A Prospective Case Series to Study the Effectiveness of Individualised Homeopathic Medicine in Recurrent Upper Respiratory Tract Infection in School Children (Age 5–15 years)

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Abstract

Recurrent upper respiratory tract infections (URTIs) are highly prevalent among school-aged children and significantly impact health, attendance, and quality of life. This prospective case series assesses the effectiveness of individualized homeopathic treatment in reducing the severity of URTIs using the Jackson Scoring System. Forty-five children aged 5–15 years with recurrent URTIs were evaluated using Jackson scores before treatment and after a 6-month follow-up period. Individualized homeopathic remedies were prescribed based on symptom totality. Comparative analysis demonstrated a meaningful reduction in Jackson scores post-treatment, indicating improvement in URTI severity. The study suggests that individualized homeopathic medicine may provide symptomatic relief and decrease infection burden in children with recurrent URTIs.

Introduction

Upper respiratory tract infections constitute the majority of respiratory illnesses in children and include rhinitis, sinusitis, pharyngitis, and the common cold. School-going children are particularly vulnerable due to environmental exposures and an immature immune system. Recurrent URTIs not only affect physical health but also cause school absenteeism, parental work loss, increased medical visits, and frequent antibiotic use. Over-prescription of antibiotics—especially for viral infections—remains a concern, contributing to antimicrobial resistance. This has increased interest in alternative therapeutic approaches such as homeopathy, which emphasizes individualized prescribing based on a patient's characteristic symptoms and overall constitution. Given limited Indian paediatric data, this study aims to evaluate whether individualized homeopathic medicines reduce URTI severity in school-aged children based on before-and-after Jackson score comparison.

Materials and Methods

This prospective case series was conducted over 6 months through school health check-up camps. A total of 45 children were selected using simple random sampling. Children aged 5–15 years with a history of four or more URTI episodes in the previous year and who met the Jackson Score criteria (moderate to severe) were included after obtaining parental or guardian consent. Mentally challenged children, those younger than 5 or older than 15 years, those unwilling to consent, and those not meeting Jackson scoring criteria were excluded. Jackson scores were recorded before the initiation of individualized homeopathic treatment and again after 6 months. The difference between pre- and post-treatment scores was statistically analysed using the paired t-test.

Diagnostic and Operational Definition: Recurrent URTI was defined as ≥4 episodes in 12 months or ≥3 episodes per year over two consecutive years, with a minimum 2-week symptom-free period between episodes.

Methodology:

Eligible children were selected according to inclusion and exclusion criteria, and baseline symptoms were recorded using a Case Record Format. Initial Jackson Scores were documented before treatment. Individualized homeopathic medicines were prescribed based on totality of symptoms, modalities, and constitutional features, with potency selected according to clinical judgment. Children were monitored for general health over 6 months, after which the final Jackson Score was recorded. Improvement was assessed by comparing pre- and post-treatment Jackson scores.

Outcome Measure: Difference between pre-treatment and post-treatment Jackson scores.

Ethical Considerations: Consent was obtained from guardians, confidentiality maintained, and ethical approval received from the institutional ethics committee.

