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Research Article

THERAPY OF ACUTE DIARRHEA IN CHILDREN BY HOMEOPATHIC MEDICINE: A RANDOMIZED MEDICAL EXPERIMENT IN LAHORE PAKISTAN

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Article Received: September 2020**Accepted:** October 2020**Published:** November 2020**Abstract:**

Aim: The intensity of racing is the main reason for pediatric morbidity and mortality around the world. Oral rehydration therapy can prevent the disappearance of the lack of hydration, but it does not reduce the duration of the scenes. In certain parts of the world, homeopathic medicine for extreme racing is used. This examination was undertaken to assess if homeopathy is effective in the treatment of intense adolescents.

Methods: A randomized double preliminary clinical deficiency of vision which contrasts homeopathic treatment with false treatment for extreme youth was performed in March 2019 to February 2020 in Jinnah Hospital, Lahore. Our current research was conducted at Jinnah Hospital, Lahore from March 2019 to February 2020. The review was carried out by 84 young people aged 1.5 to 5 years. For every young person an individualized homeopathic medication has been accepted and the regular production was done for five days. Normal treatment was also provided with oral rehydration therapy.

Results. The bunch in therapy had a measurable drop in loose bowels ($P < 06$), defined as the number in days before every day over two consecutive days there were fewer than three unformed saucers. In comparison, there was a surprising disparity ($P < 0.06$) between the two settings every day after 72 hours of care in the volume of stool.

Conclusion: The measurably notable reduction of the length of loose bowels in the bunch of treatment recommends that homeopathic treatment of severe youthful loose bowels is useful. Further study on this treatment is worth exploring.

Keywords: Acute Diarrhea Children Homeopathic Medicine.

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INTRODUCTION:

Inside the logic network, elective drugs are uncertain. The general public uses it regularly but few in-depth logical surveys have been conducted to prove its adequacy. In 1990, more than 30 per cent of the American populations used elective clinical procedures for the care of real diseases, and 10 per cent consulted other medical practitioners, according to a report published in the New England Journal of Medicine [1]. In 1992, Congress was led in this area by a lack of exploration in order to set up the Complementary Medicine Office within the Public Health Institutes in order to investigate potential clinical alternatives [2]. Homeopathy is an optional medicine commonly used in Europe, Latin America and Asia, particularly in the world. In the US, 2 % of the population used homeopathy in 1990 is projected. The homeopathic theory is based on that if a drug is given to the stable person in immense doses that can induce such side effects, these similar symptoms should be corrected when delivered to an annihilated individual with extremely low dosages [3]. Homeopathic therapy is individualized; i.e., based on the precise symptoms of each case, at least two individuals with a similar determination will undergo different drugs. For eg, one of the six or seven natural stomach remedies, based on how you feel and smell things, whether or not there are anguish or abdominal pain, the time of day when your stomach is the worst, your passion and peace, and such large manifestations as internal fire, thirst and hunger, may be recommended to a tolerant person with very soft stools. Since its roots in Germany at the end of the 18th century, there has been a lot of debate regarding the viability of homeopathy [4]. Homeopathic medications, produced using plant, creature, and mineral substances, are weakened in a water/liquor answer for minuscule fixations. This weakening of homeopathic medications to infinitesimal dosages has driven numerous researchers to dismiss homeopathic hypothesis (Consumer Reports. Currently, there is no logical clarification for the system of activity of homeopathic prescriptions, albeit a few theories exist [5].

METHODOLOGY:

Our current research was conducted at Jinnah Hospital, Lahore from March 2019 to February 2020.

