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The Significance of Observation as Indicators of Similarity in the Case of Acute Lower Respiratory Illnesses in Children

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Abstract-

Since children of this age cannot yet communicate verbally, careful observation is a crucial component of homoeopathy and the treatment of paediatric conditions. The primary reason for choosing this particular topic for research is that respiratory tract infections are among the leading causes of death and disability among children worldwide, regardless of their country of origin. The study's overarching goal is to examine the significance of observations as guidelines for achieving a similar level of care for children with acute lower respiratory illnesses. This is a prospective research that was conducted on sixty individuals who had acute LRTI. Common symptoms and observations were categorized into two groups: common and characteristic. Based on these findings, observational rubrics were developed. Observations were the sole tool that helped get to a similarity out of 60 examples in 47 situations. More over half of the observations were helpful in reaching a similarity in 54 situations. When making a decision based on comparable situations, pathology is often examined with observations. Finally, in 97% of instances, the observations are helpful in determining the entirety of the report. In the majority of situations, the data may be used to determine a similarity. For Materia Medica differentiation, observations are helpful in 70% of instances.

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

Introduction-

According to the World Health Organization, respiratory disorders are the leading cause of mortality among children. 2010 was little under five years ago. When I was in the intensive care unit managing patients of severe LRTI, I received a variety of situations involving children. When dealing with pediatric patients, we encountered the primary challenge of nonverbal communication, which manifests itself in a variety of body language indicators rather than words. I became intrigued by the idea of precisely interpreting their body language in order to reach a similar level of understanding. Collecting instances for my research taught me to look at single cures from several perspectives and to employ diverse kinds of observations.

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There were instances where we utilized common observations as pathological symptoms, instances where characteristic observations were used as eliminating symptoms, instances where we utilized observations solely to arrive at a similimum, and instances where observations were used to confirm the remedy that had already been selected based on 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.To study the importance of observations in arriving at similimum in Acute Lower Respiratory Illnesses
4. 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.Classified the clinical and individual expressions with the help of symptom classification form
3. Interpretation of observation is confirmed by agreement of two physician to one observation
4. Analyze the observational rubrics and symptoms
5. 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 diagnosisObservation 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-

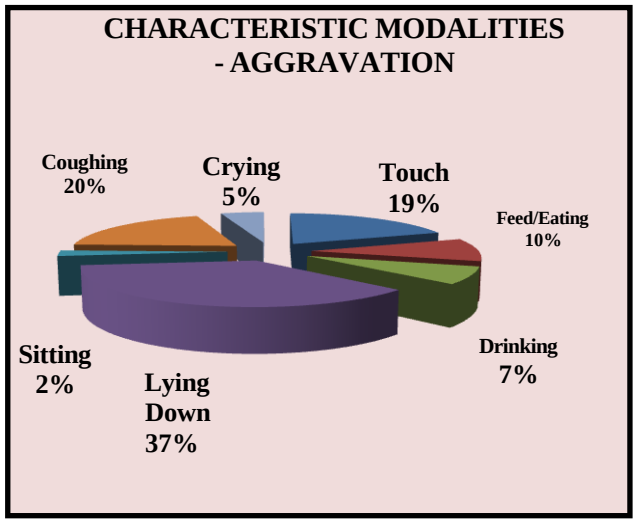
In the study of observations in acute LRTI cases in the Paediatric age group day 1 to 5 years, following data was collected randomly and observed and analyzed according to the aims and objectives which were proposed at the beginning of the study.