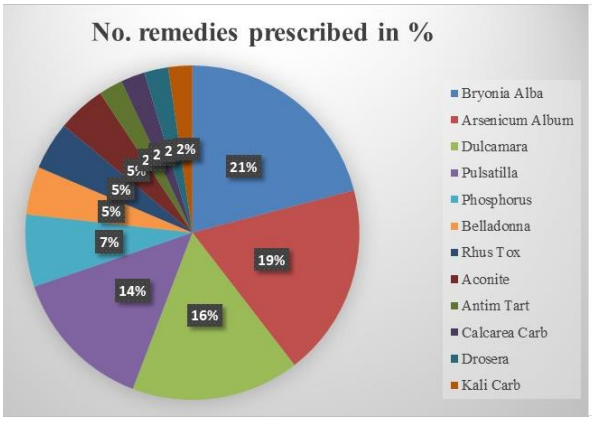
Results and Discussion

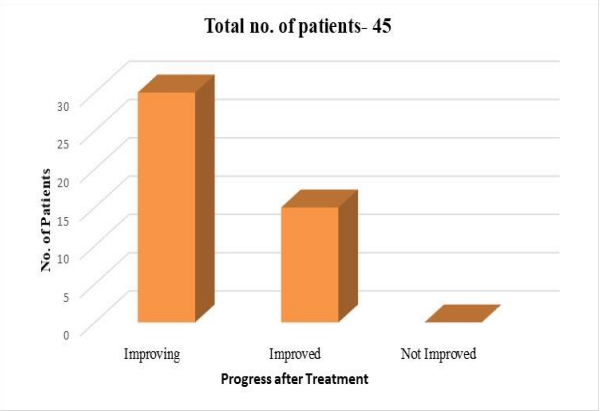
The findings of this prospective case series demonstrated a highly significant reduction in the severity of recurrent URTIs, as shown by the paired t-test ($t = 18.8692$, $d.f = 44$, $p < 0.05$). This confirms that the improvement observed after individualized homoeopathic treatment was not due to chance. Children showed notable reductions in both frequency and intensity of URTI episodes, reflecting better overall health and resistance to infection.

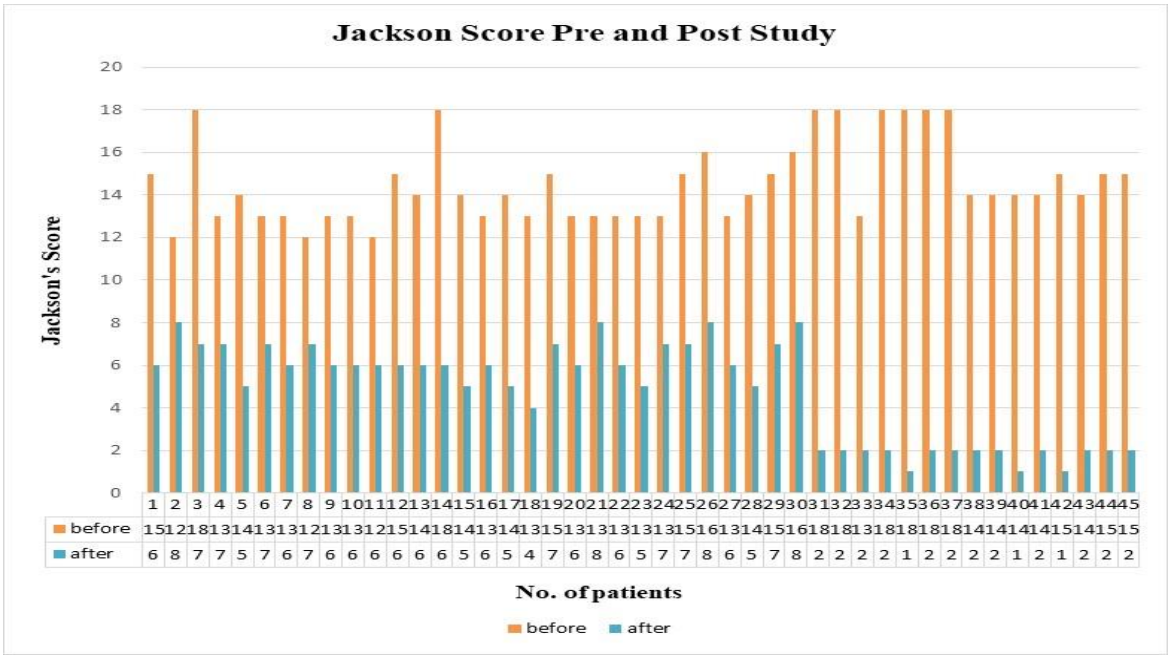
Analysis of prescribing patterns revealed that Bryonia Alba (21%), Arsenicum Album (19%), Dulcamara (16%), and Pulsatilla (14%) were the most frequently individualized remedies, indicating recurring symptom profiles among affected children. Remedies such as Phosphorus, Belladonna, and Rhus tox showed moderate usage, while others contributed smaller percentages.

The results suggest that individualized homoeopathy may play a preventive and therapeutic role by enhancing constitutional strength and reducing susceptibility to recurrent infections. These findings align with earlier studies reporting similar benefits in paediatric respiratory conditions.

However, the absence of a control group and the small sample size limit the generalizability of the results. Future randomized controlled trials with larger populations are recommended to confirm the effectiveness of individualized homoeopathic treatment in recurrent URTIs.







Conclusion

This prospective case series suggests that individualized homeopathic medicines may effectively reduce the severity of recurrent URTIs in school-going children. The before-and-after Jackson score comparison demonstrated notable improvement after 6 months of treatment. Larger controlled trials are recommended to strengthen the evidence base and confirm these findings.

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