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UTILITY OF BELL'S DIARRHOEA AND SYNTHESIS REPERTORY IN THE TREATMENT OF DIARRHOEA OF CHILDREN

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Abstract— Diarrhoeal diseases during infancy is usually brief and self limiting but it can cause morbidity in some infants. Homoeopathic medicines help to build immunity against micro-organisms and thus reduce the frequency of the episodes of diarrhea since the treatment is based on holistic and individualistic approach. An effort has been made to understand the reportorial approach of clinical repertory- Bell's diarrhoea and logico- utilitarian repertory- Synthesis in the treatment of such conditions.

Keywords:- Diarrhoea, Bell's Diarrhoea, Synthesis Repertory

1. INTRODUCTION

Diarrhoea in children is commonly seen in all parts of the world due to food habits and adultration of food. It is seen in under developed and developing countries due to poor hygiene, malnutrition,low socio-economic condition and ignorance. It is usually caused by the organisms like viruses, bacteria, parasite, and fungus, presents itself in the form of loose watery stools with mucous, pain in abdomen and vomiting. It has its own serious complications regarding dehydration. It raches its peak in the summer and rainy season.

PREVALANCE

A child suffers on an average 10-15 episodes of diarrhea per day in first 5 yrs of life , of these 3-5 occur in 1st yr of life Each year 500 million episodes of diarrhea occur in India. 5 million of which require treatment at health centers.

Homoeopathy being an effective system of medicine can provide a better scope for the treatment of acute diarrhea in children.

2 AIMS AND OBJECTIVES

1) To know the clinical presentation of diarrhea in children .

2) To study the scope of Bell's diarrhea and Synthesis repertory in treatment of diarrhea in children.

PREDISPOSING FACTORS

1)Age:- More than half the admissions are from 6-8 months age group, new born , young infants, and malnourished children because of their immature immunological response are particularly susceptible, esp. if they are not breastfed.

2) Nutrition:-Diarrhoea has shown a significant impact on nutrition. A brief episode of diarrhea leads to the loss of 1-2 % of body weight per day.

3) Artificial feeding:- The incidence of diarrhea is much higher in bottle fed babies.

4) Season:- The frequency of diarrhea is more in months of July, August, September.

MORBIDITY AND MORTALITY

Diarrhoeal diseases during the infancy is usually brief and self limiting but it can cause significant morbidity in infants. An estimated 1.5 billion episodes of diarrhea occur each year and 3 million children under the age of 5 years die of diarrhea. 80% of these deaths affect the children under the age of 2 years. Significant dehydration disturbing the balance of electrolytes and acid base status of body occur in about 2-5 % of all cases of diarrhea.

CLINICAL MANIFESTATIONS

In early and mild cases of diarrhoea , the child may be thirsty and slightly irritable. As diarrhea continues and

dehydration worsens, the child becomes more irritable and develops a emaciated look. Abdomen becomes distended in hypokalemia. Child passes urine at long interval as acidosis worsens, the breathing becomes deep and rapid.

Materials and Methodology:-

Inclusion criteria:-

1) Patients of all ethnic groups , both sexes.
2) Patients upto the age of 12 years.

Exclusion criteria:-

1) Diarrhoeal case suffering from other systemic disorder.
2) Severe states of complications of dehydration or any other associated complications.
3) Bad effects of other system of medicines.

Randomly 30 cases are selected based on inclusion and exclusion criteria. 15 cases are repertorised with Bell's diarrhea and 15 cases with Synthesis repertory.

The results are categorized on:-

a) Not improved
b) Improved
c) Recovered

Case taking is done in detail and personal history regarding emphasis on diet, weaning, regular bowel habits, micturation, sleep pattern, developemental problems, vaccinations and inoculations is done.

After repertorisation selection of remedy is done on according to the susceptibility and acute state of disease.

Study design:-

Random sampling method of selection of cases were done. The cases are selected according to inclusion and exclusion criteria. 15 cases were repertorised as per synthesis repertory and 15 cases with Bell's diarrhoea. The recovered and improved cases are considered together . The improved (recovered) and not improved cases are studied with chi-square test. 2 x 2 contigency table is used.

	Synthesis repertory	Bell's Diarrhoea	
Improved	a=14	b=13	a+b=27
Not Improved	c=1	d=2	c+d=3
	a+c=15	b+d=15	N=30

3 RESULT:-

1) Age incidence:-

Sr.No	Age group in yrs	No. of patients	%
1	0-4	9	30%
2	4-8	13	43.33%
3	8-12	8	26.67%

2) Sex incidence:-

Sr.No	Sex	No. of Patients	Percentage
1	Male	14	46.67%
2	Female	16	53.33%

3) Predisposing Factors:-

Sr.No	Predisposing factors	No. of cases	Percentage
1	Parasitic infestation	9	30%
2	Unhygenic condition and sanitation	15	50%
3	Food error	6	20%

4) Associated complaint:-

Sr.No	Associated complaint	No. of Cases	%
1	Respiratory troubles	7	23.33%
2	Dentition	1	3.33%
3	Loss of appetite	3	10%

5) Comparative result of two repertories :-

	Total No. of cases	Improved with %	Not improved with %	Remarks of improvement	Remarks of improvement of chi-square test
Synthesis repertory	15	14=93.33%	01=6.66%	More success	Difference is not statistically significant
Bell's Diarrhoea	15	13=86.66%	02=13.33%	Less success	
Total cases for study	30				

x2=n(ad-bc)2/ (a+b) (c+d) (a+c) (b+d)
x2= 30(28-13)2/ 27 x 3 x 15 x 15
x2= 30(15)2/ 18225
x2=30 x 225 / 18225
x2=0.3703

At 5% p value, in 1 degree of freedom the upper tail significant value is to be above 3.84 where as our chi square value is 0.3703. So, the difference between the result of improvement of Bell's Diarrhoea and Synthesis Repertory cases is not at all statistically significant.

4 DISCUSSION

During this study it was observed that patients with different types of symptoms according to their individual constitutions environmental factors, under lying pathology were taken for study and a portrait of disease was formed with which a reportorial syndrome for repertorization was formed which in turn leads to a group of remedies. It is observed that about 46.67% were males and 53.33% were females. Those with associated complaints of respiratory troubles were 23.33%, dentition were 3.33%, loss of appetite were 10%. 30% patients were of 0-4 years age group, 43.33% were of 4- 8 years age group, and 26.67% were of 8- 12 years age group.

The outcome of the study was 15 cases repertorised by Synthesis repertory had 1 case not improved i.e, 93.33% success and 15 cases repertorised by Bell's diarrhoea had 2 cases not improved i.e, 86.66% success. The difference between the result of improvement of Bell's Diarrhoea and Synthesis Repertory cases was not at all statistically significant. Hence, both the repertories were equally efficient in the treatment of diarrhoea

6 REFERENCES

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5CONCLUSION