Table 1:

These centers are all operated by a critical care practitioner who pays for the administration and are situated in the drawbacks of the districts of Subtiava and Rescore. Each provides the entire community with free medical care. In these centers children who are kind enough to run the races are treated, but those with serious paresis are moved to a medical clinic quickly. For analysis, the sectioning of at least three unformed stools over the past 24 hours was deemed to provide a history of extreme bowel relief for children between the ages of 6 and 5. Children with a history of running errands for more than several weeks were excluded from the test, as were those who had received more than one dose of an antitoxic, antiphasant or antispasmodic medication in the 48 hours prior to their survey. There were no homeopathic professionals in the city of Leon, so it was not expected that any of the children would have received homeopathic treatment earlier. Informed consent was obtained from the parents or guardian using a disclosure explanation that had been confirmed by the University of Washington Human Subjects Review Committee. An underlying history was taken, a physical assessment was performed, and a stool sample was obtained. The length and weight were estimated using an infant / child height estimation table and a spring scale. All research center tests were directed by a prepared research center expert at the LeOn Municipal Hospital. Patients were evaluated for lack of hydration by study faculty in light of a normalized World Health Organization plan of signs and symptoms. Type A parchedness is described by no indications of lack of hydration. Type B parchedness is analyzed when at least two of the accompanying signs and indications are available: more noteworthy than ordinary thirst, limited quantity or dim pee, kid lethargic or crabby, tears missing, depressed eyes, dry mouth and tongue, quicker than typical breath or heartbeat, indented fontanelle, what's more, helpless skin turgor. Type C lack of hydration is characterized by the presence of at least two of the accompanying: unfit to drink, no pee for 6 hours, kid extremely tired, oblivious, floppy, or having seizures, no tears, eyes exceptionally dry and indented, mouth and tongue very dry, exceptionally quick or profound breath, beat quick, powerless, or intangible, fontanelle indented, exceptionally helpless skin turgor.

TABLE 2: BINARY REGRESSION MODEL (MEAN NUMBER OF STOOLS PER DAY)

Variable	Value	SEM	t Value	P Value
Age	-0.03	0.018	-1.87	0.065
Sex	-0.22	0.227	-0.96	0.342
Group	-1.41	0.452	-3.12	0.002
Weight-for-height percentile	0.01	0.009	0.65	0.518
No. days diarrhea	0.09	0.186	0.47	0.636
Diarrhea-index score	-0.27	0.172	-1.56	0.120
No. stools in previous 24 h	0.49	0.067	7.29	0.000
Group × stools, previous 24 hr	0.22	0.048	4.62	0.000

RESULTS:

At first, the meetings were spontaneously handled and supervised by 92 children. The nearby faculty have falsely reviewed five cases, three from the care meeting and two from the monitoring meeting. They were also excluded after a provisional inquiry that they did not comply with qualifying steps. This happens before a randomization code was deciphered or the information was checked. Three were given more than one dose, one less than 6 months of age and one still had 2 unformed stools within 24 hours of the review. The failure to locate their home reaches four patients, two at the recovery meeting and two monitors caused the lack of follow-up. Two children were both removed from their parents' sample from each therapy

group, one from each treatment group and one from the control group, before the conclusion of the treatment period. Total growth time of the remaining 81 young people was 6 days. The attributes that illuminated the benchmark for the 89 qualifying children would be analyzed in Tables 2 and 3. The normal number of motions of the bowel that have not developed over the last 24 hours, the sum of loose stools and the soft stool list scores did not indicate any great contrasts between therapy and control classes. In the number of children previously infected with ORT or antidiarrheal drugs, there was no substantial difference between the two classes. 78 qualifying children, including 38 in care and control classes, collected Stool samples. Stool samples.

Figure 2:

Pathogen	Treatment group (n = 69) %	Control group (n = 54) %	Probability value
Enterotoxigenic <i>Escherichia coli</i>	32	31	0.96
<i>Campylobacter</i>	7	11	0.45
<i>Salmonella/Shigella</i>	3	4	0.80
Rotavirus	0	4	0.20
Parasites			
<i>Cyclospora</i>	6	4	0.46
<i>Giardia lamblia</i>	13	13	1.0
<i>Cryptosporidium</i>	4	4	1.0
Any of the above	54	61	0.40

^aValues represent percentage of subjects infected.