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

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



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

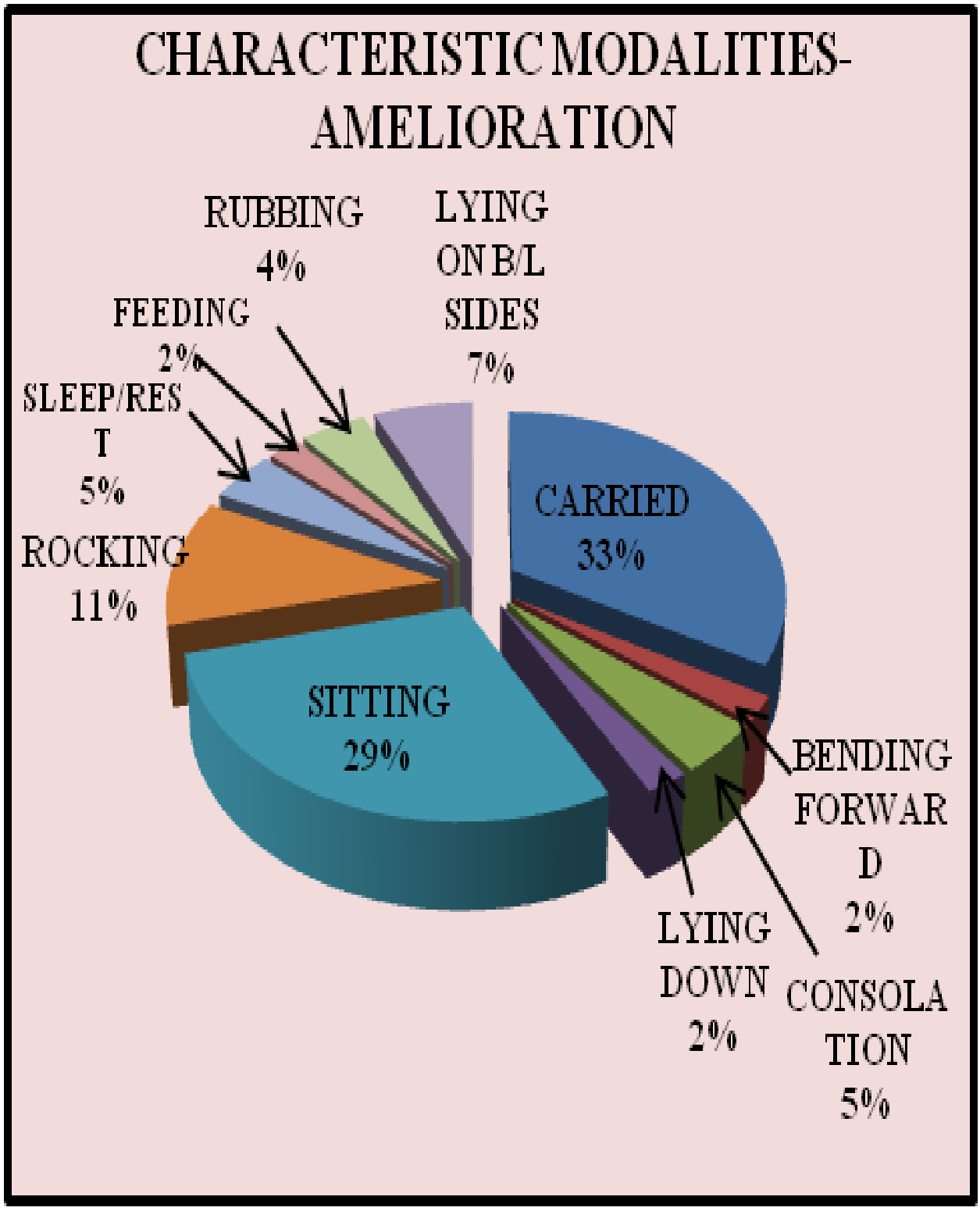
S. No	Behavior- Physical	No. Of Cases
1	Weakness	4
2	Painless to stimuli	1
3	Wants fanning	3
4	Throws covering	1
5	Hold chest on coughing	1
6	Shaking body cough during	1
7	Closing eyes during coughing	1
8	Sleep with half eyes open	3

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

Ameliorating modalities- While coughing and in what mental state is improvement recorded. Child felt better in 2 cases after receiving consolation, in 2 cases after sleeping off complaints, in 1 case after rubbing on back and in 1 case after rubbing on

head, in 15 cases when carried, in 13 cases when seated, in 5 cases after rocking, in 3 cases after lying on both sides bilaterally. Individual instances showed improvement when they leaned forward, lay down, and fed.



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-**

2. First, there is the newborn age group, which includes the first 28 days of life, with 5 instances. The second group consists of babies, with 24 cases. The third group consists of toddlers, with 19 cases. The fourth group, preschool, includes the years 3–5, with 12 cases. We may infer that pneumonia is a prevalent ailment in any age group, but especially in infants and toddlers, since it is noticeable in all four age groups. The third and fourth groups each had two instances of hyperresponsive airways. Out of the four age groups, we receive one instance of pneumonia in the first, one in the second, and one in the fourth. One instance of acute bronchitis occurred in the second group, three in the third, and two in the fourth of the six cases that we have. There were three occurrences of severe worsening of bronchial asthma: one in the second group and two in the age bracket of three to five.

One instance of laryngotrachebronchitis was found in the second group, whereas two cases of acute respiratory distress syndrome were found in the first age group. The newborn group had three occurrences of acute bronchiolitis. two instances, and one case from the toddler group.

Literature reviews consistently rank pneumonia as the leading cause of death among children under the age of five worldwide, especially in poor nations. Boys less than one year old have a higher risk of developing acute bronchiolitis. The most common age for children to have larngotracheo-bronchitis is about two years old, however it may affect children as young as six months old.

age group. Acute respiratory distress occurred most often in newborns, and bronchial asthma usually begins before the age of six.

3. **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.

4. 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.

5. **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.

6. **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.

5. **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.
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