronchitis in the aged. Cough comes on from drinking, especially cold water; urine escapes when coughing.
- **Zincum metallicum** (zinc): Asthmatic bronchitis, with constriction, of chest. Dyspnoea better as soon as expectoration appears.¹⁹
- **Calcarea carbonica**: Mostly indicated for bronchitis after a cold. There is troublesome and tickling cough which get worse from lying down or stooping forward, getting cold, and worse at night. Useful for children who may have fever, sweaty heads while sleeping, and be very tired whereas adults may feel more chilly and have clammy hands and feet and having breathing problems when walking up slopes or climbing stairs, and generally poor stamina.
- **Heparsulph**: Very useful for hoarse and rattling cough with yellow mucus coming up. Recommended when a person is extremely sensitive to cold even a minor draft or sticking an arm out from under the covers may set off jags of

coughing. Cold food or drink can make things worse. There is feeling of vulnerable both physically and emotionally, and may act extremely irritable and out of sorts.

- **Kali Bichromium:** Useful for metallic, brassy, hacking cough that starts with a troublesome tickling in the upper air-tubes and brings up strings of sticky yellow mucus. There is sensation of coldness which may be felt inside the chest, and coughing can lead to pain behind the breastbone or extending to the shoulders. There is rattling sound from breathing when the person sleeps. Useful when problems are typically worse in the early morning, after eating and drinking, and from exposure to open air and feel better just lying in bed and keeping warm.²⁰

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