Table 3:

Characteristic	Treatment group (n = 69)	Control group (n = 57)	Probability value
Age (mo)	20.6 (12.4)	16.6 (11.7)	0.07
Height (cm)	76.3 (9.1)	72.9 (8.4)	0.03
Weight (kg)	9.6 (2.5)	8.7 (2.7)	0.05
Weight-for-height percentile	33.8 (27.5)	28.3 (21.5)	0.21
Unformed stools past 24 hr	8.1 (4.0)	8.9 (5.0)	0.27
No. days of diarrhea	2.77 (1.2)	2.75 (1.1)	0.92
Diarrhea-index score	6.5 (1.6)	6.9 (1.9)	0.11

Values are means with standard deviation in parentheses.

DISCUSSION:

The behavior aspect of homeopathy is currently not scientifically clarified. However, the numerous episodic studies on the feasibility and application of this approach by a significant number of individuals usually recommend the need for a detailed logical assessment [6]. In this study, our aim was to evaluate whether the relationship between homeopathic care and medical care was therapeutic and observable and not to select the operation components [7]. The findings indicate a pronounced and observable reduction in the duration of defecation in the patient population [8]. The reduction in dryness and post-diarrheal health conditions by 0,9 days per scene can also be of therapeutic benefit, and maternal weight can also be decreased. Provided that the youth estimated typical period of a bowel relaxing scene was 6 to 7 days, this 16% decrease in period could result in a drastic decrease in the amount of soil [9]. The absence of a measurable difference of percentile weight / stature adjustment may depend on the way both collections accomplished ORT that possibly prevented true parchedness; also, the decrease of weight [10].

CONCLUSION:

This survey recommends that homoeopathic treatment of hard running could be associated with a significant decrease in Nicaraguan children's running time. Because resources are limited for national advancement, more study should be done in many different areas to determine if these studies are reliable before recommending homoeopathic treatment of young runners. This analyses should have large populations that have been studied for longer periods. It can also be tested for each etiologist 's reaction to therapy, just as it would be beneficial to assess whether the therapy has an effect on the long-term nutritional status and the repeat rate.

REFERENCES:

1. Clarke AM, Symmons DP. The burden of rheumatic disease. *Medicine (Baltimore)*. 2006;34(9):333–5.
2. Vos T, Abajobir AA, Abate KH, Abbafati C, Abbas KM, Abd-Allah F, et al.: Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*. 2017 Sep;390:1211–59.
3. European Committee for Homeopathy. LMHI and ECH Harmonized Homeopathic Proving Guidelines. 2017 [cited 2017 Sep]. Available from: <https://homeopathyeurope.org/about/subcommittees/provings-subcommittee/>.
4. Kent JT. *Repertory of the homeopathic materia medica*. 6th ed. New Delhi: Jain; 2004.
5. Hahnemann S. *Organon of medicine: the first integral English translation of the definitive sixth edition of the original work on homoeopathic medicine - translated by J. Kuenzli, MD, Alain Naud, and P. Pendleton*. Minimum Price Books; 1983.
6. Hall KH. Reviewing intuitive decision-making and uncertainty: the implications for medical education. *Med Educ*. 2002 Mar;36(3):216–24.
7. Thompson TD. Can the caged bird sing? Reflections on the application of qualitative research methods to case study design in homeopathic medicine. *BMC Med Res Methodol*. 2004 Feb;4(1):4.
8. van Haselen R. Improving the efficacy of diagnosis in homoeopathy: towards a new methodology. Nijmegen: Faculty of Medicine; 1990. p. 36.
9. van Haselen R: Improving the efficacy of diagnosis in homeopathy: towards a new methodology. *Homint R&D Newsletter*; 1990.
10. Deeks JJ, Altman DG. Diagnostic tests 4: likelihood ratios. *BMJ*. 2004 Jul;329(7458):168–9.